

2019

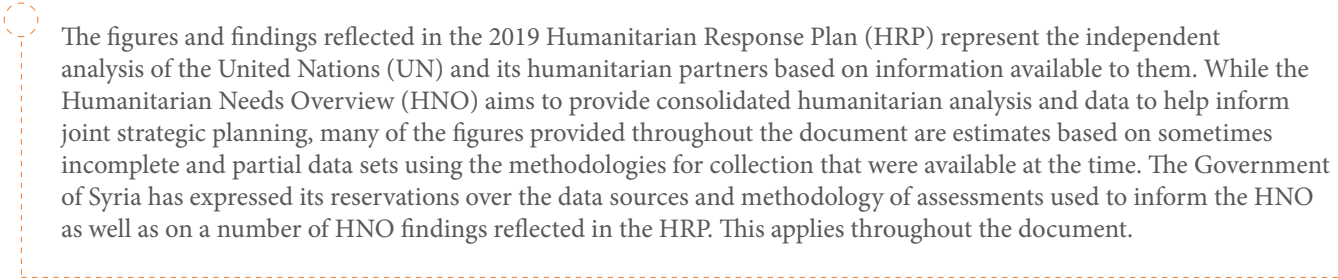
HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2019 —

AUGUST 2019



**SYRIAN
ARAB REPUBLIC**



The figures and findings reflected in the 2019 Humanitarian Response Plan (HRP) represent the independent analysis of the United Nations (UN) and its humanitarian partners based on information available to them. While the Humanitarian Needs Overview (HNO) aims to provide consolidated humanitarian analysis and data to help inform joint strategic planning, many of the figures provided throughout the document are estimates based on sometimes incomplete and partial data sets using the methodologies for collection that were available at the time. The Government of Syria has expressed its reservations over the data sources and methodology of assessments used to inform the HNO as well as on a number of HNO findings reflected in the HRP. This applies throughout the document.

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INTRODUCTION

The 2019 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 2019, on the basis of the prioritization undertaken across and within sectors. The HRP, based on United Nations' assessments and analysis, also presents urgent funding requirements to address these needs. It is anchored by three strategic objectives: saving lives and alleviating suffering, enhancing protection, and increasing resilience. These objectives are interlinked, and achieving positive outcomes for affected people requires concerted action across all three. Protection and early recovery are mainstreamed across the HRP framework, 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 field level and benefit from an overarching effort to harmonise assistance across response areas.¹

The HRP was developed by the UN on behalf of humanitarian partners² working in Syria, under the leadership of the Humanitarian Coordinator for Syria (HC) and the Regional Humanitarian Coordinator for the Syria Crisis (RHC), with support from the UN Office for the Coordination of Humanitarian Affairs (OCHA).

The HRP was collectively prepared by all partners, consulted with the Government of the Syrian Arab Republic and 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 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 for both parties remains the timely and adequate delivery of humanitarian assistance to people in need in accordance with international law, including the UN General Assembly resolution A/RES/46/182, and the UN Charter.

In accordance with international law, the UN 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 UN is committed to the implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014), 2258 (2015), 2332 (2016), 2393 (2017), 2401 (2018) and 2449 (2018). The UN and its partners will 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: UN agencies, funds and programmes, the Syrian Arab Red Crescent (SARC) and humanitarian international and national non-governmental organizations (NGOs)³, 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 national non-governmental organizations 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 and protection 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 UN, General Assembly resolution 46/182 and relevant Security Council resolutions, and is governed by the framework of agreements between the Syrian state and UN agencies, funds and programmes.

¹ The UN supports efforts 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.

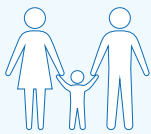
² In the context of the HRP, the terms "humanitarian organizations" and "humanitarian partners" are used to refer to operational organizations participating in the humanitarian response in line with the framework set out in resolution 46/182 and subsequent resolutions of the General Assembly on the strengthening of the coordination of emergency humanitarian assistance of the United Nations. This framework includes United Nations organizations, the International Red Cross and Red Crescent Movement and relevant humanitarian non-governmental organizations (see, e.g., A/RES/46/182, OP5, OP36, OP38; A/RES/73/139, OP9).

³ 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 UN Security Council resolutions 2139 (2014), 2165 (2014), 2258 (2015), 2332 (2016), 2393 (2017), 2449 (2018) This applies to all references to such organizations throughout the HRP.

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE*

STRATEGIC OBJECTIVE 1: SAVE LIVES



Provide life-saving and life-sustaining humanitarian assistance to the most vulnerable people with an emphasis on those in areas with high severity of needs.

STRATEGIC OBJECTIVE 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 though quality, principled assistance.

STRATEGIC OBJECTIVE 3: INCREASE RESILIENCE AND ACCESS TO SERVICES



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

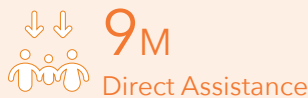
PEOPLE IN NEED



REQUIREMENTS (US\$)



PEOPLE TARGETED



KEY FIGURES

INTERNALLY DISPLACED PERSONS (IDPs)⁴



IDP AND REFUGEE SPONTANEOUS RETURNEES⁵



IDPs IN LAST RESORT SITES⁶



PALESTINIAN REFUGEES⁷

445K Palestinian refugees remaining in Syria are in need of humanitarian assistance

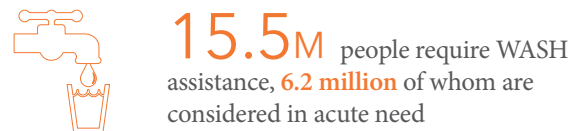
FOOD INSECURITY



HEALTH CARE FACILITIES



WATER, SANITATION AND HYGIENE



PROTECTION



Increasingly complex and inter-linked protection needs continue to exist across Syria, resulting from a variety of situations ranging from **direct exposure to hostilities, displacement, poor conditions in sites/collective shelters, protracted displacement, and return to destroyed and impoverished communities**

* The Government of Syria estimates the number of internally displaced people in the country to be 2.8 million; the number of spontaneous returnees to be 4.3 million and the number of people in need in the country to be 7.2 million people. For the purposes of the HRP, planning figures to guide the response and resource mobilization efforts will be based on UN estimates.

4 UN IDP Task Force, as of August 2018 5 UN IDP Task Force and UNHCR, as of December 2018 6 CCCM Cluster, as of December 2018 7 UNRWA, as of January 2019

HUMANITARIAN NEEDS

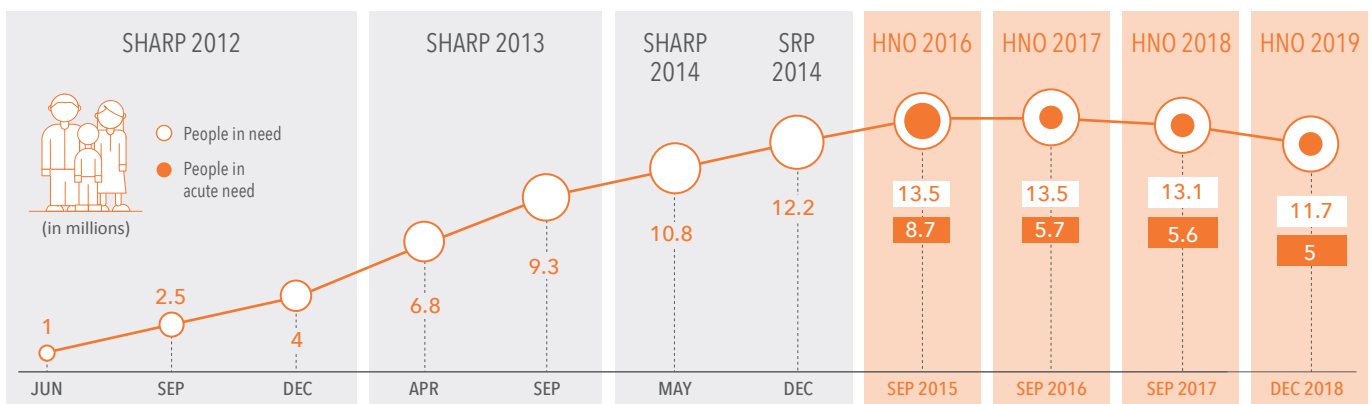
The scale, severity and complexity of humanitarian needs of people in Syria remain extensive. This is the result of continued hostilities⁸ in some areas of the country, new and protracted displacement, increased self-organized returns and the sustained erosion of communities' resilience after more than eight years of crisis. Across Syria, according to UN estimates, 11.7 million people require some form of humanitarian assistance, with certain population groups facing particularly high levels of vulnerability. While there was a reduction in violence in many parts of the country in the second half of 2018, the impact of hostilities, including acts by entities designated as terrorists by the UN Security Council, on civilians remains the principal driver of humanitarian needs in Syria.⁹

Despite a significant reduction in hostilities in the second half of 2018, high levels of humanitarian need persist across Syria. According to UN estimates some 11.7 million people were in need of some form of humanitarian assistance as of the end of 2018, representing a marginal reduction since the beginning of the year. Of these, 5 million people are estimated to be in acute need. An estimated 6.2 million people remained internally displaced, with well over 1.6 million population movements tracked between January and December 2018.¹⁰ Close to 1.4 million people – mostly internally displaced persons (IDPs) – reportedly returned home, during the same period, with the majority estimated to have been displaced for relatively short periods. The UN estimates that 6.5 million people are food insecure¹¹ with pockets of acute and chronic malnutrition persisting in certain areas.¹²

The Government of Syria estimates the number of IDPs in the country to be 2.8 million; the number of spontaneous

returnees to be 4.3 million and the number of people in need in country to be 7.2 million people.

Protracted displacement, the depletion of productive assets and savings, limited economic opportunities and the widespread destruction and contamination of agriculture and water-related infrastructures by explosive remnants have had a profound impact on the population. In some cases, this has led to high levels of deprivation, contributing to people's adoption of harmful coping mechanisms, such as reduced food consumption and hygiene practices. Such coping mechanisms increase exposure to more harmful practices increasing protection risks affecting particularly vulnerable groups, such as children, pregnant and lactating women, people with disabilities, the elderly and others with weakened coping mechanisms. As hostilities have reduced in many areas, particularly in areas where state control has been restored, and as self-organized returns to destroyed and



8 The Government of Syria maintains that the word "conflict" does not accurately apply to the situation in the country and the objective description is "a crisis emanating from the war on terrorism". However, multiple resolutions of the UN Security Council (e.g. S/RES/2449 (13 December 2018) and S/RES/2401 (24 February 2018)) and General Assembly (e.g. A/RES/73/182 (24 January 2019)) use this term in relation to the situation in Syria.

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 UN Population and IDP Task Force, December 2018

11 Food insecurity exists when people do not have adequate physical, social or economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.

12 Food Security sector, December 2018.

impoverished communities have increased, needs relating to access to basic services and livelihood opportunities have grown. According to UN analysis based on feedback from

affected communities, access to livelihood opportunities and basic services are among the primary concerns of affected people seeking to rebuild their lives.

Priority concerns expressed by communities¹³



13 As per feedback provided by community respondents reached during the conduct of multi-sectoral assessment.

2018 HUMANITARIAN

ACHIEVEMENTS & GAPS

Syrians themselves, through family and community support structures, and humanitarian NGOs, and state institutions at both central and local level, 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 and national efforts alone remain insufficient to address needs which can only be mitigated through humanitarian assistance. Sufficient investments in more dignified and sustainable solutions to reduce dependency and increase resilience remained a key gap in the response due to insufficient resources.

International support to Syria during 2018 was significant, with \$2.1 billion raised (65.1 per cent)¹⁴ of HRP requirements by the end of the year – more than any previous year. Thanks to this support, humanitarian organizations in Syria continued to deliver a massive humanitarian response to people in need. On average, 5.5 million people were reached with some form of assistance each month. Of these, 53 per cent were women and girls. Over 80 per cent of the response was delivered in communities where needs are considered major or severe as per the inter-sector severity classification.¹⁵ This was only possible by flexibly leveraging the various response modalities. Reaching those most in need with sustained needs-based assistance, however, remained challenging, for some humanitarian actors, in some areas, including those where state control had been restored during the year 2018.

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 stable, albeit significant, in most communities of Syria.

Nutritional surveys and surveillance conducted throughout Syria in 2018 generally show that global acute malnutrition (GAM) has remained outside of critical levels. The proportion of people assessed to be food insecure decreased by 5 per cent compared to last year although households are still using negative coping mechanisms (such as reducing the quantity and diversity of food intake). However, acute malnutrition of children aged 6-59 months rapidly increased in some areas hosting newly displaced populations, as well as in some UN declared hard-to-reach areas. In addition, screenings in 2018 confirmed that moderate acute malnutrition rates among pregnant and lactating women had more than doubled in the span of one year in many areas. Over the course of 2018, weekly reports from sentinel sites showed that, following an outbreak of measles in April and May, cases declined from

a high of 1,176 suspected cases per week to an average of 80 suspected cases per week in the final ten weeks of 2018. Further, on 2 December, after an 18-month long intensive vaccination campaign, the UN World Health Organization (WHO) announced that the poliovirus outbreak in Syria had been successfully stopped.

In general, it is assessed that ongoing humanitarian response efforts have mitigated overall excess morbidity and mortality rates and helped to address the needs of the most vulnerable. This suggests that humanitarian efforts constitute a necessity for many and have so far contributed to alleviate the worst effects of the crisis. Sustainably reducing the number of people in need and preventing further deterioration of the humanitarian situation in the country will require continued humanitarian assistance as well as concerted efforts to address root causes and systemic drivers of need, restore basic services and ensure a protective environment.

14 OCHA Financial Tracking System (FTS), as of 30 January 2018. OCHA manages FTS which records all humanitarian contributions, (cash, in-kind, multilateral and bilateral) to emergencies. FTS reflects funding flows received against the HRP as reported by donors and/or partners. In some cases, funding received is under-reported. Please report your contributions to fts@un.org or through the on-line contribution report form at <http://fts.unocha.org>

15 As per the inter-sector severity scale: <https://hno-syria.org/data/severity-scale/en/categorization.pdf>

ACHIEVEMENTS 2018¹⁶

- An average of **5.3 million** vulnerable people received food assistance on a monthly basis across Syria. A further **2.7 million** people benefited from agricultural assistance during 2018.



- Almost **6 million** people received direct water, sanitation and hygiene emergency assistance. Up to **13.8 million** people benefited from water, sanitation and solid waste management systems support.



- **22.8 million** medical procedures were supported by humanitarian actors during the year. **11.7 million** treatment courses were provided. More than 517,000 trauma consultations were carried out. 158,000 deliveries were attended by skilled birth attendants. 81,000 C-sections were conducted throughout the year.



- **4.3 million** children and youth, teachers, and education personnel benefited from quality education programmes.



- **3.8 million** people benefited from early recovery and livelihood interventions, including through the restoration of access to essential social services and social cohesion initiatives.



- **2.4 million** children and pregnant and lactating women in need were reached with curative and preventive nutrition services.



- **2.4 million** people had their core and essential NFI needs met, and **1.1 million** people received shelter assistance.



- **838,400 girls and boys** benefited from structured and sustained child protection programmes, including psychosocial support.

316,600 people received legal assistance, including on civil documentation and housing, land and property issues

426 communities have at least one type of specialized gender-based violence service.

2.5 million people benefited from explosive hazard risk education



- More than **23,101 m³** of inter-agency humanitarian goods were stored and prepositioned in various locations inside Syria to respond to critical needs.

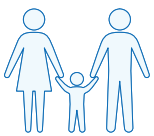
16 These reflect cumulative sector reach for January to November-December 2018.

STRATEGIC

OBJECTIVES

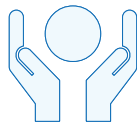
The humanitarian community will strive to contribute to the achievement of three key objectives in the 2019 HRP: i) Save lives and alleviate the suffering of the most vulnerable people; ii) Enhance the prevention, mitigation and response to protection needs; and iii) Increase resilience, livelihoods and access to basic services. These objectives are interlinked and interdependent, with progress on each being essential towards positive outcomes against the others.

2019 HRP STRATEGIC OBJECTIVES

**SAVE LIVES**

Provide life-saving and life-sustaining

humanitarian assistance to the most vulnerable people with an emphasis on those in areas with high severity of needs.

**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.

**INCREASE RESILIENCE AND ACCESS TO SERVICES**

Increase the resilience of affected communities by

improving access to livelihood opportunities and basic services, especially among the most vulnerable households and communities.

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

The UN is committed to the implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014), 2258 (2015), 2332 (2016), 2393 (2017), and 2449 (2018). The UN and its partners will also continue to advocate for greater respect for international law, IHL and IHRL with relevant stakeholders.

The 2019 HRP complements the humanitarian response undertaken by the Government of Syria. It also complements efforts deployed by the Syrian Arab Red Crescent (SARC). Other international organizations 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 2019 build upon the humanitarian community's efforts in 2018 and previous years, and reflect the current complexity of the humanitarian

situation in Syria. Under the framework of the 2019 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. Sectoral and inter-sectoral coordination will be key to ensuring that humanitarian assistance reaches those most in need with a focus on the most vulnerable communities and households across the country. Particular emphasis will be placed on the most vulnerable and at-risk groups including children, women, youth and adolescents, the elderly, people living with disabilities or who are 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 most limited. Priority areas will include areas affected by hostilities, areas hosting high numbers of displaced persons, especially vulnerable IDPs in "last resort" sites and open spaces¹⁷. Areas with a high concentration of overburdened communities – as a result of

¹⁷ 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. Open spaces refer to IDPs living without shelter.

a large proportion of IDPs or spontaneous returnees relative to the host population – and areas highly destroyed or impoverished where spontaneous return occur will also be in focus. While recognizing the distinct profiles and needs of these groups, there is likely to be a general cross-cutting need for life-saving health interventions, protection interventions and basic relief items in these areas. People facing the highest levels of food insecurity and families with life-threatening needs (e.g. health conditions, malnutrition, unassisted births) will be prioritized, as will the needs of Palestinian refugees.



Strategic Objective Two: Enhance Protection

Efforts under this objective aim to enhance the prevention and mitigation of protection risks and respond to protection needs related to the protracted nature of the crisis, including through promoting the respect of international law, IHL and IHRL, and the provision of quality, principled, needs-based assistance. This objective recognizes that some individuals and families in some areas heavily affected by the crisis are resorting to harmful coping mechanisms which particularly impact women, adolescent girls, and children as well as the elderly and persons with disabilities. This objective will guide efforts to improve protection analysis through assessing protection needs; continue to mainstream protection across sectors; mitigate some of the protection risks identified through enhanced inter-sector coordination; address specific protection needs through the provision of quality and integrated protection services; reduce the impact of explosive hazards on civilians and humanitarian access; and improve the overall protection environment, including through advocacy with duty bearers and other interlocutors. The objective will aim to mitigate a number of key concerns such as child labour and recruitment, forced or early marriage and the lack of civil status documentation. Growing concerns relating to housing land and property issues will also be addressed through technical support by UN agencies and humanitarian actors. These activities will be carried out in consultation with Syrian state institutions in accordance with the Charter of the UN and as per General Assembly resolution 46/182 and governed by the framework of agreements between the Syrian state and the UN agencies, funds and programmes, as well as relevant Security Council resolutions.

Defining Protection in Humanitarian Action¹⁸

Recognizing that the Government of Syria bears the primary responsibility for the protection of its citizens and all those under its authority, the UN will work with the Government to implement these protection activities.

The Inter-Agency Standing Committee's (IASC) Policy on Protection in Humanitarian Action (2016) is used as a frame of 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. IHRL, IHL, international refugee law).¹⁹



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 services – such as education, health, water and sanitation, waste management etc. – in communities affected by the crisis, particularly in areas with a high severity of needs. This objective will also aim to ensure access of Palestinian refugees to basic services and livelihood opportunities. It will also seek to respond to the impact of drought on affected populations in north-east Syria. 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. The objective also looks to strengthen early prevention mechanisms; contribute to enhancing social cohesion and contribute to an overall protective environment, as well as broader efforts to ensure humanitarian response outputs that seek to contribute to restore dignified living conditions for affected people.

In relation to Syria's, 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 those part of the Syria Strategic Framework.

¹⁸ The Government of Syria does not consider these guidelines as binding or extending to their authority in any way.

¹⁹ IASC IDP Protection Policy 1999.

Underpinning the response

The following key protection principles²⁰ are prioritized by the IASC in all humanitarian activities:

- “Do no harm”:²¹ i.e. preventing and minimizing any unintended negative effects of activities that can increase people’s vulnerability to physical and psychosocial risks.
- Equity: 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.
- Feedback and participation by affected populations in a manner consistent with IASC guidelines on “Accountability to Affected Populations”:²² ensuring appropriate mechanisms through which affected people can provide feedback on the adequacy of humanitarian initiatives and channel any concerns and complaints.
- 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 coordination with the government.
- More efforts will also be made to systematically mainstream protection and gender-based violence (GBV) risk mitigation measures and the prevention of sexual exploitation and abuse (PSEA) into all sectors of the humanitarian response
- Gender and age: efforts will also be pursued to further incorporate gender and age analysis in assessments, strategic and operational planning, as well as response and monitoring efforts in 2019.

Efforts will also be made to increase attention on the inclusion of persons with disabilities and the elderly throughout the humanitarian response.

20 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.

21 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

22 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

Humanitarian action remains about saving lives, maintaining dignity and bringing hope for people in Syria.

The 2019 response strategy has been developed based on a sector and inter-sector analysis of the varying humanitarian needs that people currently experience in different parts of the country and the priorities expressed by people in need, particularly women and girls and other vulnerable groups. It also takes into account the fluidity of the context; the probable hostilities that may take place in north-east and north-west Syria; and the relative stability, albeit still characterized by severe needs, in other areas of the country, including areas of spontaneous return by IDP and refugees; the emergence of new needs related to population movements, as well as the access opportunities that humanitarian actors may have to reach households and communities experiencing dire need. The strategy underlines the necessity for flexible operational approaches, enhanced coordination among humanitarian actors within and across sectors and response areas,²³ and continuous advocacy to reach those most in need.

The context in Syria is likely to remain complex and dynamic in 2019. Hostilities, including acts by entities designated as terrorists by the UN Security Council, are expected to continue, particularly in the north-west and parts of the north-east. This will generate additional threats for the safety of the civilian population, forced displacement and acute humanitarian needs. Preparedness and response plans are being put in place or continue to be updated, to respond to the needs of up to 1.2 million newly displaced during the year, particularly in north-west and north-east Syria. At the same time, deepening humanitarian needs due to protracted displacement, destruction of basic service infrastructure, growing levels of poverty and vulnerability and increased spontaneous returns to many overburdened communities also need to be addressed. Such efforts will contribute to meeting existing needs and mitigate any further deterioration of the humanitarian situation in the coming period. Responses to these needs require more sustained service delivery and livelihood interventions, as well as cost-effective programming modalities.

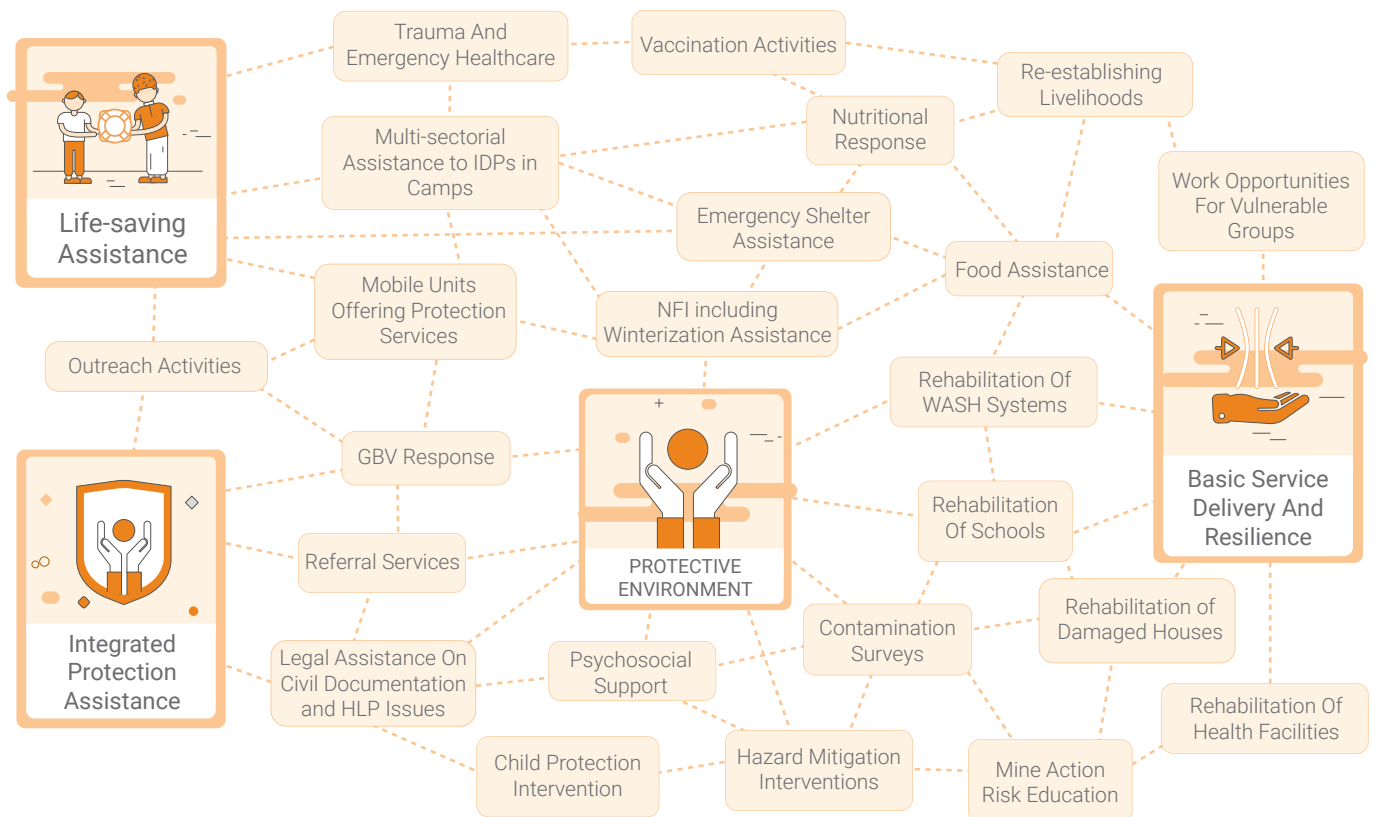
Achieving Protection Outcomes: Holistic Responses

After nearly eight years of crisis, the continued lack of sustained access to basic services and economic and livelihood opportunities has had an increasingly complex humanitarian impact. The risk of resorting to harmful coping mechanisms such as reduced food consumption, deferment or delay in seeking medical care, reduced hygiene practices; children engaged in harmful labour and early/forced marriage, increase the need for humanitarian intervention. Limited access to quality education, regular medical care, and large unemployed populations makes sustainably resolving this humanitarian crisis a long-term challenge. The most vulnerable segments of the population – including woman- and child-headed households, adolescent girls, elderly people and persons with disabilities – are particularly affected. Addressing immediate needs while paying insufficient attention to medium- and longer-term dynamics of this nature undermines humanitarian and protection outcomes for affected people. The 2019 HRP recognizes the increasing importance of a more holistic approach, with life-saving assistance being provided alongside carefully targeted support for the expansion of basic services and livelihood opportunities, with a focus on the most vulnerable in the short to long term. Aside from contributing to an improved overall protective environment, such interventions are also more cost-effective in the long-run and reduce dependency on aid.

For example, inter-sector coordination and discussion on approaches to targeting food and livelihood assistance may have positive effects on the ability to reach vulnerable segments of the population and deter negative coping mechanisms such as early/forced marriages, child labour, and school dropout.

²³ 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.

ACHIEVING PROTECTION OUTCOMES THROUGH HOLISTIC RESPONSES



2019 Planning Assumptions

The situation in some areas in Syria – particularly north-west and north-east is likely to remain complex and unpredictable throughout 2019. As a consequence, the severe humanitarian situation is anticipated to continue. Hostilities are likely in some areas of Syria, and in particular the north-west and north-east. In Idleb and surrounding areas, a large-scale military operation and/or inter-factional fighting, in an area already estimated to host more than 2 million individuals in need could have a huge humanitarian impact, involving direct exposure to hostilities and critical safety risk for the civilian population, destruction of infrastructure and services mass displacement of already vulnerable families and the interruption of critical humanitarian assistance efforts.

As a result, the number of IDPs across Syria is likely to remain high. On the basis of current trends and contextual developments, the UN uses the estimate of 1.2 million possible population movements as a planning assumption for 2019.

Other areas are likely to see increased stability, as hostilities cease, including in areas where state control has been restored in 2018. This situation is likely to lead to an increase in the number of spontaneous returns of IDPs and refugees. The inter-sector and sector responses, many of which are community-based, factor in modalities to respond to the needs relating to up to 1.5 million potential spontaneous

returns (from among the internally displaced population) in 2019. Self-organized refugee returns from neighbouring host countries will remain relatively low compared to the overall number of refugees but are expected to exceed previous years, with an estimated 250,000 refugees projected to return from Egypt, Iraq, Jordan, Lebanon and Turkey. Existing UN monitoring and assessment methodologies in Syria cannot ascertain the voluntariness and sustainability of these returns, or whether they have been adequately informed and took place in safety and with dignity. At present, the humanitarian community continues to support the displaced and refugees to make a voluntary and informed decision at the time of their choosing, including by contributing to efforts to overcoming barriers to return for those who would like to do so and by supporting the right of IDPs and refugees to opt for the preferred durable solution.

The scale of humanitarian needs is expected to remain significant, particularly in areas of displacement as well as in areas where significant spontaneous returns take place. In areas of relative stability, opportunities to reduce the level of humanitarian needs through more sustained service delivery and livelihoods activities are expected to emerge.

Taking into account the growing funding challenges the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)** is experiencing, the situation of the 445,000 Palestinian refugees living in Syria remains a grave concern. Sectors are including Palestinian Refugees in their sector

strategies and assistance efforts in collaboration/coordination with UNRWA.

**UNRWA was established by the United Nations General Assembly in 1949 (Res 302(IV)) to provide protection and assistance to registered Palestine refugees in its five fields of operation – Lebanon, Jordan, Syria, Gaza, and the West Bank, including East Jerusalem. “Palestine refugees” are those “persons whose normal place of residence was Palestine during the period of 1st June 1946 to 15th May 1948, and who lost both home and means of livelihood as a result of the 1948 Arab-Israeli conflict”. In the absence of a solution to the Palestine refugee problem, the General Assembly has repeatedly renewed UNRWA's mandate, most recently extending it until 30 June 2020 (GA/RES 71/91, O.P. 3), “Affirm[ing] the necessity for the continuation of the work of the United Nations Relief and Works Agency for Palestine Refugees in the Near East and the importance of its unimpeded operation and its provision of services, including emergency assistance, for the well-being, protection and human development of the Palestine refugees and for the stability of the region, pending the just resolution of the question of the Palestine refugees”.

The Government of Syria has expressed a preference to refer to Palestine refugees living in its territory as Palestinian refugees. The United Nations remains guided by relevant UN resolutions.

Scope and priorities of the humanitarian response

Against this backdrop, the 2019 Syria HRP sets out a strategy to address humanitarian needs identified across the country at sector and inter-sectoral levels. According to a recent sector and inter-sector humanitarian analysis, the humanitarian needs in Syria remain similar in scale and severity to those of last year, with sectoral variations. Consequently, the 2019 response strategy builds on the 2018 response and efforts deployed to date, and aims to maintain the capacity to respond to humanitarian emergencies; enhance approaches to multi-sectoral delivery and response prioritization, improve the quality of various programming aspects, and capitalize on opportunities to enhance dignity and reduce the overall level of needs through more sustainable programming modalities.

Response Targets

The 2019 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 2019 aim to assist 9 million people in need with direct humanitarian assistance (target) and carry out 11.7 million service delivery interventions to persons in need by leveraging all response modalities and assets. This is equivalent to approximately 77 per cent per cent of those in need and represents a 14 per cent decrease compared to last year.

However, in carrying out this response strategy, a changing operating environment may challenge the ability of humanitarian actors to fully meet these targets and to fulfil quality programming objectives. Limiting factors may include: insecurity related to hostilities, particularly in north-east and north-west, including acts by entities designated as terrorist by the UN Security Council; limited or unpredictable humanitarian access; insufficient funding; administrative regulations by all parties; capacity constraints and lack of partners on the ground; potential interference in humanitarian operations; and the negative impact of unilateral coercive measures imposed on Syria, on the import of goods – by humanitarian actors – needed for basic service delivery.

Prioritization Approach

The 2019 HRP sets out a holistic response, reflecting the complexity of the humanitarian situation in Syria where people's needs are multiple and interrelated, encompassing humanitarian life-saving, protection, livelihood, 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 2019 HRP includes a strengthened approach to prioritization which aims to ensure that the most urgent 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 at-risk groups and 2) geographical severity of needs, at both inter-sectoral and sectoral levels.

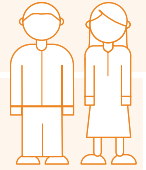
Protection and vulnerability criteria of groups at risk:

Across all areas and interventions, programmes will aim to reach the most vulnerable populations and communities. These include:

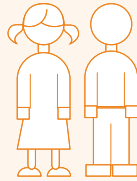
VULNERABLE GROUPS

AT RISK AND MOST IN NEED

The groups outlined below require specific consideration when planning and prioritizing the response



CHILDREN who are unaccompanied and separated, or living with older or disabled caregivers, are especially vulnerable.



Children may face specific risks due to their age, gender, disability and social perceptions of childhood.

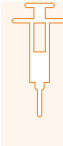
Out-of-school children are at heightened risk of protection risks, such as gender-based violence and child labour.

Children engaging in child labour or serving in combat roles will require specific consideration.

Children living in crowded spaces (collective centres, with host families) may be at greater risk of domestic violence.

Adolescent girls are at risk of early or forced marriage.

ADOLESCENTS/ YOUTH Female and male youth need safe and appropriate livelihood opportunities.



PEOPLE WITH CHRONIC ILLNESS AND INJURIES

have specific needs in regards to security,

shelter, access to services, health, NFIs and WASH facilities. They also face difficulties in accessing needed medicine, healthcare, food/nutrition.



THE ELDERLY

face specific needs in regards to security, shelter,

access to services due to reduced mobility, health, NFIs and WASH facilities.

WOMEN AND GIRLS may face particular risks due to their gender and situation, including harmful survival strategies such as early marriage, trafficking and sexual abuse and exploitation.



Unaccompanied girls and survivors of violence require targeted and specific attention.

Women and girls face specific needs in regards to security. Women can be more susceptible to violence, harassment in overcrowded spaces like collective centres and aid distribution sites.

Women and girls face specific needs for access to services, health/reproductive health, WASH facilities including for pregnant and lactating women.

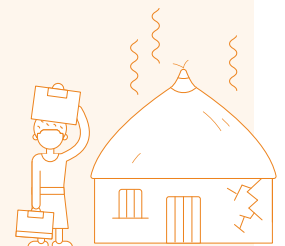
Female-headed households, including war widows and women in need of legal support for inheritance, custody and family law related issues.



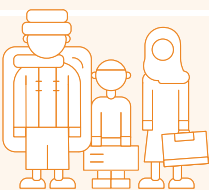
PEOPLE WITH DISABILITIES lack access to healthcare and face difficulties in meeting their basic needs. Many are unable to work due to injury or the need to care for others. They require access to humanitarian services and information that are tailored to their specific needs.

POPULATION HOSTING DISPLACED PERSONS

may face tensions with displaced communities linked to access to services. They also have reduced living space and face socio-economic hardships especially when resources are already scarce.

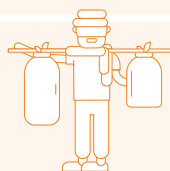


PEOPLE WITHOUT PERSONAL DOCUMENTATION face reduced access to assistance and services, the realization of basic rights, including freedom of movement, access to employment and property. Women may be particularly at risk in accessing inheritance, property, and child custody. Undocumented people, particularly children, may be at risk of statelessness.



DISPLACED PERSONS have reduced support networks and face a higher susceptibility to vulnerabilities, including based on where they live: last resort sites, collective centres, open areas, urban, rural or hosted by others.

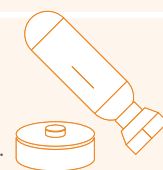
SPONTANEOUS RETURNEES reaching communities with high levels of destruction, contamination, lack of services, and with possible disputes due to housing, land and property issues.



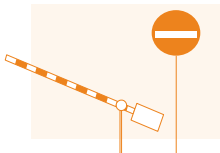
PEOPLE FACING EXTREME SOCIO-ECONOMIC HARDSHIP are exposed to extreme forms of deprivation and they and their families are at greater risk of harmful coping strategies, such as child labour and sexual exploitation.



PEOPLE LIVING IN AREAS CONTAMINATED WITH EXPLOSIVE HAZARDS face the threat of death or serious injury, potentially resulting in long-term impairment, the deprivation of livelihoods, and hindered access to basic services. Children are at particular risk of explosive hazards. Farming, reconstruction and rubble removal work also places people at heightened risk.



PALESTINIAN REFUGEES have weakened support networks and limited economic opportunities.



PEOPLE IN ACCESS-RESTRICTED AREAS face the denial of basic rights, including restricted freedom of movement and access to adequate food, water, education, health care, protection services and economic opportunities. They also suffer from infrequent or non-existent humanitarian assistance, including obstacles to urgent medical evacuations.

Acknowledging that there are people in need of humanitarian assistance across Syria – and taking into account sector-specific considerations – humanitarian actors in Syria have identified multiple characteristics as well as six criteria affecting vulnerability and indicating the most acute needs across sectors. In addition to the assessed needs, these criteria will be used to further prioritize assistance:

- 1- People living in UN-declared hard-to-reach areas, or in newly-accessible areas where freedom of movement and access to services have been significantly interrupted or remain limited and challenging, including due to the necessity to (re)-establish the presence of humanitarian actors.
- 2- People exposed to high intensity hostilities and living in areas contaminated with explosive hazards.
- 3- IDPs living in last-resort sites, collective centres, and/or living in open areas, who have limited/or no access to core services and who may be affected by restrictions in restricted freedom of movement.
- 4- Newly-displaced populations who are often fleeing hostilities, and are therefore likely to face immediate and acute needs during their initial stages of displacement.
- 5- Spontaneous/self-organized returnees, as well as people in more stable areas requiring specific and dedicated assistance and basic services to avoid secondary displacement or resorting to harmful coping mechanisms as a foundation for their return as the preferred durable solution, including in newly accessible areas.
- 6- Over-burdened communities, where – due to the large number of IDPs and/or spontaneous returnees and/or prolonged interruption of basic services – the entire population (including host communities) is exposed to increased challenges in accessing services, livelihoods, and economic opportunities.

NB: Palestinian refugees who fall into all the above groups of vulnerability deserve particular attention in multi-sectoral assistance efforts, given the acuteness of their needs.

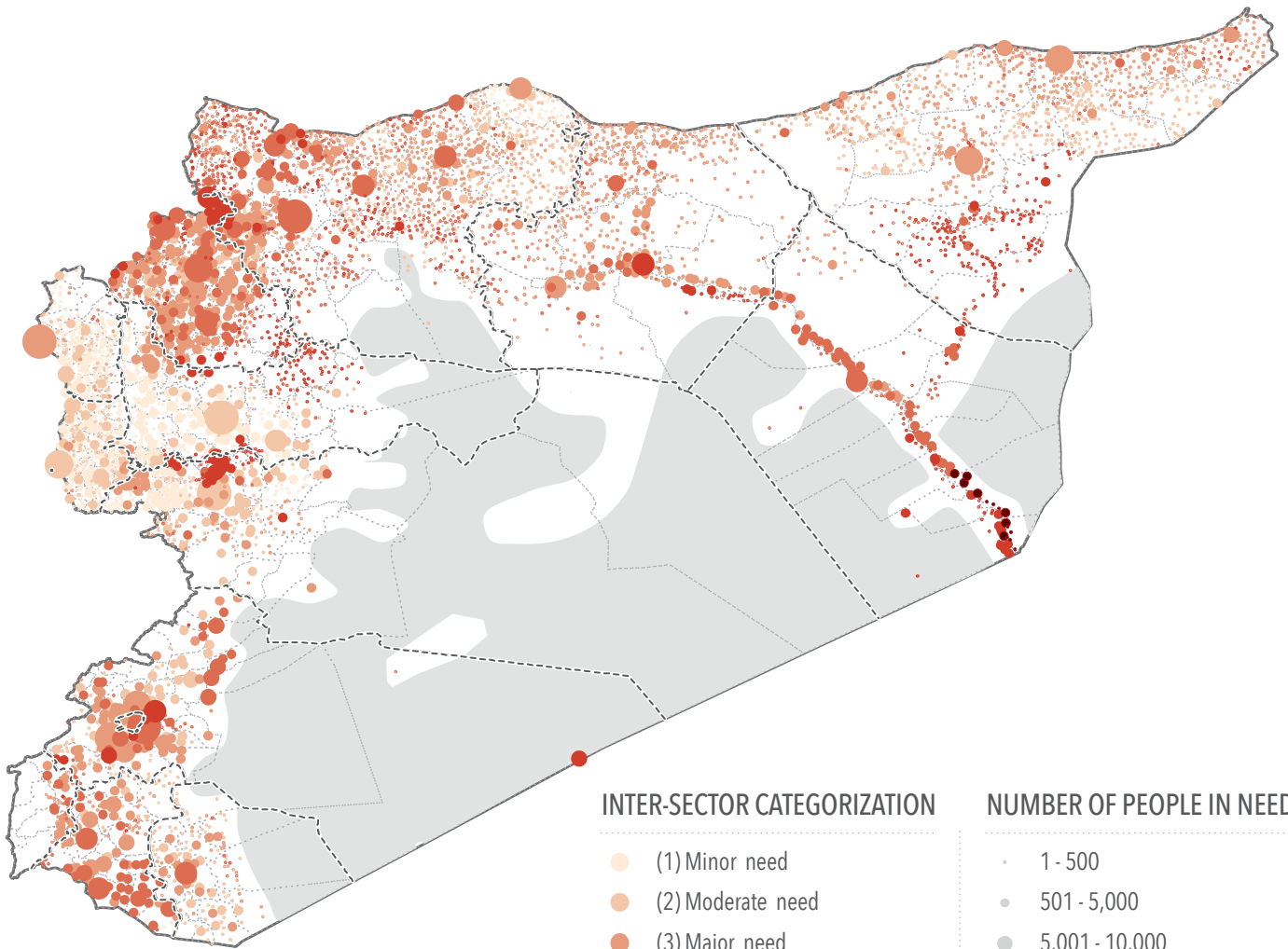
The six priority groups outlined above are broad categories of people whose needs generally cut across all sectors. This analysis reflects a needs-based approach as opposed to a status-based approach to understanding and prioritizing needs. Each sector has also developed complementary household targeting criteria that take into account sector specific-indicators for assessing vulnerability by activity aligned with sector objectives. The analysis also recognizes that, at a more granular level, individual/household vulnerability within these priority population groups are likely to vary, with children, youth, the elderly, women and girls as well as people with chronic illnesses, disabilities and injuries or people with varying levels of self-reliance, requiring specific consideration when planning and prioritizing the response.

Severity of need

In addition to the vulnerability criteria outlined above, the response will also be guided by geographical analysis of the severity of need, at both the sectoral and inter-sectoral levels (see map below for inter-sector severity and refer to HNO chapter for sector-specific severity scale²⁴). The analysis identifies levels of severity, ranging from catastrophically affected areas where people generally face immediate survival needs to areas where there are significant needs for service delivery and resilience interventions. These categorizations are based on multiple sector-specific and 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 and access to basic goods and services. Indicators for the inter-sector severity have been developed through a collaborative and consultative inter-agency process. Areas with the highest severity levels typically indicate situations where the scope and depth of needs are greater and more urgent. However, there are also individuals and communities in areas with lower severity levels that have high levels of need and also require appropriate assistance. Some key service delivery infrastructure, such as hospitals, water and sanitation systems, or facilities delivering protection services, are also located in lower severity level areas but provide critical services to people from areas of higher severity of need, including through mobile outreach interventions.

The inter-sector severity categorization approach is not intended to exclude areas from being assisted; it rather acknowledges that different areas require different responses. In light of access challenges and underfunding, severity of need also needs to be analysed within the context of density of people in need which reflects areas where the concentration of people in need is higher.

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



INTER-SECTOR CATEGORIZATION

- (1) Minor need
- (2) Moderate need
- (3) Major need
- (4) Severe need
- (5) Critical need
- (6) Catastrophic need

NUMBER OF PEOPLE IN NEED

- 1 - 500
- 501 - 5,000
- 5,001 - 10,000
- 10,001 - 25,000
- 25,001 - 50,000
- 50,001 - more than 1M
- Areas with no or limited population

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

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



Note: areas which may witness increasing levels of hostilities including acts by entities designated as terrorists by the UN Security Council, new displacement and/or other humanitarian emergencies will be automatically prioritized with humanitarian assistance at the sector or multi-sector level. While these dynamics will eventually be reflected in the severity scale, it is recognized that there may be possible delays in capturing evolving situations due to the periodicity of updates of the severity scale which take place only twice a year. Donors are encouraged to provide operational actors with the flexibility to be responsive to the fast-changing conditions and circumstances (i.e. the severity categorization is only periodically updated and given the fluctuating situation in Syria, should be interpreted alongside contextual analysis).

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, sanitation and waste management, 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 response²⁵.

Response efforts under the 2019 HRP will be guided by the severity and types of needs, and will deploy the most appropriate response modalities, contingent on access opportunities. The parameters above have guided sector strategy development as well as project development. They have also been used to review projects proposed under the 2019 HRP.

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.

Coordinated multi-sectoral response

In view of promoting a coordinated multi-sectoral response for people considered most in need/vulnerable located in high and major severity of needs areas, a series of “joint and multi-sector response” approaches have been elaborated (see below). This does not provide a complete picture of the anticipated response, but highlights areas where complementary sector responses will combine to reduce excess mortality and morbidity. It facilitates the identification of action for better integrated responses aimed at addressing the most immediate protection and life-saving and life-sustaining needs. Consultation with Syrian state institutions shall be in accordance with the Charter of the UN and as per General Assembly resolution 46/182 and relevant Security Council resolutions, and be governed by the framework of agreements between the Syrian state and the UN agencies, funds and programmes.

Summary of multi-sector response approaches (for more details please refer to annex 2):

1. Humanitarian response to people living in UN-declared hard-to-reach areas, or in newly accessible areas, including due to the necessity to (re)-establish the presence of humanitarian actors.:

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 shelter

assistance, cooking items, blankets and clothing. Support to trauma and emergency healthcare; re-establishing the cold-chain and vaccination activities; system repairs to increase the availability of safe water and sanitation, as well as 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, humanitarian mine action, support people to obtain civil status documentation in accordance with national legislation in areas where some governmental services are available, but not sufficient to cover the needs²⁶. Livelihood activities and appropriate livestock inputs will be implemented, to enhance the self-sufficiency of affected populations.

2. Humanitarian response to IDPs in last resort camps, settlements, transit centres and collective centres²⁷:

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 may be compelled to 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 rations, micro-nutrients, emergency shelter and core relief items, including dignity kits, psychosocial first aid in situation of emergency, measures to enhance a protective environment for children (e.g. avoiding family separation), measures to properly mainstream GBV in the set-up of the site. 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 largely by mobile protection presence and activities, with interventions tailored to the situation and the fluidity of movements. 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 populations remaining in the sites, integrated protection services 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

²⁵ Details of sector severity analysis are provided in the sector chapters included in this document as well as in the 2019 HNO. The 2019 HNO is available through the following website: <https://hno-syria.org/>

²⁶ Unless otherwise noted, ‘protection’ includes GBV, CP and MA interventions.

²⁷ 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

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 – and largely mobile - emergency protection interventions. Delivery of basic services will be supported through the reinforcement of available service providers relating to sectors including health, WASH, shelter, protection and education in the areas hosting those newly displaced.

4. Humanitarian response to spontaneous / self-organized returnees:

Return movements generate a variety of needs (including shelter, access to basic services and self-reliance opportunities, civil documentation and housing, land and property-related issues) 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 and of the communities where they attempt to reintegrate, which are often destroyed and impoverished.

Humanitarian partners considering support to self-organized IDP and refugee returns will be guided by the conditions on the ground and the relevant international instruments.²⁸

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 – where necessary - address specific needs based on individual/household level vulnerability and profiles.²⁹

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 those issuing civil status documentation) in support of national authorities and providing legal advice on housing, land and property issues in line with the national legal framework and international standards. Risk education survey and clearance of explosive hazards and victim assistance 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 40.

5- Overburdened communities:

In areas hosting a large number of displaced persons or returnees in relation to the host population, community-based support will be needed to facilitate access to basic services and livelihood opportunities that may be overstretched. Activities foreseen include the establishment and expansion of protection services, including through static facilities (community centres, women and girls safe spaces, child protection services facilities), 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, as well as capacity support to water, sanitation and solid waste management service providers. 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 attached sector strategies.

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

²⁸ 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 are considered customary law.

²⁹ With regard to refugee returnees, this includes sectoral assistance not specific to needs arising due to their time in asylum.



Humanitarian response to affected Palestinian refugees

Palestinian refugees continue to be among the communities most affected by the crisis in Syria. In 2019, UNRWA will continue to prioritize the provision of life-saving assistance, with a focus on meeting the needs of the most vulnerable Palestinian refugees. Cash assistance will remain a priority, and the Agency will use a targeted approach to assistance, based on which households assessed as extremely vulnerable will be prioritized. Food assistance will also be limited to the most vulnerable Palestinian refugees.

UNRWA – in coordination with the Government of Syria- remains the main provider of assistance to Palestinian refugees. Primary healthcare will continue to be provided through 24 medical facilities and mobile points, while referral to secondary and tertiary healthcare services will be subsidized. UNRWA will continue to provide quality education to about 51,000 students attending 103 UNRWA managed schools across the country, as well as psychosocial support. A focus on livelihoods, including support for vocational training and microfinance, will be enhanced depending on availability of funds. UNRWA will continue to strengthen water and sanitation services, with a particular focus on newly accessible camps. Many UNRWA installations, including 40 per cent of schools and 25 per cent of clinics, are currently unusable due to damage or destruction. UNRWA plans to conduct vital emergency repairs to its facilities in accessible areas to ensure a consistent provision of services, including for returnees.

UNRWA will coordinate with the Protection sector to ensure the inclusion of Palestinian refugees into the full range of protection responses. This includes: ensuring the unique status of Palestinian refugees is incorporated into advocacy initiatives; the provision of psychosocial support and awareness raising activities with a focus on women, boys, girls, persons with disabilities and older persons; case management for persons experiencing GBV, child protection and general protection concerns; and supporting community-led initiatives that encourage cohesion particularly within Palestinian refugee camps and gatherings.

UNRWA plans to serve a caseload of 445,000 Palestinian refugees located in Syria in 2019 (in comparison to 560,000 before the crisis). This figure takes into account a small increase in population from 2018 due to possible returns from outside Syria (mainly from Jordan and Lebanon). Out of those, 418,000 are considered vulnerable, of whom an estimated 126,000 have been identified as extremely vulnerable and 13,500 still reside in UN-declared hard-to-reach areas (as of October 2018). Up to 254,000 Palestinian refugees were displaced at least once since the beginning of the crisis.

Given UNRWA's difficult financial situation; sectors across the response will collaborate closely with UNRWA to ensure the needs of Palestinian refugees are met through a collaborative inter-agency approach, as needed.

Preparedness

Given the fluidity of the situation and the specificities of different geographical areas, the 2019 HRP will continue to be supplemented – when needed – 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. Preparedness plans covering potential developments in north-east and north-west Syria currently exist.

Cross-cutting themes



Protection Risk Analysis³⁰

Building on the practice established since 2018 and after positive reviews 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 review process of each sector's strategy and projects in the 2019 HRP for UN Agencies and humanitarian organizations that are part of the HRP. The PRA remains part of a broader strategy to enhance protection standards and mainstream protection across the humanitarian response and to promote mitigating the risks of exposing people to harm as a result of humanitarian response efforts in Syria.



Gender and Age

Conditions for women and girls have deteriorated significantly in some areas of Syria since the start of the crisis. Factors such as high exposure to violence, including gender-based violence, displacement, restrictions on access to healthcare, including access to

³⁰ This section is completely related to internal processes of the UN and its humanitarian partners.

sexual and reproductive healthcare, poverty as well as growing unemployment, including related to the impact of unilateral coercive measures, are rendering women and girls increasingly vulnerable. Estimates indicate the female ratio of the population has increased from 49 per cent to 51 per cent, and up to 57 per cent among displaced persons. Women are shouldering much of the economic burden and many are struggling to ensure livelihoods for themselves and their families.

Ensuring humanitarian assistance responds to the distinct needs and concerns of women, girls, boys, and men, of different ages and abilities, is vital in order to ensure access to assistance and services, as well as to have a more meaningful impact on their lives, including promoting the empowerment of women and girls where opportunities exist. Programming should adapt to the particular vulnerabilities and access opportunities of individuals and communities, including persons with disabilities, 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. Building on progress in 2015, 2016, 2017 and 2018 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. The particular needs of the elderly will also be given enhanced attention in the 2019 HRP projects



Prevention of Sexual Exploitation and Abuse by humanitarian actors (PSEA)³¹

In line with the Secretary-General's bulletin "Special measures for protection from sexual exploitation and sexual abuse" (October 2003) humanitarian partners remain committed to pursue efforts to improve the way they prevent and respond to sexual exploitation and abuse³². In this regard, UN agencies will commence dialogue with the Syrian Government to identify the best ways to address the concerns related to sexual exploitation and abuse in the context of humanitarian response in the Syrian Arab Republic.



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 often 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 will be pursued 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.

Engagement with Syrian state institutions shall be in accordance with the Charter of the UN 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 populations³³

Affected people were consulted during the needs identification and planning processes through individual and household consultations as well as focus group discussions carried out across the country in the context of the numerous inter-sector and sector assessments, as well as through routine field missions and post-distribution monitoring.

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 coordination with the Government of Syria while fully respecting the humanitarian principle of independence, have been mainstreamed across the various projects and activities planned in the HRP and will continue to be pursued and reinforced.

Engagement with Syrian state institutions was in accordance with the Charter of the UN 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.



Capacity development

National humanitarian organizations are essential service providers in Syria, and their capacities have developed significantly over the past years. The HRP underscores the humanitarian community's continuous commitment to

³¹ This section is completely related to internal processes of the UN and its humanitarian partners.

³² Secretary-General's Bulletin, Special measures for protection from sexual exploitation and sexual abuse, 9 October 2003: <https://www.un.org/preventing-sexual-exploitation-and-abuse/content/documents>

³³ 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.

develop 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 2019 HRP³⁴. They will inform a quality programming approach by all partners, seeking to reduce the degree and frequency with which communities depend on 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 included in the 2019 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 2019 response. All resilience activities will adhere to humanitarian principles and age, gender considerations. Development and reconstruction interventions remain complementary to the HRP and outside of its scope.



Continuing efforts to address access constraints

Access challenges in some areas remain a significant impediment, to the sustained delivery of quality humanitarian assistance. To address access challenges, humanitarian partners will further engage in advocacy on regulatory frameworks and humanitarian principles; undertake access analysis and risk management across the response; 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 General Assembly resolution 46/182, as well as effective cooperation and coordination with the Syrian authorities, and international and national NGOs.

³⁴ 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).

THE NO LOST GENERATION INITIATIVE ³⁵

Working across three pillars – Education, Child Protection, and Adolescents & Youth - the No Lost Generation (NLG) initiative comprises joint programming at the country level and joint advocacy at the 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 Syria, school enrolment has increased from 3.7 million children in 2016/2017 to 4.1 million in 2017/18. However, it is estimated that one-third of the school-age population are out-of-school, with a large part of them being adolescents.

In 2019, efforts under the education pillar will continue to focus on ensuring access to quality and relevant learning opportunities of all Syrian children. Ensuring an inclusive national education system, as well as multiple and flexible pathways to learning will remain more crucial than ever. To ensure access for all, multiple pathways are available, such as accelerated learning, self-learning and skill development programmes, linking in with the work under the youth pillar. Access of returnees (IDPs and refugees) is facilitated by a placement test to ensure that prior learning is recognised and additional efforts will be made to ensure recognition of certifications. In order to improve learning outcomes, the teacher development programme will be rolled out to respond to the urgent training needs of teachers. 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 2019, 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.

³⁵ The No Lost Generation initiative is a multi-stakeholder effort to ensure critical needs affecting children and youth are at the centre of the humanitarian response in Syria



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.

The humanitarian community across Syria continues to coordinate towards a common in-depth understanding of the needs to guide response efforts and mitigate gaps on a continuous basis across Syria. Analysis of needs and priorities, based on field presence, assessments and monitoring efforts throughout the year have been continuously refined and strengthened to support decision making at the operational and strategic level. Further analysis of quality of access and response dynamics was enhanced in 2018 and these systems will continue to be refined in 2019. 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 and that critical gaps are promptly identified. Humanitarian leadership forums across response areas will retain accountability for monitoring the agreed principles underpinning the HRP.

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 3). 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.

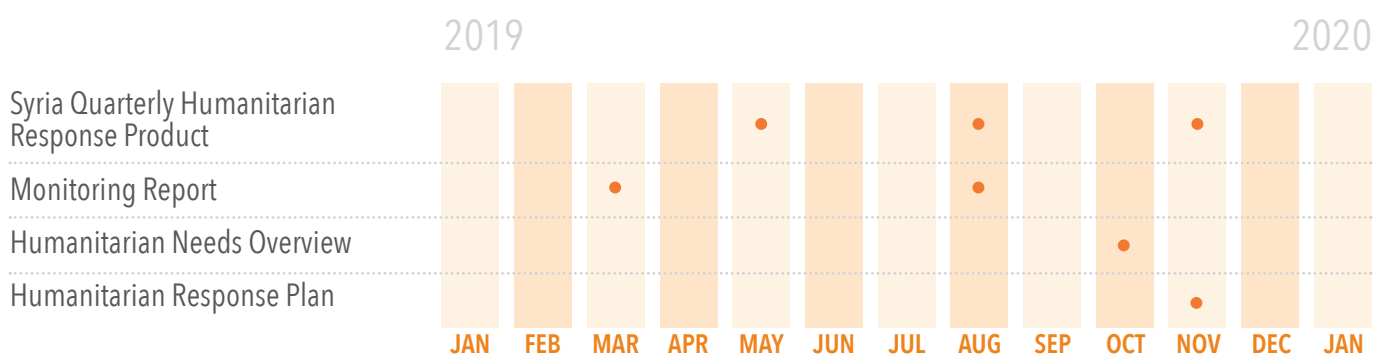
Sector monitoring

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 and complement sector-specific products (maps, interactive dashboards, etc.) A Periodic Monitoring Report (PMR) will be issued in July and an End of Year Report will be issued in February 2020 to highlight progress against the targets set. These reports will include revised data and analysis to adjust response planning and inform strategic decisions. The UN will discuss the findings of the PMRs with the Government of Syria and review progress on a quarterly basis.

HUMANITARIAN PROGRAMME CYCLE TIMELINE



DUE DILIGENCE AND MONITORING

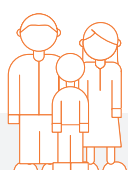
Due diligence and monitoring, both at a system-wide and individual organization level, are essential in safeguarding humanitarian principles and ensuring accountability of humanitarian action to all stakeholders.

As such, humanitarian actors in the Syria humanitarian response have committed to follow a baseline of monitoring, due diligence and risk-mitigation standards across all humanitarian programming, and response modalities, in line with international standards. The basis for this due diligence stems from the humanitarian principles of humanity, neutrality, impartiality, independence and, and is implemented across all offices throughout the humanitarian programme cycle (see annex 1 for a list of measures).



SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS



PEOPLE IN NEED

11.7M



PEOPLE TARGETED

9M 11.7M

Direct assistance Service delivery



FUNDING REQUIREMENTS (US\$)

3.32BN

SECTOR	PIN	TARGET	FUNDING REQUIREMENTS (US\$)
Food Security & Agriculture	9 M	9 M	1.1 BN
Shelter	4.7 M	2.5 M	533.5 M
Non-Food Items	4.4 M	4.4 M	
Health	13.2 M	11.7 M	449.1 M
Protection	13.2 M	12 M	352.6 M
Water, Sanitation and Hygiene	15.5 M	15.5 M	277.2 M
Education	6 M	4.2 M	255.5 M
Early Recovery and Livelihoods	8.7 M	3 M	173.6 M
Nutrition	4.7 M	3 M	83.9 M
Coordination and Common Services	-	-	52.9 M
Camp Coordination and Camp Management	6.2 M	0.9 M	48.6 M
Logistics	-	-	6.4 M
Emergency Telecommunications	-	-	0.8 M

NB: Projects included under the 2019 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 2019 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 themes

2019 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 75 per cent of projects contribute significantly to gender equality
- Approximately 50 per cent of projects submitted are strongly resilience oriented.
- 79 per cent of projects target youth with 22 per cent of projects targeting over 50 per cent of youth as beneficiaries.
- 17 per cent of projects submitted include market-based interventions. Within these projects, approximately 80 per cent of the requirements will be used for restricted and unrestricted market-based interventions.
- 52 per cent of projects were submitted by Syrian NGOs followed by international NGO projects with 33 per cent.

CONSEQUENCES OF

UNDERFUNDING

A reduction in funding to the HRP in 2019 and a subsequent prioritization would likely interrupt life-saving and life-sustaining humanitarian activities implemented in Syria. Reduced funding would also curtail investments in more sustainable and dignified approaches to addressing needs, thereby further increasing Syrians' dependence on humanitarian assistance. Vulnerabilities would increase, leading to an overall deterioration of the overall humanitarian situation in the country. These consequences of underfunding would affect people for their lifetimes, as well the long-term stability of the country and the wider region.

While donors have been generous in sustaining support for the Syria crisis year after year, including a record \$2.1 billion raised in 2018³⁶, the humanitarian response has remained critically underfunded. Last year's funding represented 65 percent of the total required. This has resulted in a need to prioritize funding to focus primarily on those in most acute need and those in the highest severity areas, leaving others in need without support. This has contributed to the high vulnerability of the population as a whole, especially if emergency interventions had to be undertaken at the expenses of humanitarian programming in other needy areas of the country. A significant reduction in funding to the humanitarian response would further impact the lives of people, and risk putting the well-being of people in Syria in immediate danger.

The decrease in food consumption brought on by a reduced reach would have particularly severe consequences for the most vulnerable, including pregnant and lactating women, children, the elderly, and people living below the poverty line. Children affected by stunting due to low dietary diversity and nutritional inadequacy will not reach their productive and cognitive potentials; disabilities that will affect them for the rest of their lives. 92,000 children affected by acute malnutrition would face a deteriorating health, and even death. Without the appropriate treatment, a child with acute malnutrition is between 4 and 11 times more likely to die than a well-nourished child.

Disease outbreaks would risk spreading undetected. Thirteen outbreaks were reported across the country in 2018, their detection and response were possible because of the support provided by humanitarian programmes. The 500,000 new-borns expected in 2019 would not receive the routine immunization they require, as well as the 320,000 children under one year of age who require supplementary immunization. Vaccination programmes are crucial in Syria considering the high movement of people and potential

for the spread of diseases. The one-third of the 1,500 births occurring on a daily basis in the country with the support of humanitarian actors would be placed at risk. In addition, the life-saving and life-sustaining activities provided by health facilities requiring restoration would be at risk.

Insufficient funding to the WASH response would lead to a reduction in the number of water, sanitation and solid waste systems support. Support to these services is critical to avoid an increasing reliance on the unregulated private sector, which would entail severe public health risks and increase expenditures at the expense of essential necessities. The combination of impoverishment, poor water quality and reduced access to hygiene items would lead to increases in water-borne diseases and child malnutrition.

The underfunding of activities aimed at increasing the availability of adequate shelters would have severe implications on people's health, protection, social and economic situation and personal safety. The absence of basic life requirements, including water, food and shelter, would lead to additional displacements and prevent displaced persons from returning home or moving to safer areas. A reduction of services in last resort IDP sites that solely rely on humanitarian aid, such as WASH and health services, would lead to an increase in water-borne diseases that could cause potential outbreaks.

The underfunding of humanitarian programmes would also lead to an increased reliance on harmful coping mechanisms, including the sale of productive assets and undertaking exploitative or high-risk work. People living in areas where state control has been restored or areas facing new emergencies would be particularly affected, due to insufficient capacity of partners to rapidly expand humanitarian programmes. Funding gaps have already severely affected the scaling up of the education response in Syria, particularly in areas where state control has been restored. The failure to

³⁶ OCHA FTS, as of 30 January 2019. OCHA manages FTS which records all humanitarian contributions, (cash, in-kind, multilateral and bilateral) to emergencies. FTS reflects funding flows received against the HRP as reported by donors and/or partners. In some cases, funding received is under-reported. Please report your contributions to fts@un.org or through the on-line contribution report form at <http://fts.unocha.org>

ensure sufficient funding for education negatively impacts the future of Syrian children and jeopardizes previous investments in education, which in turn affects the ability of Syrian society to recover from the crisis. Out-of-school children are more vulnerable and exposed to protection risks, including gender-based violence, early marriage, early pregnancy, child labour and forced recruitment.

Raising awareness on the dangers posed by the presence of explosive hazards, particularly among people most at risk, such as children, farmers/herders, returnees, humanitarian workers, IDPs and rubble removal workers, would reduce the impact of the contamination on millions of people, along with clearance and victim assistance activities. Child survivors would not receive individual support to cope and recover from their experiences. Adverse childhood experiences may lead to negative health and wellbeing outcomes in the long-term. Psychological support for people exposed to intense violence would also be unavailable, reducing people's ability to cope and recover. The underfunding will compel to curtail the maintenance or expansion of protection, child protection and GBV facilities and outreach activities, thus leaving populations underserved and unable to access interventions

to mitigate risks, address vulnerabilities, and deter harmful coping mechanisms. A decrease of support in legal assistance, or the restriction in the number of partners able to provide such assistance in line with the national legislation, may leave people in need undocumented, and negatively impact their freedom of movement, access to services, access to employment, family and property rights. This may also increase the occurrence of statelessness, particularly for children.

A focus on life-saving assistance – at the expense of activities aimed at increasing the resilience of communities by improving access to livelihood opportunities and basic services – would prevent a gradual shift towards self-reliance for people in need across the country. Overburdened communities would become more dependent on aid and engage in harmful coping mechanisms to survive. Furthermore, displaced persons that are able to return home may be prevented from doing so due to damaged infrastructure and shelter that have not been rehabilitated. This would further increase overall vulnerability and the impact of future shocks from hostilities, displacement, economic instability or weather on the lives of people.

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PROTECTION

Needs Analysis

Diverse and interlinked protection needs continue to be widespread throughout Syria, and severe in some areas. They are driven by a range of situations including the impacts of active hostilities, new displacements, cumulative long-term consequences of the crisis and dynamics linked to return increasing the stress on already overburdened communities. According to UN-led needs assessment initiatives,³⁷ the occurrence of multiple protection issues in the same community is not uncommon³⁸. This environment continues to require a sustained response by humanitarian actors, capable of working with communities, to provide specialized services to respond to the most urgent needs, to mitigate risks and to contribute to building a favorable protection environment, with particular attention to groups with specific needs and/or who are at risk.

In some parts of the country, civilians continue to be directly exposed to the effects of the hostilities, resulting in casualties, forced displacement, trauma and distress. Inadequate living conditions in makeshift

settlements or overcrowded sites particularly in the north-western and north-eastern regions; as well as the loss of livelihoods, property and assets compound protection risks.³⁹ Years of hostilities have resulted in increased explosive hazards⁴⁰ contamination will continue to threaten the lives of civilians and the safe return of IDPs and refugees. An estimated 10.2 million civilians live in the 1,980 communities reporting contamination by explosive hazards⁴¹.

Contamination by explosive hazards is a major protection risk that poses threats to the safety of civilians, exacerbates vulnerabilities and hampers safe access to humanitarian support, basic services and livelihoods. Certain vulnerable groups face higher degrees of risk, linked to gender and/or age considerations, as well as social roles and responsibilities.⁴²

In several areas, the protracted effects of the crisis have disrupted social services and affected public service delivery, putting a strain on family coping mechanisms and community safety nets, resulting in varying degrees of psychological distress. The socio-economic impact of the crisis remains a main cause for families in need to continue to be highly dependent on humanitarian

37 In the absence of a sector-specific assessment, the Protection Sector has relied on multiple initiatives to detect and analyze needs, including the collective Multi-Sector Needs Assessment (MSNA), dedicated initiatives of protection monitoring, qualitative methods (Focus Group Discussions), empirical evidence based on consultations with affected population during field missions, and thematic initiatives such as the MRM. The Government expressed reservations over the data sources and methodology of assessments used to inform the HNO, as well as on the overall HNO findings. This applies throughout the document.

38 In 48 per cent of assessed communities, the concurrent occurrence of four protection issues was detected (MSNA); this was also routinely highlighted during the interaction with the affected population during field missions.

39 The CCCM sector estimates that across Syria there are about 960 IDP sites (collective centers, informal settlements, planned camps, transit/reception sites), with a major concentration in the north-western and north-eastern regions.

40 Explosive hazards or ordnance as per International Mine Action Standards (IMAS 04.10, 2014 page 14) are related to all munitions containing or including explosive components, including unexploded or abandoned ordnance, small arms ammunitions, all mines, improvised explosive devices and all similar or related items or components explosive in nature. Each hazard poses its own risks and requires different measures for mitigation.

41 HNO 2019 Protection chapter

42 Farming, herding, moving or travelling, tampering or playing with items, and rubble removal are reportedly the activities most exposed to threat.

PEOPLE IN NEED



13.2M

PEOPLE TARGETED



12M

REQUIREMENTS (US\$)



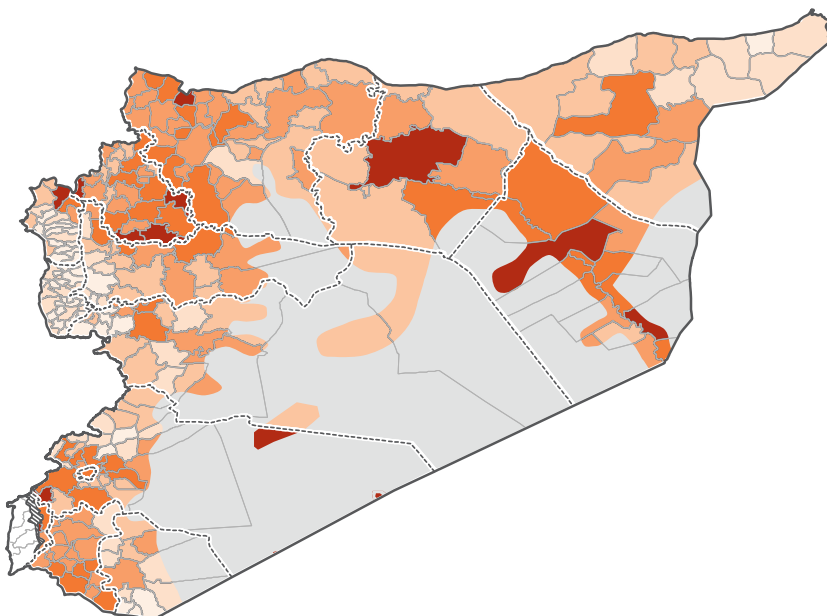
352.6M

OF PARTNERS



75

SEVERITY MAP



PROTECTION OBJECTIVE 1

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

PROTECTION OBJECTIVE 2

2 Strengthen the capacity of humanitarian actors and duty bearers at national and community level 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 hazards

PROTECTION OBJECTIVE 5

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

assistance⁴³ and to increase the risk of resorting to harmful coping strategies, which affects women, adolescent girls and children in particular.⁴⁴ Such conditions particularly affect the displaced, returnees, hosting communities and Palestinian refugees. In addition, the strain and poverty generated by the protracted crisis may also cause situations of marginalization and neglect of groups with specific needs such as the elderly and persons with disabilities.

Lack and loss of civil status documentation continue to be a key concern for affected people, notably for returnees and for populations residing in areas where state control has been restored, particularly where national institutions are non-functional.⁴⁵ Civil documentation remains essential to ensure freedom of movement, to access basic services, to register vital events and land transactions and to prove ownership. The official registration of vital events such as birth or marriages also represents a factor favoring the access to nationality/citizenship and access to other rights, particularly for women and children.

Children continue to be exposed to multiple protection risks and severe rights violations as an impact of the crisis. New and protracted displacement, exposure to violence, increasing poverty and an inadequate access to services, even the most basic necessities, heavily effect the wellbeing of children. Grave child rights violations⁴⁶ remain a critical concern. The impact of the crisis continues to foster an unfavorable environment where the psychosocial needs of many girls and boys are left unmet leading to profound distress. Recruitment and use of children, particularly adolescent boys in combat and support roles, is a persistent concern, in some areas.⁴⁷ Child labour is a major protection risk,⁴⁸ including

in its most dangerous and hazardous forms such as recruitment, begging and scavenging for scrap metal.⁴⁹ Separation from caregivers reflects patterns of both voluntary and involuntary separation⁵⁰, leaving some children in unsafe and unmonitored care arrangements and underscoring the need to prevent separation, and strengthen family tracing and reunification mechanisms. Girls and boys, including adolescents and children with disabilities, given their particular vulnerabilities, face the risk of other forms of violence, abuse, neglect and exploitation in various contexts within their daily life.

Gender-based violence (GBV) remains a major protection risk, particularly in forms such as domestic and family violence, forced/early marriage as a coping mechanism and the fear of sexual violence and harassment. The lack of understanding for the need for GBV services in some communities remains high, indicating a need to strengthen GBV awareness, referral pathways, as well as outreach and prevention activities. Disruption of traditional safety nets and of 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, aggravating protection concerns such as psychosocial stress, limitation of movement in some areas of the country, situations and potential for increased recourse to negative coping mechanisms. This context highlights a continuous need for increasing the availability of specialized GBV services, including for older persons and persons with disabilities.

43 Respondents in 45 per cent of the assessed communities indicated reliance on humanitarian assistance as a common coping mechanism.

44 Respondents in 45 per cent of the assessed communities indicated early marriages as occurring for adolescent girls (MSNA); child labor was cited by respondents as occurring in 81 per cent of the assessed communities (MSNA).

45 Instances of confiscation of personal documentation continue to be reported in IDP sites in north east Syria.

46 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).

47 According to the MRM recruitment remains widespread and systematic. In 2018 it was verified in 11 out of 14 governorates.

48 Respondents in 81 per cent of the assessed communities indicated child labour as occurring (MSNA).

49 Protection Sector Focus Group Discussions

50 Accidental (involuntary) separation is not planned or anticipated, and occurs against the will of the parents/caregivers and child/children. It generally occurs when communities are under attack or forced to flee from danger. Deliberate (voluntary) separation occurs when parents, caregivers or children themselves make a conscious decision to separate, whether during or after the emergency, for instance when a child is entrusted by a parent to someone else such as being sent to a safer location. Minimum Standards for Child Protection in Humanitarian Action (Standard 13).

Response strategy

Overall protection response

In 2019, the Protection Sector and its Areas of Responsibility (AoRs)⁵¹ will maintain a community-based approach in its interventions and continue to tailor the response to the evolving situation and the emerging needs. The sector will maintain capacity to respond to emergency situations, particularly in the context of north-western and north-eastern Syria. This will be largely carried out through rapid deployment of mobile teams⁵² to address urgent protection needs arising from renewed hostilities or sudden displacement and providing initial measures to ensure basic protection response and mitigation of protection risks, with a focus on the needs of women and children (e.g. presence along routes and crossing points, at reception sites, in emergency collective accommodations, provision of psychological first aid, prevention of family separation, communication of available services, and immediate support for/referral of persons with specific needs).

In parallel, capitalizing on the achievements of the previous years, the sector will maintain and possibly expand its regular coverage to areas of severe needs, characterized by protracted displacement, areas where state control has been restored, return movements, and the presence of overburdened communities. This part of the response strategy will continue to rely on the provision of integrated protection services through community-based facilities such as community centers,⁵³ and safe spaces for women and children, aimed at responding to protection needs, promoting inclusion and community participation⁵⁴ and providing a safe space for community interaction. Types of services offered at these facilities will include, but are not limited to: 1) various forms of psychosocial support including through individual case-management and referral to specialized services; 2) targeted in-kind or cash assistance to address specific needs within families and at individual level and prevent further exposure to protection risks; 3) activities addressing the ever-growing need for legal assistance in accordance to national procedures. Interventions to support civil status documentation may be coupled with targeted technical support to restore the functionality of the Directorate of Civil Affairs, civil affairs courts and other relevant state institutions and their ability to provide direct services to the population and improve protection outcomes (e.g. movement of population and access to services); 4) community-based initiatives to foster social cohesion and community participation and inclusion; 5) support to vulnerable children, especially those who have been separated or are unaccompanied to ensure that they are

immediately referred to a safe space and specialized services depending on their needs.

In line with the sector priorities and identified needs, which mirror several of the national priorities, interventions will be targeted to at-risk groups such as children (unaccompanied or separated children and children living on the streets), adolescent girls and boys, persons with disabilities, and the elderly persons with no family or community support. Outreach capacity (e.g. through mobile teams and community volunteers) will be integrated, in order to maximize coverage, extend the presence to rural communities with information on available services, reduce susceptibility to risks, strengthen referrals, build stronger trust and relations with beneficiaries for needs identification. As a particularly vulnerable population in Syria, the sector will ensure the inclusion of Palestinian refugees into the full range of protection responses.

Protection needs assessments and monitoring by protection practitioners will be pursued to better identify needs and inform a strategic response. Engagement in these activities with Syrian state institutions shall be in accordance with the Charter of the UN and with core humanitarian principles as included in A/RES/46/182 and should be governed by the Framework Agreement between the Syrian State and the UN Agencies, funds and programmes as well as S/RES/2449. The presence of a skilled and supported workforce will ensure quality implementation. As such, a continuous investment in capacity building of protection actors, including duty bearers, to improve quality of interventions is foreseen. The sector and its AoRs will also continue to commit efforts in protection, gender, child protection, mine action, and GBV mainstreaming, both in emergency interventions and other contexts. It will try to promote synergies at inter-sector level, aimed at a more holistic approach to addressing the multiple effects of the protracted crisis for groups with specific needs (e.g. adolescent girls and boys, separated and unaccompanied children, child laborers, and women who are particularly vulnerable due to their social status such as single heads of household and women who experienced widowhood, persons with disabilities, and other vulnerable returnees). Given the vast amount of roads, houses, farmlands, schools, health centers, and water/sanitation systems that have been contaminated by explosive hazards, humanitarian mine action activities will also be more strongly integrated into other sectors.

Finally, the sector will continue to pursue advocacy initiatives within the humanitarian community and with other stakeholders, notably national authorities and other entities to

51 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.

52 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.

53 Community Centers / Community Well-being Centers are safe public places where women, men, boys and girls can meet for social and recreational purposes and obtain integrated protection services ranging from legal aid, non-formal learning opportunities, psychosocial support, GBV prevention and response, child protection interventions primary medical care services, vocational training in accordance to their need. Community Centers/ Community Wellbeing Centers reach out to population through mobile units and outreach volunteers to carry out risk awareness and referral.

54 The engagement of community members in the design and implementation of and feedback on humanitarian activities.

draw attention to protection issues, inform the response and enhance the protective environment.

Facilitated regular access to humanitarian actors, including protection actors, will be vital to assess the needs and inform the response as well as to provide evidence-based advocacy, swiftly respond to emergencies, and expand activities to areas with high levels of needs. Those include several areas where the state has restored control in 2018 and communities with a large number of returnees where the response cannot be delayed and leave the affected populations underserved.

GBV Response

In 2019, the GBV AoR response will aim to ensure that survivors of GBV can access specialized services and that the risks of GBV are prevented and mitigated. The reach of GBV interventions has progressively expanded. Increasing the provision of quality, specialized GBV services – with psychosocial support and case management; strengthening referral pathways; establishing and maintaining women and girl safe spaces as well as community centers/ community well-being centers and continuing to provide GBV specialized services through community centers – are the key pillars of the GBV strategy. The GBV AoR will work to enable access for GBV survivors to health services, including mental health/ psychosocial support (MHPSS), in order to address specific needs. The capacity of service providers will continue to be enhanced including on the ability of partners to provide supervision and quality control. Strategies will be further developed to contribute to the prevention of GBV with a focus on community engagement including engagement with men and boys. Mobile responses will be strengthened to help overcome movement restrictions imposed on women and girls where they occur, provide services in UN-declared hard-to-reach areas, and extend support through immediate emergency response during displacements or when state control has been restored. Services will be inclusive and take into consideration the specific needs, realities, priorities and vulnerabilities of people living with disabilities, older persons, women and girls, female-headed households and women who have experienced divorce or widowhood.

Mine Action Response

Governed by the framework of agreements between the Syrian State and UN agencies, funds and programmes, as well as Security Council resolution 2449 (S/RES/2449, 2018), the Mine Action AoR response for 2019 includes all pillars of humanitarian mine action: risk education, explosive hazard identification and clearance, and victim

assistance. Risk education tailored by age, gender, localized threats, and specific activity patterns, will remain an essential component to reduce the risk posed by explosive hazards and prevent civilian casualties. It will provide civilians, including humanitarian workers, with the knowledge and awareness to reduce the likelihood of exposure and the risk of accidents.

The identification of confirmed and suspected hazardous areas, will also be a priority for the Mine Action AoR, to inform at-risk communities of local threats, enable tailored risk education messaging, and assist in needs-based planning. This will provide a more granular view of the scope and scale of contamination and lay the foundation for future clearance operations. Similarly, comprehensive explosive hazard clearance is critical to reduce the impact of explosive hazards, to definitively remove contamination threats and to render areas safe for the civilian population. Finally, the humanitarian mine action response will seek to expand the availability and provision of specialized services for persons with disabilities, including survivors of explosive hazards and their families. It will also promote the inclusion of persons with disabilities in its response and other relevant services, such as education and socio-economic assistance.

Child Protection Response

In 2019, the Child Protection AoR - in line with the “No Lost Generation” framework⁵⁵ - will build on the investments of previous years to enhance equitable access to quality child protection services, including for children with disabilities through two main intervention priorities: 1) improving the quality of community-based child protection through support to community and psychosocial support interventions; and 2) expanding the reach and improving the quality of child protection specialized services for child survivors of violence, exploitation, neglect and abuse (This includes children who have been recruited, child laborers, child GBV survivors, and unaccompanied or separated children, among others).

Optimizing child protection outcomes through multi-sector responses, strengthening the capacities of child protection workforce, improving the evidence base of 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 strategies which will be deployed by the Child Protection AoR to support these two intervention priorities. The Child protection AoR will also strive to engage more with the early recovery and education sectors to initiate multi-sectoral and comprehensive response to the needs of vulnerable children, especially in relation to a comprehensive response on child labour response strategies.

⁵⁵ The No Lost Generation Initiative is a multi-stakeholder effort to ensure critical needs affecting children and youth are at the center of the humanitarian response in Syria.

Protection risk analysis and mitigating measures^{56 57 58}

For the third consecutive year, the Sector and its AoRs embarked in an internal reflection on protection risks connected to its response strategy. The main associated risks and mitigating measures remain in line with considerations made in previous years.

In carrying out community-based protection services, protection actors need to devote attention to the choice of locations and targeting of beneficiaries to avoid perceptions that assistance is delivered in a discriminatory or non-equitable manner. As a risk mitigation measure, protection actors should be guided by the sector severity analysis,^{59 60} an analysis of exiting services through mapping tools at the disposal of the sector partners; maintaining transparent, inclusive and adequate communication with communities on available services; and by consulting communities and duty bearers in the planning, selection of services, feedback after service provision. Protection partners will also be guided on ensuring prioritization of services to groups considered particularly vulnerable, such as young children, adolescent boys and girls, women experiencing widowhood, children without adult care, the elderly and children and adults with specific needs. Child protection actors would be guided to strengthen technical response to child protection concerns, such as child labour, family tracing and reunification, rising violence in schools and ensuring that programming is tailored to respond to the needs of adolescent boys and girls.

In providing GBV preventive and responsive services, GBV actors may need to overcome resistance from parts of the communities to accept the direct engagement in the provision of services to women, girls and boys, particularly those who may have limited access to facilities. Mobile teams to reach out and overcome mobility challenges, as well as a gender-balanced staffing able to overcome barriers will be critical for implementation. Engagement of men and boys in awareness and sensitization initiatives on GBV topics will also be pursued. The GBV AoR will continue to provide services through an integrated GBV/reproductive health (RH) approach and will advocate for increasingly integrated GBV/RH services to expand entry points for survivors and improve overall access to GBV services without fear of stigma from communities or family members. Coordination with other sectors, particularly Health, remains critical to overcome these challenges.

Needs assessments may face the risk of triggering grievances and mistrust if they are not followed by an adequate

response. The risk can be mitigated by employing competent and well trained protection partners who can properly communicate with communities and build trust with them; by managing expectations through proper communication with communities; by ensuring that referral pathways are functioning to support cases; and through proper coordination across partners to avoid assessment-fatigue.

The quality of service provision may be impacted by staff turnover, lack of adequate technical capacities, particularly in specialized protection interventions such as case management, restoration of family links, specific assistance to persons with disabilities, and certain areas /topics of legal assistance. Maintaining and upgrading training initiatives, harmonizing content, engaging expert resources will continue to be central in the capacity building of protection partners on the ground.

Response Priorities

The Protection Sector and its AoRs prioritize the response taking into consideration multiple parameters. This includes (a) the results of need assessments and regular consultations on the needs of the affected population; (b) the sector severity scale⁶¹, taking into account the combined effects of hostilities, population movements, return trends and the direct views provided by partners on the ground; (c) the inclusion of specific vulnerable groups deemed to be particularly exposed to protection risk due to characteristics such as age, gender, disability, displacement, and other socio-economic conditions.

The existence of multiple protection risks also at the individual level, as well as the existing operational capacity and access challenges, will not always allow for a pre-determined prioritization and will call for some flexibility to ensure that individuals with acute vulnerability are not excluded regardless of their location.

The response will therefore prioritize: 1) life-saving interventions in those regions still affected by situations of emergency, directed to individuals exposed to hostilities and forcibly displaced, particularly in IDP sites/collective sites/collective accommodation. This will include the direct presence of protection staff to identify needs, consult with affected populations, provide a first protection response (e.g. psychological first aid) and refer cases to appropriate service providers; 2) expanded and integrated protection services, focused on increasingly specialized support, particularly for individuals and communities who may have not previously had access to the relevant national authorities and institutions.

56 Building on the practice established since the HRP 2017 and after positive review on the practice, compliance, impact and monitoring opportunities across all sectors in 2017 and 2018, a Protection Risk Analysis (PRA) has been again an integral and mandatory part of the development and vetting process of each Sector's Strategy and project in the HRP 2019. The PRA remain part of a broader strategy to enhance protection standards across the humanitarian response and to promote risk mitigation and exposure to harm as a result of humanitarian response effort in Syria

57 "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.

58 This section relates to processes of humanitarian actors working under the HRP in Syria.

59 The Protection Sector Severity analysis indicates sector-specific level of needs severity across the sub-districts of the country according to Sector specific indicators.

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

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

Such interventions will be complemented by outreach initiatives of protection risk awareness and community participation (e.g. community-based initiatives).

The GBV AoR response will prioritize the identified groups through the integration of the following core GBV interventions: 1) provide specialized GBV services (including psychosocial support and case management), specifically through current and additional women and girls safe spaces, and community centres; 2) improve the ability of partners to reach and respond via mobile services those most at risk of GBV and conduct prevention activities; 3) enhance the quality of service provision and impact monitoring through capacity building of providers. “Do No Harm”⁶² and survivor-centered approaches will be emphasized, also through updated safe and dignified referral systems, mapping of available services and the promotion of the GBV standard operating procedures; 4) reinforce and expand appropriate inter-sector collaboration to increase availability of services for clinical management of rape and the response to the needs of survivors of GBV; 5) improve strategies to prevent GBV, especially by working with communities, and engaging meaningfully with women, girls, men and boys; 6) continue enhancing GBV risk mitigation measures and strategies across sectors, including through training, and advocate for improved GBV risk reduction in the response (e.g. by sharing existing GBV risk mitigation checklists across sector partners, establishing GBV focal points in each sector linked to the GBV AoR).

Due to the risks posed by explosive hazards and the existing level of need, the Mine Action AoR will prioritize the expansion of existing humanitarian mine action capacities and improve the quality of services provided to vulnerable populations and communities in need. The delivery of tailored risk education messaging will be critical to providing civilians and humanitarian actors with essential information to reduce risk of death and injury until the hazards can be removed. The Mine Action AoR will aim to expand the provision of specialized services for persons with disabilities, including survivors of explosive hazards and their families. The urgent expansion of survey and clearance of explosive hazards will be necessary to remove the contamination threats facing civilians, particularly in high-priority areas. priority. The Mine Action AoR will continue to advocate for the increase in scale and scope of all humanitarian mine action activities throughout Syria in order to mitigate the impact of explosive hazards on civilians

The Child Protection AoR will integrate the following priorities based on needs to respond to the multiple protection risks children face: 1) providing a minimum package of child protection services to newly-displaced populations and newly-accessible areas through center-based

and outreach/mobile approaches to bring services closer and faster to those in need. This package includes information on the prevention of family separation and psychosocial distress; psychosocial support interventions for children and caregivers; and detection and timely support to children who are victims of violence, exploitation, neglect and abuse; 2) enhancing the quality of community-based child protection interventions and specialized child protection services such as case management, including, but not limited to, children living in UN-declared hard-to-reach communities, IDP sites (informal settlements, collective centers, planned camps and transit centers), or newly displaced populations; 3) optimizing child protection outcomes through engagement with other sectors including education; 4) systematizing efforts to build a sustainable child protection workforce through ensuring a minimum cadre of professional social workers across Syria; 5) generating evidence on core child protection issues to inform humanitarian responses and advocacy with duty bearers.

Across AoRs, the Protection Sector will continue to advocate for protection mainstreaming in all its forms, and for integrating protection considerations more systematically in the inter-sector response to enhance protection outcomes within the overall humanitarian action. Evidence-based advocacy will remain a priority through which the Sector will contribute towards a principled humanitarian response.

Prioritization/vetting

In selecting projects and partners contributing to the HRP 2019, the sector with its AoR will adopt the overall criteria established at inter-sector level,⁶³ particularly those linked to key vulnerabilities and groups at risk⁶⁴, as well as a series of sector-specific parameters. The sector will also consider past performance and achievements of partners as well as past funding levels, asking partners to reflect on these when determining the scope of activities and project budgets. Sector partners have been exposed to the criteria through direct contact and sensitization sessions. The evaluations on how these parameters have been taken into account by the partners will be conducted before and during the project review and approval process.

Consequences of underfunding

The Protection Sector relies on community-based approaches and through its activities addresses needs, risks and vulnerabilities which are inter-linked. As a result, the major consequence of underfunding is expected to be a reduction in number and coverage of protection services (e.g. number

62 For the purpose 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 protection risks. The 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 the possible use by other bodies or entities.

63 “HRP 2019 Note for Sector Coordinators” and “HRP 2019 Guidance for Protection Sector Partners”

64 “Syria Response: Protection, Vulnerability and Prioritizing the Most in Need”

of facilities providing integrated protection services, number of mobile teams), with immediate repercussions on the number of locations served, as well as number of interventions and beneficiaries reached. This is expected to affect particularly the expansion of presence and services to areas where state control has been restored or where access dynamics have changed. It may have also a bearing on the capacity to respond to new emergencies. Underfunding would also limit the ability to maintain the investment in the protection workforce required to deliver critical quality services to vulnerable populations. When the funding is not sufficient, and humanitarian actors need to respond to emergency situations where the life-saving imperative prevails, equally important interventions in protracted displacement and return context might need to be curtailed. This will cause a reduction in the scale of response, impacting other equally important activities such as capacity building, prevention and more comprehensive longer-term responses.

BREAKDOWN OF PEOPLE TARGETED BY SEX, AGE AND DISABILITY

	TOTAL	BY SEX		BY AGE				DISABILITY
		Female	Male	Young children (<5)	Children (5-17)	Adults (18-59)	Elderly (>59)	Persons with disabilities
SECTOR TARGET	12,080,394	50.60%	49.40%	10.90%	31.30%	53.50%	4.20%	11.40%



The Syria crisis has resulted in the displacement of over 5.6 million Syrian refugees to neighbouring countries. Based on UNHCR's monitoring, an estimated 135,000 Syrian refugee returns have been verified since 2016, including more than 56,000 in 2018. Additionally, over 1.2 million IDPs returned to their places of origin in 2018. The current reported trends suggest that some 250,000 refugees may return in the self-organized return phase in 2019. The current significant number of returning internally displaced people will likely 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 assistance 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 have been put in place, in which UNHCR will play the role implied in its mandate.



COORDINATION AND CAMP MANAGEMENT

The CCCM sector is only activated for north-west and north-east Syria.

Analysis

According to UN estimates, 6.2 million people in Syria are internally displaced person's (IDPs)⁶⁵. The Government of Syria estimates the number of internally displaced people in country to be 2.8 million. Their needs, particularly for those in IDP sites, span across all sectors of humanitarian assistance. IDP sites (planned and self-established camps and reception and transit centres) represent a last resort for displaced populations that have exhausted financial and social assets to meet their basic needs. Currently an estimated 871,150, or 14 per cent of all IDPs, reside in temporary sites, collective centres, planned camps and reception centres. Of these, almost half (428,138 IDPs) are in the north-west of the country, the majority of whom are located in Idleb Governorate. The number of IDPs seeking shelter in last resort sites increased by 16 per cent in 2018 in north-west Syria.

Multi-sectoral assistance in IDP sites cannot

be guaranteed and families often face challenges in the delivery of basic services. Out of over 9,900⁶⁶ sites in in north-west Syria, some 5,900 are temporary self-established sites that are not managed by humanitarian organizations. Collective centres, numbering over 1,800, often play an important role in receiving new arrivals within a community, and compensate for the limited shelter availability in host communities. The 180 reception centres in north-west Syria, also play a critical role by temporarily hosting many IDPs during major influxes. Planned camps, managed by humanitarian organisations, add up to 2,000. The challenges faced by IDPs in camps vary according to the type of site. However delivery of services remains a challenge in all types of sites, particularly water, sanitation and electricity. Shelter conditions, including the lack of heating and privacy in sleeping and bathing areas, as well as poor hygiene, have also been reported as major issues. Temporary sites are particularly vulnerable to the weather conditions, which presents major challenges during heavy rains and snow storms.

In the CCCM areas of operations⁶⁷ which extend to north-west and north-east Syria, the cluster coordinates the response for 325 sites, including 289 temporary sites, 10 collective centres, 22 planned camps and four reception centres. These sites host 428,138 IDPs (with an estimated 21 per cent men, 23 per cent women, 28 per cent boys and 28 per cent girls), who rely heavily on humanitarian assistance to meet their basic needs. The number of IDPs in these sites has increased considerably in the past year due to new influxes caused by renewed clashes and agreements for cross-line movements of people from East Ghouta and south-west Syria. Between September, 2017 and December 2018, the CCCM Cluster reported more than 1.3 million population movements across north-west Syria.

Outside of CCCM areas of operations, there are an estimated 136 IDP shelters/centers hosting an estimated 47,729 people (according to estimates provided by the Government of Syria in March 2019).

PEOPLE IN NEED



6.2M

PEOPLE TARGETED



0.9M

REQUIREMENTS (US\$)



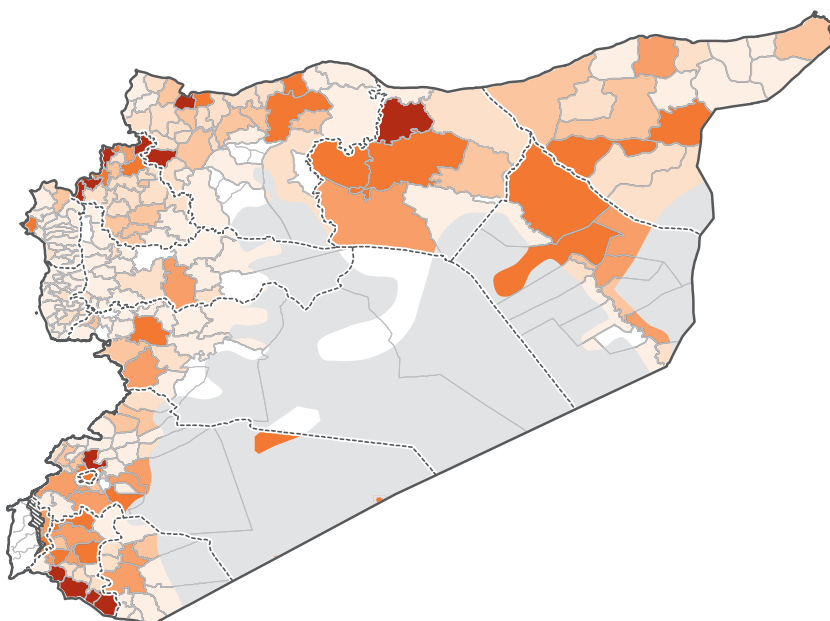
48.6M

OF PARTNERS



22

SEVERITY MAP



65 UN Population and IDP Task Force, December 2018. For the purposes of the HRP, planning figures to guide the response will be based on UN estimates.

66 UN Population and IDP Task Force, December 2018.

67 CCCM members support IDP sites in the following districts of Aleppo, Idleb, Hama governorates, Jebel Saman, A'zaz, Jisr-Ash-Shugur, Harim; Jarablus, Al Ma'ra, Idleb

CCCM OBJECTIVE 1

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

CCCM OBJECTIVE 2

2 Improving the management quality in and accountability of IDP sites

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 2019, the CCCM Cluster response strategy will focus on four critical and inter-related areas: i) Provide streamlined life-saving, humanitarian multi-sectoral assistance and strengthen the basic service infrastructure support in IDP sites; ii) improve the management quality in IDP sites; iii) strengthen household and communal coping strategies in IDP sites and develop exit strategies and iv) disseminate operational information on movements and needs in IDP sites on a timely basis.

1) Provide streamlined life-saving, humanitarian multi-sectoral assistance and strengthen the basic infrastructure support in IDP sites

As IDPs temporary sites, camps and collective centres are utilized only when the most vulnerable displaced persons have exhausted all other options, it is vital that they remain a central focus of the humanitarian response across all sectors, with a specific focus on WASH, NFI/shelter, and food security assistance.

Improving the physical conditions in IDP sites to meet the minimum international standards is critical to provide equal accessibility to all IDPs and make sites more resilient to weather conditions such as cold, rain and flash floods. CCCM members provide life-saving humanitarian interventions focusing on their respective geographic or sector-specific areas of operation. A comprehensive multi-sectoral service coordinated by the CCCM cluster is being provided, to the extent possible, to IDPs in these sites. The CCCM cluster will continue its efforts to improve the management quality in IDP sites in order to assemble resources and ensure the response is tailored to the needs of the affected populations.

2) Improve the management quality of IDP sites

Building on best practices adopted in 2018, the CCCM Cluster will maintain a focus on developing the capacity of humanitarian actors providing humanitarian assistance in IDP sites, establishing and expanding IDP Committees, and promoting other participatory management approaches and structures.

IDP committees with a balanced representation of males and females will lead to a greater acceptance of the management of IDP sites. CCCM will therefore focus on capacity development, including training NGOs on camp management and the establishment and empowerment of IDP committees.

The CCCM will launch a series of trainings and workshops to reach 200 trainee participants in 2019, including site managers and NGO staff, who will receive capacity development on camp management and/or protection mainstreaming. IDP committees and management structures will be supported in their efforts to reach all residents, registration of newly displaced people, protection mainstreaming and equal access to services by referring residents with special needs to the appropriate services, as well as inclusive project development tailored to the priorities expressed by IDPs.

3) Strengthen household and communal coping strategies in IDP sites and develop exit strategies

The CCCM Cluster will continue to guide its members to implement tailored livelihood activities designed to enable IDP households to restore their assets and leave IDP sites for more sustainable solutions. This includes providing vocational training, small business incentives and other initiatives such as “go-and-see” visits for vulnerable IDPs, to allow them to reach informed decisions with regards to their return to an area of choice.

In addition to contributing to durable solutions, these activities will decrease aid-dependency and strengthen resilience at both household and communal levels. IDP sites will be more resilient to shocks and more responsive to emergencies as a result.

4) Disseminate operational information on movements IDP on a timely basis

The CCCM Cluster will continue to track displacement, including sudden mass population movements, and analyse trends and intentions. This will allow for the quick identification of IDPs in need of life-saving humanitarian assistance. Population movement data collected through the CCCM Cluster IDP Situation Monitoring Initiative (ISMI) and by other assessment initiatives

and organisations is triangulated by the sector and published with exact details of locations for humanitarian actors to trigger a life-saving humanitarian rapid response across sectors.

The CCCM Cluster guidance on providing assistance in newly established IDP sites, safety assessments, site selection criteria and ensuring that any new site is need-based and safe, to the extent possible, drives the classification and the approach to the establishment of sites. The vast majority of planned camps and temporary tented sites are in areas accessible by humanitarian actors. The CCCM cluster will encourage relocation to safer locations if the protection situation deteriorates in proximity to the sites. CCCM will continue advocacy efforts for efficient responses, whilst maintaining the temporary nature of assistance in IDP camps as these continue being considered as a last-resort option and protracted displacement in these areas should be avoided.

Protection risk analysis and mitigating measures

"Do No Harm" will remain an integral principle of the CCCM Cluster in Syria⁶⁸. The CCCM cluster strives to strike a balance between ensuring that dignified life-saving assistance is provided to IDPs in all sites, while in the meantime ensuring that sites don't contribute to any push/pull factor. This is to ensure the assistance provided does not contribute to aid-dependency and that IDP sites remain an option of last-resort.

IDP camps and camp-like sites/set-ups will continue receiving humanitarian life-saving support and management, but efforts will continue to ensure IDPs are given the scope and chance to leave the camps when they identify better solutions. The establishment and support to IDP camps will take safety, and freedom of movement of IDPs into consideration before any response is initiated – guidelines developed by the CCCM Cluster will remain applicable and will be updated as needed. Awareness-raising and workshops on the "Do No Harm" principle will take place on a regular basis with members of the cluster, and the principle will be mainstreamed in sector tools and initiatives.

Response Priorities

An estimated 34 per cent of IDPs living in sites cannot receive minimum food assistance on a monthly basis. Approximately 25 and 26 per cent of the population in sites, do not receive adequate shelter and NFI assistance, respectively. Challenges also persist in sanitation, waste removal and provision of safe water (15 per cent of the population). Serving this population will remain a priority of the humanitarian response. The CCCM cluster will prioritize efforts to ensure that life-sustaining activities continue in a coordinated manner serving as many residents as possible. The cluster will also ensure that

the "Do No Harm" principle is applied in all steps of response coordination, including assessing the safety of the locations where sites are established and supported. Activities will prioritize camps, sites and collective centres on the basis of needs identified.

A further priority of the sector will be to promote more sustained management structures in IDP sites, ensure that different segments of the community are equally involved in decision-making processes, a more effective use of scarce resources, and improve conditions in areas of last resort.

Helping IDPs rebuild their physical and financial assets through livelihoods and resilience support will also be prioritized, to enable them to find other, better solutions than living in these sites. CCCM will build on local capacities to engage with the camp population, and strengthen their capacities to be more involved in decision-making processes, supporting joint and participatory approaches in both management and response.

Prioritization

The CCCM cluster will ensure that IDP sites remain the last-resort. The cluster will work with its members to ensure that other, more sustainable, avenues of support are provided to IDPs and that only the most vulnerable reach these sites. Once IDPs are in the site, the cluster will provide humanitarian assistance based on needs. In parallel, the cluster will avoid creating any pull factors in the IDPs sites and ensuring that the assistance is kept to its minimum level for live-saving purposes. The cluster will also ensure that all possible exist strategies are taken into consideration.

Beyond individual IDP sites with individual household tents, the CCCM cluster will continue providing support for reception centres with communal tents in view of providing emergency shelter for a short period of time during sudden population movements. These reception centres are designed to provide shelter and assistance for IDPs only for short periods, and to encourage them to leave once other more durable solutions are identified.

The CCCM cluster will work with sectors to ensure its approaches are in line with their activities out of sites. For example, the assistance provided in sites should not be more than out of sites and, when feasible, incentives and guarantees should be provided to IDPs willing to leave IDPs sites voluntarily and sufficient assistance should be provided to them outside after they leave.

68 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

Consequences of Underfunding

As the last resort solution, IDP sites are hosting the most vulnerable IDPs. These sites are receiving the minimum assistance and all resources are overstretched in most of them. Any disruption of services, even for a short period, could lead to major humanitarian consequences.

CCCM financial requirements are often one of the smallest in the HRP, but its activities are critical in maintaining a minimum level of lifesaving assistance. Most CCCM activities are designed to avoid creating further harm, and to control potential outbreaks of health diseases and/or harmful coping strategies. Therefore, any disruption in funding may have a negative impact on the lives and wellbeing of IDPs in these sites. For example, a reduction in sanitation and WASH services will increase waterborne diseases and could lead to serious outbreaks.

- **Planned Camp**

Structures that are established by accountable humanitarian actors and, to the extent possible, meet minimum SPHERE standards. Site are chosen by the humanitarian actors and, where possible, the infrastructure is established before the arrival of some IDPs.

- **Temporary Sites**

Also called spontaneous sites or self-established sites. They are a group of tented or other types of housing units established by the IDPs themselves or by non-experienced actors, often erected on land that the occupants have no legal claim to. The IDPs do intend to stay in this location for an extended period of time. Currently, most so-called IDP camps in Syria fall into this category.

- **Collective Centres**

Other types of settlements such as public buildings, schools or factories that are inhabited by five or more IDP families.

- **Transit/Reception Centre**

A temporary shelter or group of shelters erected to provide extremely short-term support to IDPs while they are registered and referred to alternative housing solutions. These sites are often established during extremely large displacements.

For updates to the CCCM Guidance on definitions for camps: <https://reliefweb.int/report/syrian-arab-republic/cccm-guidance-definitions-camps-enar>

BREAKDOWN OF PEOPLE TARGETED BY POPULATION GROUP, SEX AND AGE

	TOTAL	BY POPULATION GROUP	BY SEX AND AGE					
		IDPs	FEMALE	MALE	Girls (Children under 18)	Boys (Children under 18)	Women (Female adults)	Men- (Male adults)
SECTOR TARGET	558,138	558,138	284,419	273,719	148,862	152,348	135,557	121,371



while continuing to focus on humanitarian needs. Moreover, the anticipated spontaneous returns significantly increased numbers of IDPs and refugees in 2019 would add to the socioeconomic needs in the near future. Ensuring safe, dignified and voluntary return and sustainable reintegration of displaced people will depend on enhanced availability of basic and social infrastructure and services, a secure environment, and viable livelihood opportunities. All activities addressing the longer-term vulnerabilities of the affected people will be guided by humanitarian principles and parameters.

Response Strategy

The primary focus of the Early Recovery and (ERL) Sector is based on two overarching objectives: improving the positive coping mechanisms of affected people and communities; and reducing their dependence on emergency supplies and services. In line with the third strategic objective of the HRP, the ERL Sector will adopt a recovery and resilience-oriented approach. The emphasis of the activities will be on supporting the communities' own efforts at self-recovery and covering critical gaps in attaining decent livelihood opportunities, access to basic services and repairing the social fabric.

Response planning and analysis will be pinned on the participation and engagement of affected communities. The aim is to strengthen the ability and capacities of the communities and households to reduce their vulnerabilities, and to mitigate the short- and long-term impacts of the crisis. With a view to pursuing an integrated mode of resilience building, and to harmonize the sector activities with the overall HRP priorities, the response will be multi-sectoral and adopt a comprehensive, flexible and integrated approach, driven by communities' own priorities. The response is classified into three thematic areas:

EARLY RECOVERY AND LIVELIHOODS

Analysis

Despite a reduced level of hostilities and in many key densely populated areas of the country by the end of 2018, millions of Syrians continue to face huge socioeconomic challenges, due to widespread infrastructure destruction, erosion of the productive base, scarce resources and protracted displacement. According to estimates by the humanitarian partners, some 11.7 million people inside Syria are currently in urgent need of humanitarian assistance. An estimated 64 to 84 per cent of the population live below the poverty line.⁶⁹ The erosion of living conditions has severely increased vulnerability and undermined the ability of affected people to cope with the long-term consequences of the crisis. The after-effects will likely continue for many years, especially for women and girls due to the cumulative impact of the crisis.

With an increasing proportion of the country now moving towards stability, acute life-saving and protection needs still remain the paramount focus of the HRP. The response, however, must evolve to better take into account longer-term drivers of vulnerability and capitalize on opportunities to rejuvenate social and economic dynamics,

PEOPLE IN NEED



8.7M

PEOPLE TARGETED



3M

REQUIREMENTS (US\$)



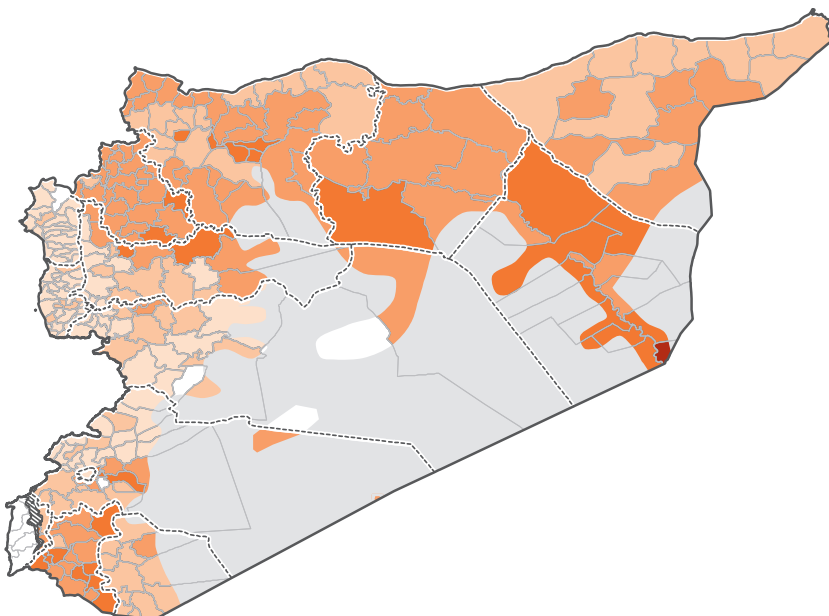
173.6M

OF PARTNERS



52

SEVERITY MAP



⁶⁹ Government of Syria, Report on Sustainable Development Goals, 2019, estimates that at the end of 2017, the population below the general poverty line had reached 68 per cent. Other sources include: UNESCWA, Syria at War – After Five Years, 2015; and Syria Centre for Policy Research, Impact of Syrian Crisis (draft), 2018.

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 Promote social cohesion through working for and with communities

ERL OBJECTIVE 4

4 Coordination to support early recovery and livelihood response

Access to Livelihoods

- **Creating income-generating opportunities.** After eight years of crisis, many community members (and in particular the more vulnerable, including people living with disabilities, hosting communities, female-headed households; IDPs and IDP and refugee spontaneous returnees) are not in a position to earn a minimum income to address their and their families' basic needs, nor to adequately benefit from social services. The ERL sector will support⁷⁰ initiatives, in partnership with communities, ERL actors, and duty bearers that provide the means and opportunities for community members to earn a sustainable living, to receive a minimum income and to access social and other services. 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, that match the needs of the job market.
- **Improving access to productive and market infrastructure to restore economic recovery.** As this is a necessary condition to inculcate sustainability into livelihood support, the sector will emphasize needs-driven rehabilitation of basic infrastructure that is critical to support local economic activity and thus livelihood opportunities. This 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; of shared production resources, namely cooperative assets; agro-based enterprises; irrigation canals; milling facilities; etc.

Access to Basic Social Services

The availability of key services is crucial to resilience-building and both community physical assets, as well as the service delivery capacity of local governance structures, are in urgent need of support in affected areas.

Local governance structures are managing essential services for local beneficiaries, facilitating access to utilities, supporting issuance of essential documentation, and providing direct support to the most vulnerable. In addition to undertaking rehabilitation of essential physical infrastructure, the capacity-strengthening support that the sector will provide is aimed at extending the services outreach and quality of services. Efforts will be made to make service providers as efficient (in terms of coverage and quality of services provided) transparent, consultative and accountable as possible.

Contributing to enhanced Social Cohesion

The ERL sector will place particular emphasis on helping communities to undertake 'common good' initiatives, facilitating the maximum participation of community members. This could cover a broad range of local activities which will contribute to the prevention of potential local tensions over access to services or resources.

The above three pillars of the ERL Sector strategy have been translated into seven priority areas of ERL sector response⁷¹ (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 socioeconomically vulnerable; strengthened local service delivery capacity; strengthening of community engagement and participation). Seventeen quantifiable targets and indicators have been defined for these response areas, and all project proposals under this sector will be appraised on the basis of their planned contribution to these sector-specific targets.

Resilience and Early Recovery Mainstreaming in other Sectors

Resilience and early recovery-oriented programming are integrated and mainstreamed in the 2019 HRP. To this end, a "resilience tag" has been introduced

⁷⁰ 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.

⁷¹ The Government of Syria does not recognize the boundaries of the maps included in the HRP and the HNO, nor does it recognize the designation of severity scales by the United Nations and its partners.

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 promote synergies and avoid overlap and duplication.

Shelter sector: With a sizeable proportion of the housing stock destroyed or damaged, and water, heating, electricity and sewage services barely accessible in the most deprived communities, the ERL sector will coordinate with the Shelter Sector any support to improve the level of access to these services. In consultation with the stakeholders and beneficiary men and women of the communities representing different age groups, housing rehabilitation support (such as fixing doors and windows, and masonry of destroyed parts) will be provided to the most vulnerable community members and IDP and refugee spontaneous returnees.

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

Food Security and Agriculture sector: The ERL sector will coordinate closely with the Food Security and Agriculture sector so that support to rehabilitation of productive assets, especially in the rural areas, is complementary and non-duplicative.

Protection risk analysis and mitigating measures^{72 73}: The sector strategy implies not only programming with a view to avoid exacerbating 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.

Consequences of underfunding

Some communities have been surviving on life-saving humanitarian supplies for eight years and the likelihood of aid dependency is quite high. It is crucial that people in need in areas where state control has been restored, benefit from early recovery activities in view of assisting them in transitioning to self-reliance. Underfunding (and under-budgeting) 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 more than eight years of crisis. Secondly, under-investment in ERL risks prolonging and deepening people’s dependency on humanitarian deliveries, having negative social, psychological and ethical implications for their well-being. Thirdly, living in wretched conditions, lacking gainful employment opportunities and having an absence of incentives may drive youth in particular towards harmful and undesirable coping mechanisms, such as involvement in violent extremism and perilous illegal emigration.

BREAKDOWN OF PEOPLE TARGETED BY POPULATION GROUP, SEX, AGE AND DISABILITY

	TOTAL	BY POPULATION GROUP				BY SEX		BY AGE				DISABILITY
		IDPs	Host Communities	Returnees	Palestinian Refugees	Female	Male	Young Children (<5)	Children (5-17)	Adults (18-59)	Elderly (>59)	Persons With Disabilities
SECTOR TARGET	1,435,200	416,208	1,004,640	14,352	0	732,000	703,200	182,270	470,745	749,185	33,000	130,600

⁷² This section is completely related to internal processes of the UN and its humanitarian partners.

⁷³ “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.

EDUCATION

PEOPLE IN NEED



6M

PEOPLE TARGETED



4.2M

REQUIREMENTS (US\$)



255.5M

OF PARTNERS



70

Analysis

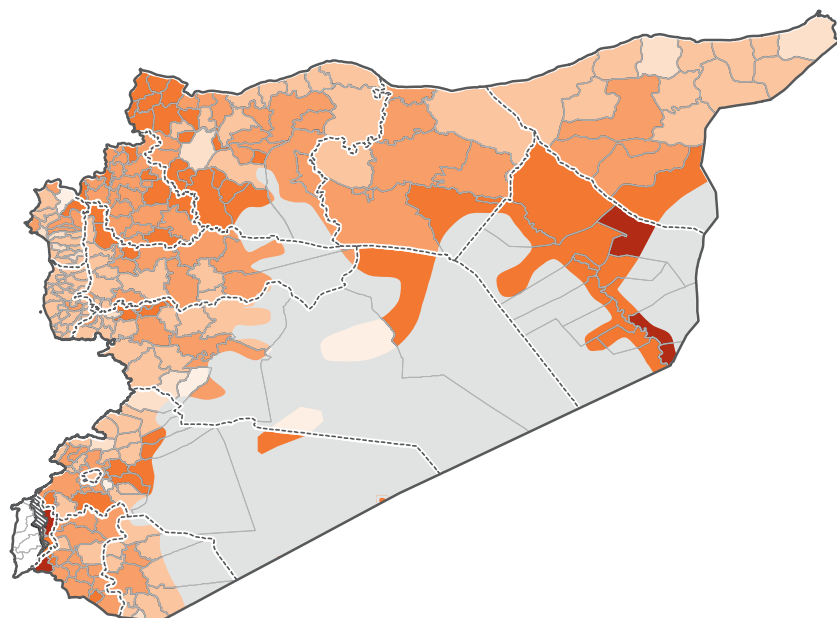
The crisis has forced an estimated 2.1 million – more than one-third of Syria’s children – out of school. A further 1.3 million children are at risk of dropping out. More than 5.8 million school-aged children (including more than 100,000 Palestinian refugee children) and 120,000 teachers are in need of education assistance inside Syria, of whom 61 per cent are in acute and immediate need.⁷⁴ Hostilities have left more than one-in-three schools damaged, destroyed, occupied for shelter or otherwise unusable⁷⁵ and schools account for an estimated 32 per cent of collective centres used by IDPs across the country.⁷⁶ Due to a shortage of functional classrooms, classes are overcrowded and more than one million children attend “double-shift” schools.⁷⁷ New waves of displacement over the course of 2018 further overwhelmed already limited education capacities in Rural Damascus, Idleb and Aleppo. Schools in communities receiving IDP and refugee spontaneous returnees have limited absorption capacity for newly arriving students while in most camps education services are insufficient or non-existent. A 2018 assessment of 226 camps in Aleppo and Idleb governorates found that 73 per cent of sites have no education services at all, showing no improvement from 2017. In public schools in locations in

Rural Damascus, Quneitra and Dar’a, classroom sizes reached 150 students per teacher in September 2018.⁷⁸ At the same time, in areas where state control has been restored, opportunities for accredited education have increased to some school-age children in southern and central Syria that require durable education services. However, the overall education system is fragmented and overburdened with multiple curricula taught, having significant repercussions on the provision and certification of learning.

Teaching capacity remains overstretched, with some 140,000 teachers and education personnel no longer in their teaching posts.⁷⁹ This shortage, as well as irregular or underpayment of qualified teachers also limits the quality and provision of education. More than 40 per cent of out-of-school children (OOSC) in Syria are between 15 and 17 years-of-age and have differentiated learning, skills development and livelihoods needs.⁸⁰ In some areas, over half of children with a disability also have an unmet need for education.⁸¹ Children who are out of school face increased protection risks including child marriage and the worst forms of child labour. The escalation of violence has led to increasing hostility-related psychological trauma for children, their families and education personnel. Exposure to violence decreases attendance, leads to drop out, and affects learning outcomes by limiting concentration. Harassment, bullying, violence, and poverty also push children to drop out from school. Additional protection risks have been observed during official examination periods for students crossing active frontlines to sit for official exams.



SEVERITY MAP



74 Education Severity Needs Analysis, 2018
 75 Education Needs Assessment, 2018
 76 UN partners survey 2018
 77 Education Management Information System data, Ministry of Education, 2017-18 academic year
 78 Ministry of Education, 2018
 79 Education Management Information System data, Ministry of Education, 2017-18 academic year
 80 No Lost Generation Initiative, 2018
 81 Physical Rehabilitation Working Group, 2018

EDUCATION OBJECTIVE 1

1 Scale up safe and equitable access to formal and non-formal education for crisis-affected children and youth (aged 3-17 years)

EDUCATION OBJECTIVE 2

2 Enhance 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

Response strategy

The Education response strategy, is built around the needs-analysis set out in the HNO and prioritizes the most disadvantaged population groups, in particular those in areas of high severity of need, down to the sub-district, community and neighbourhood levels. In line with the No Lost Generation (NLG) Initiative and the Education Cannot Wait (ECW) Investment for Syria, the Education Sector, in consultation with Syrian national and local authorities as well as communities, will focus on three specific goals:

- scaling up access to education for crisis-affected children;
- enhancing the quality of formal and non-formal education within a protective environment;
- strengthening the capacity of the education system to deliver a timely, coordinated and evidence-based education response.

The sector will continue to reach out to the OOSC in all 14 governorates using life-saving and protection-oriented implementation modalities. Access strategies supported through the response will include small-scale rehabilitation of damaged schools and establishment of other safe temporary/alternative learning spaces through a gender-and-disability-sensitive approach. It is critical to improve access to quality education services for IDPs in camps and within communities, and to ensure that these services are sufficiently linked to Child Protection interventions, including the integration of mental health and psychosocial support (MHPSS) and other specialized protection services. Teachers and students suffer from stress and psychosocial disorders due to the protracted nature of the crisis, and teachers require support to address their own and their students' psychosocial needs.

As of December 2018, 63 percent of school aged children in Syria are in Government-controlled areas. Relevant key stakeholders will be engaged to promote pathways back to learning, integration into education, and acknowledgement of previous learning through supportive policies (accreditation, certification, examinations, documentation) which encourage families and children to return to or continue their education. Non-formal education opportunities and pathways

back to inclusive education at age-appropriate levels are increasingly required to address the complex learning needs of children, including early childhood education, and youth who have had years of disrupted education, and children with specific physical and psychological needs. Most OOSC in Syria are internally displaced children, and many have been displaced more than once. The education sector will further expand existing non-formal education programmes i.e. the certified accelerated learning programme (Curriculum B, that combines two academic years in one) and the Self Learning Programme (SLP) - the sector's flagship initiative to address equity gaps in access to quality learning opportunities for those who miss out on years of schooling, especially those living in camps and in UN-declared hard-to-reach areas. The SLP gives children who have no access to formal education opportunities to access an alternative education aligned with the national curriculum. Partners will work to ensure that both children and education personnel are re-integrated into education systems through clear mechanisms and enacted policies.

The quality of formal and non-formal education needs to be strengthened to ensure children attain foundational literacy and numeracy skills, as well as those skills relevant to cognitive, social and economic empowerment. Concerted investment is required to expand and sufficiently develop the teaching force, and for teacher stipends/incentives to meet their families' basic needs, as thousands of teachers continue to work voluntarily, particularly in contested areas, or take second jobs, which make it harder for them to concentrate on teaching. Teachers face diverse and complex learning needs within their classrooms as children's age and level of education attainment greatly varies. Education partners have provided a significant number of trainings targeting teachers and educators to address quality learning across Syria, yet significant unmet needs persist. This response includes strategies to deliver quality education, through the provision of sufficient and quality teaching and learning materials, including supplemental reading material, and through teacher professional development. Teachers will be equipped with skills in non-formal education modalities, child-centred pedagogy, and positive classroom management to cope with overcrowded classrooms, address

and accommodate host community, displaced and children who have spontaneously returned from displacement (either internally displaced or refugee) within their classes.

The Education Sector prioritizes strengthening the capacity of the education system to deliver and sustain education investments. National actors play an important role in ensuring the 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 committed 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 provide targeted and needs-driven opportunities for local-level partners for both professional development and action-oriented learning, and equip them with the knowledge and skills required to plan, implement and coordinate high quality education in emergencies responses in complex emergencies and crises.

Protection risk analysis and mitigating measures

The Education Sector assessment indicated that a key barrier to education access is lack of safety. The Monitoring and Reporting Mechanism on Grave Violation against Children's (SCR 1612, 2005) verified 142 attacks against education and education personnel in 2018.⁸² The number of verified attacks on schools in 2018 was more than twice recorded over the entirety of the preceding year. As populations move into or return to areas that are contaminated with unexploded ordnance (UXO), the dangers to school-aged children increase and prevents children and education personnel from going to school. As the population in north-west Syria and north-east Syria are pushed into increasingly contaminated areas, cross-sectoral engagements are needed to sensitize the population on prevention and reporting. All forms of attacks on schools or learning spaces remain a significant protection risk. Efforts are needed to ensure that deconfliction is done and is effective. The threat of a military offensive also necessitates adequately resourced and practiced safety planning for schools, including awareness sessions on UXOs for both children and adults, deconfliction and school safety and evacuation plans. Changes in the context situation can also lead to increased risks, including displacement and restrictions of movement for the population and local partners. Poverty and displacement push vulnerable families towards negative coping mechanisms, including child labour and child marriage. The vulnerability of OOSC in such circumstances puts children at substantially higher risk of being exposed to exploitation, abuse and rights violations.

Mitigating measures

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

Response Priorities

With the estimated 2.1 million children out of school, the education sector will focus on bringing children back into formal education through variety of interventions and non-formal education pathways to facilitate access to learning. The response prioritizes vulnerable children including adolescents/youth, girls and boys living with disabilities, especially in UN declared hard-to-reach locations. Children will be provided with psychosocial support, non-formal and alternative content (remedial, self-learning, catch-up courses, and accelerated learning and life skills- based education). There will also be a focus on provision of formal and non-formal vocational learning for adolescent girls and boys. To ensure increased and more sustainable access to education, learning spaces will be established and basic and needs-based rehabilitation of schools and learning spaces will be supported, with provision of basic furniture and gender-sensitive and accessible WASH facilities as per Inter-Agency Network for Education in Emergencies 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 accompanying advocacy plan, in line with the No Lost Generation initiative, will also be developed to increase awareness and donor support to education partners, especially in areas of high severity of need.

82 Monitoring and Reporting Mechanism (MRM) for Syria, 2018

Prioritization

The Education Sector's prioritization approach is guided by an analysis of the severity of needs in accordance with the sector severity analysis and categorization, based on assessment findings and key indicators⁸³. The priority for the Education Sector will be to respond to the education needs of children and youth in areas categorized as severe to catastrophic (severity areas 4-6), according to the inter-agency severity scale. 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 in the least accessible areas, including those formally under the control of ISIL and affiliated groups. Projects are vetted for inclusion in the HRP based on an established set of criteria, including the targeting of 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 2019. 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

The education response is still significantly underfunded in relation to overall requirements in spite of resource mobilization through the No Lost Generation Initiative, the Education Cannot Wait global pooled fund for education in emergencies, humanitarian pooled funds managed by OCHA, and other bilateral support. The 2018 Education Sector funding requirement was only 47.2 per cent funded. Funding gaps have severely affected the sector's ability to scale up the education response country wide especially in areas where state control has been restored. With few donors providing longer-term developmental financing to support expanded education service delivery, emergency interventions remain critical. 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 and risk losing education investments made to date.

BREAKDOWN OF PEOPLE TARGETED BY SEX, AGE AND DISABILITY

	TOTAL	BY SEX		BY AGE		DISABILITY
		Female	Male	Children (5-17)	Adults (18-59)	PERSONS WITH DISABILITIES
SECTOR TARGET	4,183,638	1,966,310	2,217,328	4,098,258	85,380	614,739

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



FOOD SECURITY AND AGRICULTURE

Analysis

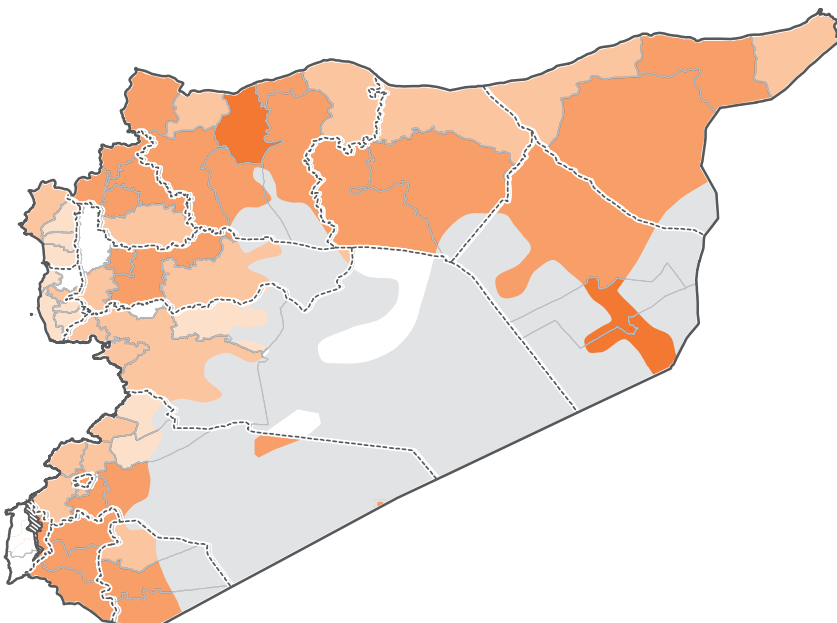
Drawn from a countrywide household assessment, an estimated **6.5 million** Syrians are food insecure and an additional **2.5 million** people are at risk of food insecurity. From the assessed households, an estimated 40 percent of Syrians spend more than 65 percent of their expenditure on food, 57.2 percent of food insecure households reported to have outstanding debt and 65 percent of food insecure people are adopting crisis or emergency negative coping strategies. Eight years into the crisis, the main drivers to food insecurity are prolonged displacements, loss and lack of livelihoods and reduced production capacity which in turn resulted in limited financial access to food, high prices and inflation contributing to reduced purchasing power and continuous depletion of livelihoods assets of the most vulnerable populations. Almost 40 percent of the surveyed households reported to be an IDP or spontaneous returnee (IDP or refugee) of whom 74.5 percent reported to be displaced for more than 12 months. Among them 478,283 displaced people living in last resort IDP sites/camps are of particular concern as they have limited access to a diversified diet or income opportunities. With an

83 – 89 percent people living below poverty lines⁸⁴, and with cumulative GDP loss of \$226 billion between 2011 – 2016 out of which \$16 billion in losses and damages attributable to agriculture sector⁸⁵ alone, the relationship between poverty and food security is becoming inseparable. A monthly food ration with staple items costs at least 80 percent of an unskilled labourer’s monthly salary and 50-80 percent of a public service employee’s monthly salary thus demonstrating the existence of “working poor” in Syria. The worst drought in 30 years affected cereal production in 2017/2018 winter season in Syria. This has come as an additional burden on the prolonged crisis with a shortfall of 1.2 million metric tons of wheat to meet domestic requirements (food use) of 3.4 million metric tons. Unprecedented livestock asset losses estimated to about half of the pre-crisis situation are affecting livelihoods leading to irreversible coping strategies.

The humanitarian needs in Syria are expected to remain high in 2019 and multiple actions are needed to ensure that all four pillars of food security related to access, availability, utilization and stability of food are adequately addressed through lifesaving, life sustaining, appropriate resilience, and early recovery interventions. Emergency response at the early onset of any sudden population movement as well as targeted food assistance and lifesaving emergency agricultural assistance to meet the nutritional and kilocalorie deficits of the most vulnerable population as per food security indicators is crucial across Syria. Agriculture sector is a major contributor to GDP with more than 25/30 percent of Syria’s GDP reliant on this sector, and it is also producing food for more than half of the population. Therefore, saving, restoring and protecting agricultural and related livelihoods and value chains will be critical to increase the self-reliance and strengthen resilience of Syrians.



SEVERITY MAP



84 ESCWA, Year??

85 World Bank and FAO Agriculture Damage and Losses Needs Assessment (ADNA,2017)

FSA OBJECTIVE 1

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

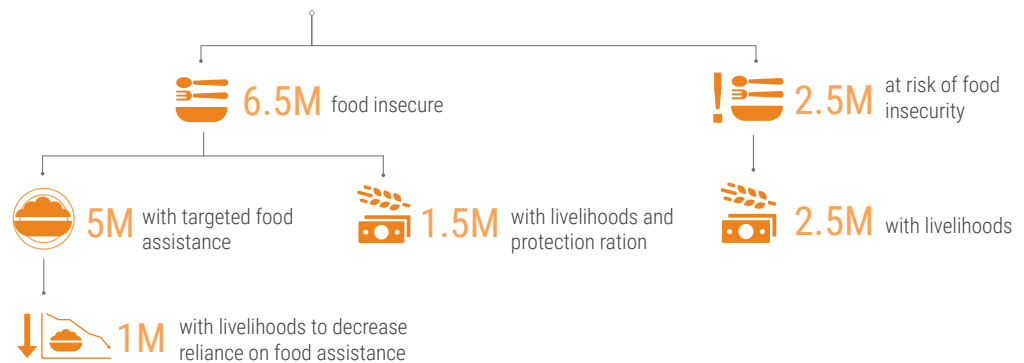
FSA OBJECTIVE 2

2 Support self-reliance of affected households by protecting and building productive assets and restoring or creating income generating opportunities to save and sustain lives

FSA OBJECTIVE 3

3 Improve communities' capacity to sustain households' livelihoods by improving linkages with value chain through the rehabilitation/ building of productive infrastructure as well as supporting services, early warning and DRR systems

9M Overall target of sector



Response strategy

To address the needs established through household assessment and analysis, the sector aims to provide a wide-ranging support from emergency to regular food assistance as well as household and community based agricultural and livelihoods assistance. The sector aims to target populations who are both food insecure as well as at risk of food insecurity through multiple but mutually reinforcing activities. These activities fall under three sector objectives:

Sector Objective One: Under its first objective for life-saving and life-sustaining food assistance, the sector will aim to meet the immediate food needs and also regular monthly food assistance.

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 market-based assistance). This assistance modality can be extended up to 3 months only if regular food assistance cannot be provided due to unavoidable circumstances. 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 **1.2 million newly crisis-affected people as well as an estimated 1.5 million IDP returnees** and is included in this response plan to ensure adequate preparedness. It can be expected that half of this caseload may need to be transferred beyond the 72-hour response, to regular monthly food assistance based on needs. As such, the sector will allocate additional resources either via HRP partners or outside

HRP partners to meet this additional caseload's potential needs for longer-term food assistance.

Regular Response aims to reach assessed food insecure people with harmonized selection criteria to meet their monthly food needs at least eight times in a year through the most feasible and contextually appropriate modality (in-kind food baskets or equivalent market-based assistance). This response aims at providing consistent assistance on a monthly basis so that vulnerable households are able to improve their food security thresholds and calls for strong household targeting to reach the most in need. The sector recommends reaching the same household at least a minimum of eight out of twelve months keeping in mind access and resource constraints. This response will cover a minimum daily kilo calorie based on the levels of food insecurity of households and assessment of how much the targeted people can cover through their own means or other contributions (such as bread from bakeries). The sector targets **5 million food insecure people, including** Palestinian refugees; and it is expected that an approximately 50 percent of the caseload from newly affected IDPs and IDP returnees may need to be integrated within this caseload. Additionally, the sector will also target an estimated (projected) 250,000 refugee spontaneous returnees who fall within the same food insecurity category as others.

Within the regular response, the sector additionally aims to provide supplementary food assistance (for enhanced dietary diversity) to an estimated 1 million people including the population living in last resort camps and temporary sites across North East and North West Syria who have limited or no access to livelihoods, as well as 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.

Sector Objective Two: Under the sector's objective related to agriculture and livelihoods, the sector targets **1 million households (5 million people) in total. This includes 2.5 million people from food insecure category and 2.5 million people at risk of food insecurity.** The sector aims to target the 1 million food insecure people on food assistance with livelihoods support so that they can graduate out of reliance on humanitarian assistance and a further 1.5 million food insecure people from the food insecure will receive protection food ration during lean season; and 2.5 million people at risk of food insecurity. Appropriate agricultural inputs (cereal as well as vegetable production) will be provided along with technical capacity building at household-level to 500,000 households (HH) to ensure that most vulnerable farming households receive timely inputs as per seasonal calendar to be able to produce and contribute to domestic production requirements. Out of these an estimated 300,000 most vulnerable farming households will receive protection food rations so that they are able to protect their assets up to harvesting thus contributing to sector's Integration Strategy. A further 400,000 HH will be targeted for asset building and asset protection specifically to livestock keepers. And 100,000 HH targeted for livelihood activities including income generation. Local procurement will be encouraged to promote local markets, especially where markets have the capacity to absorb such demands. It is also worth noting that livelihood including agricultural activities are considered part of humanitarian life-sustaining assistance, especially, now when 2.5 million individuals are thought to be at risk of food insecurity, it is vital to restore and create livelihood opportunities for households to reduce use of negative coping mechanism in order to meet their daily needs. 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.

Sector Objective Three: This objective relates to strengthening communities' productive capacity. 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 300,000 households, which is approximately 30 per cent of the households assisted by household-level inputs who will also directly benefit from these activities.

Sector 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 2019, the sector will build on its work of previous years and will focus on reviewing and updating needs periodically, feeding its needs, response and gaps analysis to operational planning and developing contingency/preparedness plans. The sector will continue to harmonize all aspects of the response such as assessments, analysis, geographical targeting, selection criteria (including targeting specific groups such as youth, GBV survivors 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 with specific emphasis on GBV and child protection (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 and on transition of caseload when appropriate (5) joint needs analysis and advocacy including the profiling of areas with higher needs or changing control (6) improved linkages and coordination with ongoing market-based assistance and to help guide new activities as well as learn from ongoing and past activities.

In its effort to mainstream Gender Based Violence guidelines, the sector will track the following indicators with members: per cent/number of staff involved in food distribution who are females, per cent/number of sector staff who participated in a training on the GBV Guidelines and safe referrals and Existence of Food and Agriculture sector related policies and guidelines that addresses sexual harassment and sexual exploitation and abuse in distributions.

Protection risk analysis and mitigating measures

The sector has assessed numerous risks and potential threats linked to the implementation of the sector strategy through the various activities to be carried out with the main risks likely to be 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 location and protection environments in which they are taking place: primarily in areas actively affected by hostilities; but also in relatively stable areas, with exacerbated risks on girls and women that are highly vulnerable to sexual exploitation and abuse in such contexts. Additionally, tensions between IDPs, returnees (both IDP and refugee) and host communities over access to services or resources 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 programme cycle, such as 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 assessment clearly indicates the food insecurity is persistent in Syria due to a variety of inter related factors that call for multiple actions to save and sustain life and reduce harmful coping strategies. These multiple actions relate to all the three sector objectives thus contributing to the protection as well as a resiliency component which should ultimately reduce dependency. The sector's proposed integration strategy further improves the cross-sectorial linkages and promotes early recovery.

Food Assistance: Under this pillar, the response priority will be to ensure immediate as well as consistent access to food to the most food insecure people in Syria. The response will be driven by targeting at both geographical and household level and then providing needs-based assistance to meet the kcal deficit that vulnerable households cannot meet for themselves.

Livelihoods/Agriculture: Under this pillar, the response priority will be to ensure availability of food by boosting household/local productive capacity through a few core activities such as provision of inputs and trainings as well as enhancing communities' capacity to sustain their productive assets. Seasonal criticality as well as interventions around drought mitigation and early warning will be key aspects of the response.

Prioritization

The sector will work on a two-fold approach for prioritization (a) geographical and (b) household.

The geographical targeting will be based on the severity ranking of districts⁸⁶. Severity of each district was analysed through a combination of ten indicators. The districts under higher severity (severe and major) call for actions to save lives and livelihoods; the districts under moderate/minor severity (moderate and minor) call for action to protect livelihoods and provide life-saving and life-sustaining food assistance in pockets of areas or to population under higher stress as per food security related vulnerability criteria. Thus, the sector will allocate resources as per the severity of needs.

Additionally, sector will take specific measures to address specific concerns related to population in UN-declared hard-to-reach locations (including newly accessible areas) who have been reached less than three times in 2018 and camp residents who may need higher degree of assistance.

The household targeting aims to identify the most vulnerable for each of the sector activity through a common lens of analysing vulnerability. Apart from very specific activities such as emergency response at sudden onset of population movement, UN-declared hard-to-reach or newly accessible locations and last resort camp populations, the sector recommends household-based targeting criteria for all other sector activities. Therefore, the sector will provide a platform for all partners to analyse and adapt a harmonized approach to household targeting and verification so that resources can be prioritized and channelled to the most vulnerable people in Syria.

Consequences of Underfunding

Underfunding of the Food Security and Agriculture sector response will have a significant impact on both the 6.5 million people facing food insecurity as well as the 2.5 million people at risk of food insecurity. The sector has identified the following major consequences to insufficient funding: deterioration and decrease in the food consumption, increased use of negative coping strategies and lack of self-reliance. All of which have a long-term effect on Syrians by doing irreparable harm to children and households and undermining societal stability.

1) Low food consumption score exacerbated: The insufficiency of food supplies, micronutrients and dietary diversity through the incapacity to fund and deliver such vital needs could have grave consequences on lives of the most vulnerable households including pregnant and/or lactating women, children and children under five, the elderly, and people already living in abject poverty. This will have a negative impact on the future generations of Syria as low dietary diversity and nutritional inadequacy can have long term consequences of stunting.

2) Increasing reliance on negative coping strategies: Insufficient funds will increase the proportion of households that rely on behaviours that affect future productivity e.g. sale of productive assets and undertaking high-risk or exploitative work. Moreover, households are more likely to use negative coping strategies merely to meet their daily food needs including consumption of less preferred and cheap food items, that have limited contribution to nutrition and health needs of the households.

3) Diminished self-reliance: Sector's integration strategy remains dependent on adequate and timely funding for livelihoods and agriculture activities – as per seasonal

⁸⁶ The Government of Syria does not recognize the boundaries of the maps included in the HRP and the HNO, nor does it recognize the designation of severity scales by the United Nations and its partners.

criticality – in an attempt to shift gradually towards increasing self-reliance for the people in need across the country. Integration Strategy is key in ensuring that households have access to food as well as livelihoods inputs so that their coping mechanisms are maintained, and they can generate enough income for themselves to improve their thresholds of food insecurity, thus graduating out of assistance.

BREAKDOWN OF PEOPLE TARGETED BY SEX AND AGE

	TOTAL		BY SEX AND AGE		
	People Targeted	Acute Target	% female	% Children (1-17)	% elderly
SECTOR TARGET	9 million	6.5 million	53%	6.2%	23%



HEALTH

PEOPLE IN NEED



13.2M

PEOPLE TARGETED



11.7M

REQUIREMENTS (US\$)



449.1M

OF PARTNERS



52

Analysis

Throughout 2018, health needs in Syria were exacerbated by access constraints, damaged health facilities and insufficient human resources. The lack of health staff is a particular barrier to health care in UN-declared hard-to-reach areas where over one million people in need are currently located. In many areas that witnessed escalating hostilities and changes in control in 2018, critical health services were disrupted, access was limited and humanitarian needs were high. The health system is struggling to respond to trauma and rehabilitation needs. High numbers of trauma-related cases continue to be reported across Syria, particularly in the north-west and northeast. An estimated 10.2 million Syrians are at risk of being injured by explosive hazards. An assessment in western Aleppo, Idlib and Ar-Raqqa governorates indicated that an average of 45 per cent of people surveyed were expected to sustain permanent physical impairment as a result of hostility-related injuries. In 2019, an escalation of hostilities is anticipated in a number of areas in north-east and north-west Syria, necessitating further support to trauma centres and referral systems.

Sub-optimal living conditions and lack of basic services, especially in overburdened

communities and IDP camps, collective centres and temporary sites, increase people's vulnerability to outbreaks of diarrhoeal disease, typhoid fever, leishmaniasis and other epidemic-prone diseases. The protracted nature of the crisis has negatively affected immunization coverage rates and further increased the risk of outbreaks of vaccine-preventable diseases. Vaccination coverage is as low as 10-20 per cent in Ar-Raqqa and Deir-ez-Zor governorates.

Females make up 72 per cent of people in need of health assistance in Syria, out of which 5.2 million women of reproductive age are in need of reproductive, maternal, newborn, child and adolescence (RMNCH+A) services.

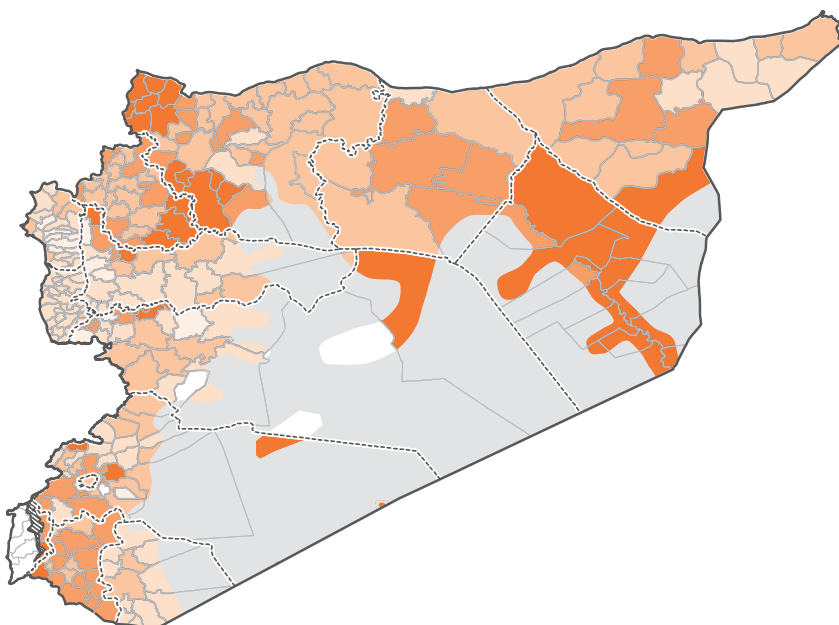
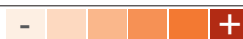
Attacks on health facilities and health staff remain one of the main drivers impeding access to health care, impacting the functionality of the health facilities themselves and reducing the availability of health personnel. From January to September 2018, WHO's Health Resources Availability Monitoring System (HeRAMS) reported that 46 per cent of health facilities across Syria were either non-functional or partially functional. Access for cross-border actors remains challenging and unpredictable with frequent disruption due to protection and administrative constraints. The escalation of hostilities would particularly affect partners' ability in north-west and north-east Syria to evacuate critically ill and wounded patients and transport supplies and staff across borders.

Response strategy

Increasing access to life-saving and life-sustaining coordinated, equitable health services for those most vulnerable and in need remains the health sector's first priority. This will be done through specific interventions focusing on:

- Increasing access to primary health care (PHC) through the provision of essential PHC to cover the health care needs of vulnerable populations, including RMNCH, as well as continuity of treatment for non-communicable diseases.
- Improving access to secondary and tertiary health care, including care for patients

SEVERITY MAP



HEALTH OBJECTIVE 1

1 Increase access to humanitarian life-saving and life-sustaining coordinated, equitable health services for those most vulnerable and in need

HEALTH OBJECTIVE 2

2 Strengthen health sector capacity to prepare for, detect and deliver timely response to disease outbreaks

HEALTH OBJECTIVE 3

3 Strengthen health system capacity to support continuity of care, strengthen community resilience, and respond to IDP movements and changes in context

living with cancer and renal disease. Ensuring comprehensive trauma services and referral pathways for acute and post-acute management phases. Medical referral systems must also address the needs of people living with chronic disease who develop complications, emergency obstetric and new born care (EmONC) cases, and patients with acute illness who cannot access treatment in the area in which they reside, particularly rural areas.

- Expanding access to specialized services for hostility-affected populations, including mental health and psychosocial support (MHPSS) and physical rehabilitation services and the provision of assistive devices.
- Improving mobility of health services to adapt to population displacement flows, shifting front lines, and access to new areas by different hubs through all available response modalities.
- Strengthening and consolidating medical supply chains, ensuring availability of safe and quality medicines for essential PHC, trauma and obstetric care, infectious diseases (including leishmaniasis) and chronic conditions (including haemodialysis sessions). Pre-positioning emergency supply stocks in warehouses and health facilities level in line with contingency scenarios that foresee reduced access and increasing hostilities, which would particularly affect north-east and north-west Syria, requiring trauma and emergency surgical kits.
- Supporting essential repairs, rehabilitation and equipping of health facilities providing public and specialized health services, in particular in areas of most acute need where the resumption of basic health care services will have the greatest life-saving impact, as well as facilities that receive referrals from areas of acute need.
- Supporting epidemiological surveillance and capacity to detect, investigate, respond to and report on disease outbreaks through expanding and strengthening early warning systems and supporting laboratories with equipment to detect epidemic-prone diseases. These early warning systems aim to minimize the impact of epidemic-prone diseases as a result of unsafe water, poor sanitation and hygiene, overcrowding, low vaccination coverage and other related

factors. Increasing capacity for detecting and treating leishmaniasis and tuberculosis remains critical.

- Implementing the expanded programme of immunization (EPI) for all children under 5 and supplementary immunization activities in UN-declared hard-to-reach and newly accessible areas.
- Mainstreaming cross-cutting issues across all levels of the healthcare response. They include age, gender, and disability, incorporating gender equality measures based on the Gender and Age Marker framework throughout the project cycle, integrating MHPSS and physical disability care at facility and community levels (as mentioned above), and support to the survivors of gender-based violence (GBV).
- Supporting the equitable provision of health assistance, particularly to the six priority vulnerable groups recognized in the 2019 Humanitarian Needs Overview

Second, the Health sector will continue strengthening health sector coordination and health information systems, with an emphasis on enhancing protection and increasing access to health services. Activities will include:

- Supporting health partners' improved reporting into the 4W database, quarterly reporting on HeRAMS, continuous reporting and verification through the Surveillance System of Attacks on Healthcare and conducting advocacy for the protection of health care staff and patients at health facilities.
- Conducting rapid health assessments in hotspots, as well as ad hoc assessments in newly accessible areas and areas where state control has been restored to further inform ongoing needs analysis and prioritization of the response.
- Strengthening coordination within and across hubs, including through joint contingency and preparedness planning for disease outbreaks and changes in context.

Third, the Health sector will engage in activities that support continuity of care, strengthening of community resilience, and responding in areas affected by IDP movements or where state control has been restored, including:

- Training, re-training and capacity-building

of health care providers and community health workers to increase public health awareness and address shortages in human resources for health via task shifting. Training also enables staff to continue providing care in their home communities in the event of restrictions on mobility restrictions or damages to health facilities.

- Providing safe and secure environments for health service delivery through the most effective and efficient modality, including targeted capacity-building of local NGOs and national health institutions and supporting mobile medical units for emergency response.

Protection risk analysis and mitigating measures

The Health sector conducted a protection analysis to identify the most pressing, health-related protection risks facing healthcare providers and the affected population. Life-saving humanitarian activities foreseen by the sector carry the following associated protection risks: violence against health care; GBV; sexual exploitation and abuse; discrimination against vulnerable groups and inequitable access to health services. Mitigation measures include:

- Applying the designated deconfliction mechanism for health facilities, continuous reporting on attacks against health, and sustained advocacy for respect of international humanitarian law (IHL).
- Training of health staff on providing first-line support, identification of GBV cases, safe referrals, and ensuring access of affected population to the Minimum Initial Service Package (MISP) for reproductive health, including the clinical management of rape.
- Addressing the specific needs of vulnerable groups through supporting dedicated health subgroups.
- Ensuring that health project design encompasses accessibility of services by vulnerable groups (physical accessibility, disaggregated areas for women and girls, availability of female staff, translation, etc.) and incorporates effective community-based complaints mechanisms.
- Reviewing and revising health sector workplans, contingency and emergency response plans on a regular basis, emphasizing Do No Harm principles, specifically in scenarios involving sudden mass movements of IDPs and significant returns activities.

Response Priorities

The Health sector aims to prioritize assistance according to the sector severity scale. Life-saving and life-sustaining health activities will be delivered in accordance with the overall response strategy detailed above. Furthermore, the Health sector will target people residing in UN-declared

hard-to-reach areas, locations witnessing or projected to witness increased level of hostilities (particularly north-west and north-east Syria), and newly accessible areas across the country. Health sector coordination will include joint efforts among all hubs and health actors to ensure continuity of services in cases of change of context, all within the framework for continuity/ transition of assistance and service delivery of Whole of Syria.

In addition to the required monitoring mechanism for each health project at the programmatic level, the Health sector will monitor the response throughout 2019 against a set of strategic and activity indicators utilizing monitoring tools such as 4Ws, HeRAMS, early warning alert and response EWARS/EWARN, and the surveillance system of attacks on healthcare. The resulting monthly and quarterly reports should inform the response and present an update of the health situation across Syria in a manner enabling health partners to address existing gaps and mobilize resources effectively. Furthermore, figures related to people in need and geographical severity will be updated quarterly as and when new data are received.

Prioritization

While all people have been affected by the crisis in Syria and have a right to receive health care, certain groups and locations have particularly high needs. The Health sector recognizes five population groups as the most vulnerable: children under 5 years of age, women of reproductive age, the elderly, IDPs and spontaneous returnees (both IDP and refugee), and people living with disabilities. The Health sector will prioritize the provision of assistance to people living in locations informed by the sector severity scale, with programmes addressing the specific needs of the aforementioned groups⁸⁷. Contingency and emergency plans will be updated in cooperation and coordination with health authorities and health actors to mitigate the effect of sudden changes in context and resulting IDP movement.

Regular sectoral and inter-sectoral meetings across the hubs will continue to ensure that health projects are implemented in accordance with sector strategy and up-to-date assessments of health needs, as well as addressing cross-cutting protection issues, with attention to inter-dependencies such as joint planning with the nutrition, protection and WASH sectors.

Health 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 2019 with updates taking place during the mid-year monitoring exercise to maintain a realistic financial projection and follow the overall progress of health programmes.

⁸⁷ The Government of Syria does not recognize the boundaries of the maps included in the HRP and the HNO, nor does it recognize the designation of severity scales by the United Nations and its partners.

Consequences of Underfunding

Heavy reliance on life-saving and life-sustaining health services provided by the humanitarian response will continue throughout 2019 across Syria, with a forecasted level of 2.1 medical procedures per person in need per year. Currently, humanitarian actors are supporting one-third of the 1,500 births occurring on a daily basis across the country. Over 500,000 new borns in 2019 will require routine immunization and an additional 320,000 children under one year of age who were not fully immunized in 2018 will require supplementary immunization. As of December 2018, in north-west Syria, 843 registered renal dialysis patients were receiving treatment through 20 facilities fully supported by humanitarian programmes. Thirteen disease outbreaks were reported across the country in 2018; detection and response were made possible through the support of humanitarian programmes, but many areas remain at risk of recurring outbreaks due to lack of basic services and preventive measures. In addition, restoring non-functioning and partially functioning health facilities and supporting the capacity of health staff is essential for the provision of life-saving and life-sustaining activities.

By the end of 2018 the funding of the health sector stood at 40 per cent of the original appeal for the year. Suspension of support to health activities in north-west Syria has impacted 14 hospitals and 35 primary health care centres providing over 164,000 medical consultations every month, an additional 11 health centres providing specialized services (hemodialysis, TB treatments, blood banks, and thalassemia centres) were affected. Furthermore, over 40,000 new IDPs moved from Deir-ez-Zor Governorate fleeing hostilities overstretched the capacity of health staff in north-east Syria, 90 per cent of the newly displaced are women and children with 75 reported fatalities mainly among children under 5 years of age due to poor health conditions. Currently over 100,000 people residing in north-east Syria IDP camps facing dire health situation.

The availability of predictable, sustainable, and flexible funding is essential to ensure the continuity of humanitarian activities in addressing the protracted health needs of 13.2 million people in need.

BREAKDOWN OF PEOPLE TARGETED BY SEX AND AGE

	TOTAL	BY SEX		BY AGE			
		Female	Male	Young Children (<5)	Children (5-17)	Adults (18-59)	Elderly (>59)
SECTOR TARGET	11,874,526	8,549,658	3,324,867	1,959,296	2,576,772	6,554,738	759,969

NUTRITION

PEOPLE IN NEED



4.7M

PEOPLE TARGETED



3M

REQUIREMENTS (US\$)



83.9M

OF PARTNERS



30

Analysis

4.7 million girls and boys under the age of five years and pregnant and lactating women (PLW) are at risk of undernutrition and in need of comprehensive curative and preventive nutrition services to continue during 2019. Around 92,000 children under the age of five years are expected to suffer from acute malnutrition during 2019, out of which 19,000 girls and boys are at risk of death due to severe malnutrition if not treated appropriately. Without appropriate care, acute malnourished children are eleven times more likely to die than well-nourished children. 865,295 girls and boys under the age of five years suffer from micronutrient deficiencies. It is estimated that 1.6 million mothers will require maternal nutrition services and skilled support for optimal infant feeding and caring practices.

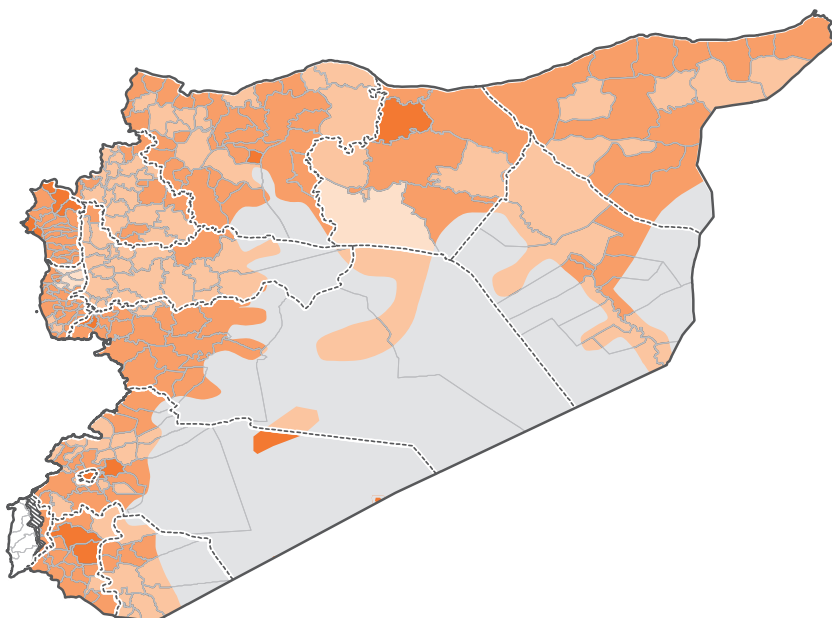
Global Acute Malnutrition among boys and girls under the age of 5 years remains within acceptable international benchmarks in most of the assessed areas during 2018. However, there are some pockets where SMART surveys, rapid assessments, and nutrition surveillance information show an increase in chronic malnutrition rates such as East Ghouta (36 per cent) and Tell Abiad (32 per cent) which exceed the very high stunting rate classification according to

WHO 2018 thresholds. Chronic malnutrition was a problem in Syria even before the crisis and increased rates have been observed recently. In addition to data that indicates 'High' stunting levels in Lajat, Dar'a in 2017 (27.5 per cent) and in the sub-district of Jarablus, Aleppo in 2018 (25 per cent), stunting rates confirmed to be 'Very High' in Tell Abiad (32 per cent) and East Ghouta (36 per cent) in 2018, as indicated by SMART surveys and using the 2018 WHO-UNICEF stunting thresholds. All the above rates are considered high as per the new WHO/UNICEF classification of stunting 2018. The increase in chronic malnutrition potentially reflects long-term inadequate dietary intake, including inadequate micronutrient intake, as well as repeated infections in younger children, poor feeding practices due to low rates of exclusive breastfeeding in the first 6 months of life, and inadequate complementary feeding in terms of diversity and frequency. Maternal and child malnutrition is impacted by deterioration in protection in some areas such as Idlib and rural Aleppo, increase in needs among IDP and refugee spontaneous returnees and internally displaced people, as well as coverage of nutrition programmes such as in underserved north-east Syria and northern Rural Aleppo, including Afrin.

Women and children living in UN-declared hard-to-reach areas, overburdened communities, and those 'one the move' deprived of basic services are in urgent need of nutrition interventions to ensure that their nutritional status remains stable and improves. Considering aggravating factors such as ongoing displacement, anticipated spontaneous IDP and refugee returns, hostilities, challenging access in some areas of vulnerable population to nutrition/health services and food, high food prices, diminishing employment opportunities and low service coverage of nutrition partners, are forecasting an increase in undernutrition cases especially in UN-declared hard-to-reach areas, where the severity of the situation is considered 'critical'.



SEVERITY MAP



NUTRITION OBJECTIVE 1

1 Strengthen humanitarian lifesaving 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 humanitarian lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases for boys and girls under five and Infant and Young Child Feeding (IYCF)

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

NUTRITION OBJECTIVE 5

5 Nutrition sector coordination facilitated and enhanced across response hubs

Response strategy

The 2019 Nutrition Sector response priorities include:

- Strengthening life-saving and preventive nutrition services for vulnerable population groups focusing on safe and appropriate Infant and Young Child Feeding (IYCF) practices in emergency contexts and beyond, micronutrient interventions, and optimal maternal nutrition. Infant and young child feeding interventions will be provided in the community, health facilities, and local health system structures in close collaboration and coordination with the health sector and reproductive health sub-cluster, food security and child protection sectors.
- Improve equitable access to high 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. Provision of management of acute malnutrition will be ensured at the health facility and community level and in integration with infant and young child feeding services and primary health care services.

The Nutrition Sector will ensure quality resilience-oriented programming by investing in evidence-based, robust, and realtime nutrition information systems and capacity development of central and local authorities. The data and analysis from these systems as well as SMART survey results will inform needs-based programming and will be owned by MOH and stakeholders to ensure sustainability. The nutrition information systems will pursue integration with the Health and Food Security sectors to be part of a multi-sectoral analysis, saving resources and time.

Nutrition response will follow a multi-sectoral approach to prevent and address emerging chronic malnutrition trends in locations where rates of chronic malnutrition are high. In addition, the establishment of coordinated and integrated nutrition programmes between and across relevant sectors through enhanced coordination and joint programming will be a priority. The Nutrition sector will consider market-based

assistance 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 sector aims to improve life-saving WHO recommended infant and young child feeding practices. A specific focus will be the scale-up of, integrated IYCF interventions, especially primary health care, reproductive health, and key entry points at the community level. The capacity of stakeholders such as health practitioners, nutrition staff, and community workers will be strengthened to facilitate critical one-to-one IYCF counselling support, group sessions, and community outreach activities. Preventive nutrition actions will focus on promoting child growth and development in the first 1,000 days which will include maternal nutritional support during pregnancy and lactation.

Micronutrient deficiency prevention and control initiatives will be promoted through service platforms such as micronutrients supplementation within health facilities, during accelerated campaigns, and improving vitamin A coverage for children 6-59 months using immunization campaigns and routine distribution whenever feasible. The Nutrition sector will also prioritize the provision of specialized nutritious food to children 6-59 months among the populations in UN-declared hard-to-reach areas, IDP last resort sites, overburdened communities or areas affected by a high intensity of hostilities as well as recently displaced IDP children or spontaneous returnees (both IDP and refugee).

Quality, life-saving, curative activities will focus on 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. Treatment of acute malnutrition will be integrated with the infant and young child feeding through using mothers of acutely malnourished children to boost early identification and referral of children to receive appropriate treatment and also mothers of acutely malnourished children will be counselled on optimal feeding practices.

The Nutrition Sector will ensure regular monitoring of the nutrition situation of children and PLW by supporting high quality,

robust, and effective nutrition information systems such as community-based nutrition surveillance, SMART surveys, and other nutrition assessments. In addition, nutrition information, especially IYCF data, will be collected within other cross-sectoral assessments and surveys. New accessible areas, recent returns, and displacements will be prioritized. The Nutrition Sector will ensure partners will be prepared to effectively respond to spikes within the emergency or where there is a shift in frontlines or access is granted. All nutrition information system tools will be standardized for use across various locations in Syria. Nutrition-sensitive data will be collected as needed from relevant sectors such as health, food security, and protection.

Finally, enhanced coordination and integrated programming will be further strengthened with other sectors capitalizing on the achievements in 2018. Momentum for integration will be continued and strengthened for the Food Security, WASH, Health, and Child Protection 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, and integrating IYCF education into positive-parenting or mother-toddler child protection sessions. 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.

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 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 linked to health workers moving between camps, potential looting of nutrition supplies, attacks on health workers and beneficiaries in the facilities, and losing follow-up of beneficiaries. To mitigate these risks and ensure 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 adopting 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 the community level, should beneficiaries’ access be constrained at the 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 regularly review risks and mitigation measures, make necessary adjustments to programming modalities, and methods of implementation will depend on the 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 hard-to-reach areas, IDP sites, overburdened communities, areas affected by a high intensity of hostilities, and women and children “on the move” are particularly vulnerable. These groups 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, with a move from commodity-based interventions towards integrated and resilience-oriented programming in coordination with other sectors.

In addition, the sector will make efforts to address gender-inequitable access to nutrition services, such as providing transport for treatment of acute malnutrition and prioritizing female headed households and adolescent mothers. Nutrition interventions will be contextualized to better serve women and adolescent girls, for example, ensuring nutrition spaces such as Mother-baby areas (MBA) and treatment centres for acute malnutrition implement activities that are suited for young mothers. Furthermore, the capacity and skills of nutrition partners will be strengthened to better identify cases of GBV and distress during service provision, using clear referral pathways for specialized services to better address the needs of women and girls.

The sector will focus on improving remote programming and monitoring in areas not accessible to MOH and partners to ensure that nutrition services reach those prioritized vulnerable children and women. Nutrition services will be delivered as much as possible through local partners, including government counterparts, to ensure efficiency and access.

Nutrition response will be coordinated closely among various hubs to ensure complementarity and continuity of services should protection situation or areas where state control has been restored. The response will be delivered in the principle of access, capacity, and fitness to deliver services. Nutrition response will also ensure inclusion of persons with disabilities to care and ensure addressing disability needs through the nutrition response.

Timely monitoring results will be enhanced through direct

monitoring with MOH and partners, whenever it is possible, as well as third-party monitoring reports by the partners, 4W reports, and in situations where services are needed and direct monitoring is not possible, innovative programme monitoring methods will be used such as KoBo toolbox to monitor programme results.

Prioritization

Geographically, the nutrition response will prioritize areas ranked with severity levels 3 through 5⁸⁸. Severity scoring includes 13 nutrition-specific, nutrition-sensitive, and contextual indicators which included displacements and coverage. Based on the ranking, nutrition response will target 7,127 communities within severity levels of 3-5 in 270 sub-districts. North-east Syria continues to be the geographical area requiring the most attention due to hostilities, gaps in nutrition programme coverage, and availability of partners implementing nutrition.

In Syria, 364 communities within 17 sub-districts are ranked as 'critical' and in need of immediate live-saving interventions. Additionally, 4,268 communities within 152 sub-districts are in 'severe' state, and finally 2,495 communities within 96 sub-districts are classified as a 'major problem'. The severity ranking for nutrition was developed in consultation with Whole of Syria hubs and implementing partners.

In general, the Nutrition Sector has the technical capacity to scale-up curative nutrition interventions in most areas throughout Syria, with gaps in IYCF-E specialized skills and

general capacity gaps in north east Syria. The Nutrition Sector will work with partners across all hubs to ensure capacity is strengthened and available. Partners' projects will be evaluated on basis of aligning interventions to the strategic objectives, geographic prioritization, and population prioritized for the response which includes UN-declared hard-to-reach areas, overburdened communities, recent displacements, IDP and refugee returns, and communities.

Consequences of Underfunding

The Humanitarian Needs Overview indicates that 92,000 children are at risk of health status deterioration and death due to acute malnutrition. A lack of funds will ensure that poor feeding practices will continue, increasing serious risks to children's health and wellbeing. Without appropriate treatment of acute malnutrition, a malnourished child will be 4-11 times more likely to die than well-nourished child. About 128,000 pregnant and lactating mothers are already acutely malnourished which subject them and their children to diseases and death. As per the latest national survey conducted during 2009 before the crisis, at least 825,000 children are already stunted and will not reach their future productive and cognitive potentials, impacting the already fragile situation in Syria. The stunting problem will likely have increased during the eight years of crisis and without an appropriate response, the future of these children will be lost. Stunting in Syria is a disability among children for today and for tomorrow.

BREAKDOWN OF PEOPLE TARGETED BY POPULATION GROUP, SEX, AGE AND DISABILITY

	TOTAL	BY POPULATION GROUP				BY SEX	
		IDPs	Host Communities	Returnees	Palestinian Refugees	Female	Male
SECTOR TARGET	3,020,184	936,257	1,932,918	151,009	0	1,988,675	1,031,509

BY AGE				DISABILITY
Young Children (<5)	Children (5-17)	Adults (18-59)	Elderly (>59)	Persons With Disabilities
2,105,121	0	915,063	0	332,220

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

PEOPLE IN NEED



4.7M (shelter)

4.4M (NFI)

PEOPLE TARGETED



2.5M (shelter)

4.4M (NFI)

REQUIREMENTS (US\$)



533.5M

OF PARTNERS



50

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 AND NON-FOOD ITEMS

Analysis

Shelter

An estimated 4.7 million⁸⁹ people which include IDPs, IDP and refugee spontaneous returnees, host communities and Palestinian refugees remain in need of shelter support in Syria, representing an increase of 14 per cent from 2018. This includes those in need of emergency assistance due to a lack of any basic shelter, millions currently in temporary hosting arrangements, and people living in damaged, crowded, unfinished or otherwise inadequate shelters who urgently need more durable shelter solutions. The increase has been driven primarily by an increase of severity of need in high-density urban population centres. The need for rebuilding and reconstruction of damaged houses and infrastructure in Syria, across the country is at a scale that goes beyond the sector's humanitarian focus, as well as its capacity. The sector is therefore not able to meet all needs. The Syrian population remain the largest provider of shelter assistance through hosting others, and while displacement continues in some areas of Syria such as Deir-ez-Zor, requiring emergency response, other areas such as Idlib now face total saturation, with no more shelter capacity available for further displacements. A significant number of IDPs are able or would like to return to their communities of origin, increasing the need to repair and rehabilitate damaged houses and infrastructure to move toward solutions for those able to return. Housing Land and Property (HLP) issues are integral to the shelter and housing situation, as the availability of documentation is a pervasive issue, and the infrastructure to recuperate documents are not equally functional, across the country.

The sector and its partners are also mindful that a possible increase in returns will require the scale-up rehabilitation of damaged houses interventions to address the unique needs of IDPs and refugees returning home after protracted displacement.

Non-Food items



An estimated 4.4 million⁹⁰ people which include IDPs, IDP and refugee spontaneous returnees, host communities and Palestinian refugees require Non-Food Items (NFI) assistance, representing a 6 per cent decline from 2018. This reflects improvements in market functionality in some areas, as well as the impact of previous assistance. Some 86 per cent of communities reported that the NFI situation in 2018 had improved or remained the same. However, the need for life-saving and life-sustaining core and seasonal/supplementary NFI assistance remains critical, especially for those experiencing sudden-onset displacement, those without access to markets and those facing exposure during winter and summer due to inadequate shelter. 2018 was the first year in which the target for seasonal and supplementary items was greater than the target for core NFIs, and this trend should continue in 2019 in order to address the prioritized needs of the most vulnerable.

Response strategy

In 2019, 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 (IDPs and spontaneous returnees), potential vulnerabilities, opportunities to provide the best value for money, sustained access and the local context, including seasonal considerations such as extreme cold or heat.

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 temporary camps, transit centres and spontaneous sites (including the installation of basic infrastructure for these locations where required, and the replacement of damaged or old tents where necessary). It will also

⁸⁹ The Government of Syria has expressed reservations over these findings.

⁹⁰ The Government of Syria has expressed reservations over these findings.

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 an emergency shelter for an extended period of time.

Kit-based core relief items will continue to be distributed where needed to those who have experienced sudden onset displacement, or who have been cut off from access to markets. However, in 2019 the sector will increase its focus on more flexible item-based approaches and modalities where this is feasible and cost-effective in order to address specific and contextual needs and, where possible, will seek to broaden the range of items available in response to those needs. Seasonal items (such as warm clothing and thermal blankets in winter, summer clothing in summer), will also be distributed to sustain lives and reduce the impact of exposure to extreme conditions and will be one of the main focuses of the NFI response. Existing mechanisms for the stockpiling and prepositioning of emergency response stock will continue to be supported, 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 population through a focus on durable shelter support. Activities will include housing repair and 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 Housing Land and Property (HLP) components, based on the strategy and guidelines formulated by the sector and in coordination with the government, 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 market-based assistance continuing to be used where markets can support this type of intervention, where there will not be a negative impact on people and/or markets and in agreement where appropriate with the Government of Syria. In particular, when feasible, the sector will continue to look for opportunities 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, for example by facilitating the purchase of

supplies and services in local markets, which indirectly addresses financial and economic drivers of need.

Vulnerable groups targeted in the response include IDPs, those living in UN-declared hard-to-reach areas, and those who have recently returned to their own communities (IDP and refugee). 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 displacements. People living in UN-declared hard-to-reach areas with limited access to markets require priority support. Durable shelter can be facilitated through carefully targeted support to recent spontaneous returnees and households who were not displaced but have been affected by the crisis and are in need of shelter assistance, including basic rehabilitation and repair to partially damaged housing. Additional vulnerable groups include women, children, persons with disabilities 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. Communities without reliable access to markets, either through physical obstructions on the ground, lack of transportation or other concerns, are also vulnerable, and within communities, further groups such as persons with disabilities, children and the elderly may have particular difficulties to accessing NFIs.

The sector recognizes that shelter and NFIs can be the cornerstone of access to services and improvements in resilience across several dimensions of need. Complementarity and integration with other sectors is especially important. In particular, the sector will continue to work closely with the Food Security and Agriculture sector on the coordination of cooking fuel and kitchen items with food distributions; with the Protection sector with regard to approaches to strengthening of HLP, including security of tenure, and with regard to the mainstreaming of gender and GBV-related issues in both the response and its monitoring; with the CCCM cluster in terms of the specific needs in camps, collective centres and other last resort sites especially in the north-west; with the Early Recovery sector where necessary to align the Shelter sector activities with ongoing infrastructure repair; with the Education sector with regard to the need for rehabilitation of school buildings used as collective shelters, and with the WASH sector with regard to the distribution of consumable hygiene items and with emergency water and sanitation 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/ rehabilitation of partially damaged houses is carried out.

Protection risk analysis and mitigating measures

The sector has consulted with partners and identified several key protection risks that apply to all assistance, and several that apply to specific groups or specific activities. Cross-cutting risks include the risk of heightened inter- and intra-community tension due to discriminatory or non-transparent beneficiary selection. This risk can be mitigated by partners, by ensuring participation of the affected population in programme design where possible, by clear communication of beneficiary selection criteria, and by engagement with community leaders and administrative units. In addition, the sector has worked to harmonize and coordinate assistance packages, including the quality and number of items/materials through the development of technical standards and guidelines. Aid diversion and corruption are all also substantial risks which can be mitigated and addressed through well-designed and implemented programming, including through engagement with administrative units, integrated monitoring systems and robust internal financial audit and project management processes.

Distribution sites for NFIs, and the timing, structure and implementation of distributions must follow sector and international guidance to ensure the physical safety of participants and to ensure that assistance reaches to the most vulnerable groups – such as conducting distributions at household level, with multiple distribution points, in daylight hours and at accessible locations that have had a full safety audit. With regard to emergency shelter, the sector ensures that assistance will not encourage the establishment of spontaneous sites which do not have access to services or are in insecure locations.

With regard to the specific protection risks that certain groups face, the sector has identified the clear risks faced by women and girls, both at distribution sites and with regard to shelter assistance including the rehabilitation of collective centres and individual shelters. At a sector level these risks are being addressed by requesting partners to report on the number of female staff involved in distributions, and on the provision of gender separated lines at distributions. Shelter rehabilitation guidelines developed by the sector include extensive coverage of gender and GBV issues. HLP is also a key concern and is addressed through comprehensive guidance issued by the sector and supported by trainings.

Overall the capacity and training of field staffs both male and female delivering assistance is crucial, as are the monitoring and feedback mechanisms and inter-sector referral mechanisms that support implementation.

Response Priorities

The sector's response priorities are aligned with the needs of the population. In determining severity of need for both

Shelter and NFI assistance, the sector considers a range of key factors. These include the ratio of the number of IDPs to the size of the host community, the prevalence of temporary shelter arrangements such as collective centres, camps, unfinished buildings, transit sites etc., the level of exposure to hostilities in 2018, and UN-declared hard-to-reach status. In addition, for shelter, hosting arrangements, shelter availability and the ability to afford rent and/or repair shelter damage are factored in, and for NFIs access to markets and the availability and affordability of items are considered.

There is therefore a straightforward convergence between the sector's response priorities and the "population groups which are generally most in need of protection, humanitarian life-saving and life-sustaining assistance in Syria." These six groups are priority populations for the sector. They include IDPs, host communities, people in access-restricted areas, people living with explosive hazard contamination, those facing extreme socioeconomic hardship, all of which are clearly and directly addressed by the sector severity indicators, and people without personal documentation who are prioritized through other sector approaches including targeting and advocacy. In addition, the sector will also prioritize those in need of durable shelter interventions, including IDP and refugee spontaneous returnees.

Prioritization

At the strategic level, the sector will prioritize humanitarian life-saving and life-sustaining activities whenever and wherever necessary, particularly in Idleb and the north-east. The sector prioritization process is also guided by the geographical distribution of population combined with the severity of needs in accordance with the sector severity analysis/categorization⁹¹. The sector response will therefore be oriented towards those geographic areas where the greatest number of people generally face the most severe needs. 114 Sub-Districts have a Shelter Severity Score of 3, 4 or 5, with a total PiN of 4.1 million, and 128 Sub-Districts have a NFI Severity Score of 3, 4 or 5, with a total PiN of 3.8 million. The sector will also aim to prioritize those areas that have been underserved in 2018 due to lack of access for some humanitarian actors or other constraints.

Projects submitted for inclusion in the HRP are carefully vetted against an established set of criteria including the targeting of identified vulnerable groups and communities within the overall distribution of severity, with a particular focus on the six priority groups referenced above who are generally deemed as among the most in need of life-saving and life-sustaining assistance. Projects must demonstrate alignment with sector priorities and that target groups have been selected based on needs assessment data. In addition, partners are requested to explain how they would assist the most vulnerable groups from any funding shortfall if

⁹¹ The Government of Syria does not recognize the boundaries of the maps included in the HRP and the HNO, nor does it recognize the designation of severity scales by the United Nations and its partners.

necessary. Projects that do not meet these criteria are not approved, therefore HRP projects have already passed a comprehensive round of prioritization.

During 2019, the sector will continue to update the geographical picture of severity and to prioritize interventions in real-time and on a local scale. The ability of the sector to prioritize effectively and to reach those most in need will rely on continued access and funding support. 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 would likely impact the scope of the Shelter/ NFI sector’s response, including the capacity and number of partners, and would therefore reduce the number of people who are reached with assistance, including humanitarian life-saving and life-sustaining interventions, risking the lives of thousands of Syrians and Palestinian refugees.

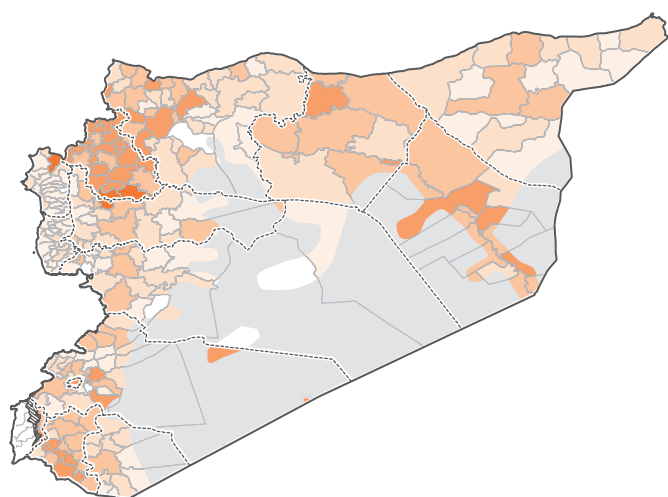
A reduced scope of the response would preclude the sector from undertaking activities intended to provide more durable shelter solutions which address the underlying drivers of needs. Such activities include more costly and complex interventions such as repairing damaged houses and their related infrastructure. It would therefore prevent the sector from improving overall housing quality and from increasing the availability of adequate accommodation that could otherwise enable displaced people to return home/ to safer areas.

An inability to carry out such assistance would therefore hinder the return of IDPs and refugees, and other durable solutions. It would keep hundreds of vulnerable households in inadequate and often overcrowded shelters, with severe implications for their health, protection and socioeconomic situation - especially for children, the elderly, persons with disabilities, women and girls. By failing to address a key driver of need in many communities, it would potentially increase the number of vulnerable households, and increase the risks and potential impacts for those already considered vulnerable.

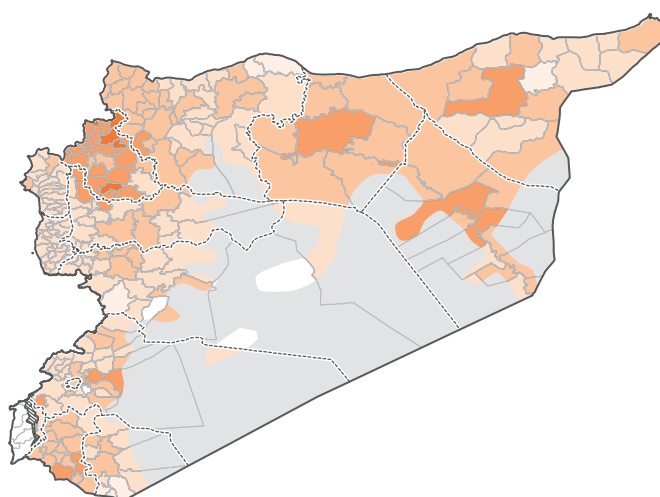
BREAKDOWN OF PEOPLE TARGETED BY POPULATION GROUP, SEX AND AGE

	SECTOR	TOTAL		BY POPULATION GROUP				BY SEX AND AGE		
		People Targeted	Acute Target	IDPs	Returnees	Host Communities	Palestinian Refugees	% female	% Children (1-17)	% elderly
SECTOR TARGET	Shelter	2.56 M	N/A	1,067,660	849,138	647,869	71	50.69%	46.91%	6.05%
	NFI	4.39 M	N/A	2,156,280	1,379,393	442,007	418,407	51.07%	44.68%	5.23%

SHELTER SEVERITY MAP -  +



NFI SEVERITY MAP -  +





WATER, SANITATION AND HYGIENE

Analysis

In mid-2018 comprehensive WASH assessments were conducted by the sector on behalf of the humanitarian community to inform the 2019 HNO⁹², including an individual household-level survey at sub-district level and a household survey focused on IDP camps and temporary sites in north-west and north-east Syria (both assessments included water sampling and free chlorine (FRC) testing at the end-user side). The findings of these assessments indicate a slight increase in overall water share received from the water distribution networks compared to previous years. However, the findings also indicate that the water chlorination levels remain largely insufficient and that many people still need to complement water received from the network or to solely rely on alternative sources. Unregulated water operators that are still meeting part of the water demand, often with poor quality water from uncontrolled sources, seriously increasing the risk of waterborne disease. Many communities that are not served through water networks face serious issues in regards to water affordability which also impacts needs in other sectors. Limitations in regular operations, maintenance and

repair have had a significant impact on the systems efficiency and water supply regularity, also contributing to a higher risk of contamination. Constraints around the importation of critical water supply equipment due to unilateral coercive measures further complicate operations. The lack of a regular power supply constitutes a primary bottleneck for the WASH sector and explains the sub-standard performance of the water distribution systems in many areas. In parts of Raqqa and Deir-ez-Zor governorates, the contamination of water stations with explosive hazards as well as their proximity to the frontline have also been significant challenges, which have contributed to a continued lack of safe and affordable water and increased safety and protection concerns for WASH personnel.

Dysfunctionality of existing wastewater treatment plants (recent estimates from Ministry of Water Resources indicate that only 9 per cent of the population is still served) and damage to sewage networks will continue to have a significant impact on water sources, soil and on overall water resource management. A combination of factors including the non-availability of critical supplies and management support, limited investment in water safety, the distribution of raw untreated water has contributed to increased significant community-level health risks.

Solid waste management systems in specific rural and urban communities require support, due to the lack of comprehensive disposal strategies and operational challenges. There is a significant need to scale up leishmaniasis prevention activities including support to solid waste management, particularly in north-west and north-east Syria where a significant increase in the number of cases have been observed and where the more serious form of the disease (visceral leishmaniasis) exists.

Displaced persons living in IDP sites are amongst the most vulnerable groups in Syria. In the north-west, the scale of displacements to IDP sites witnessed since the beginning of 2018 has contributed to a deterioration of already overused WASH facilities and increased the need to scale-up operations and enhance the focus around more sustainable

PEOPLE IN NEED



15.5M

PEOPLE TARGETED



15.5M

REQUIREMENTS (US\$)



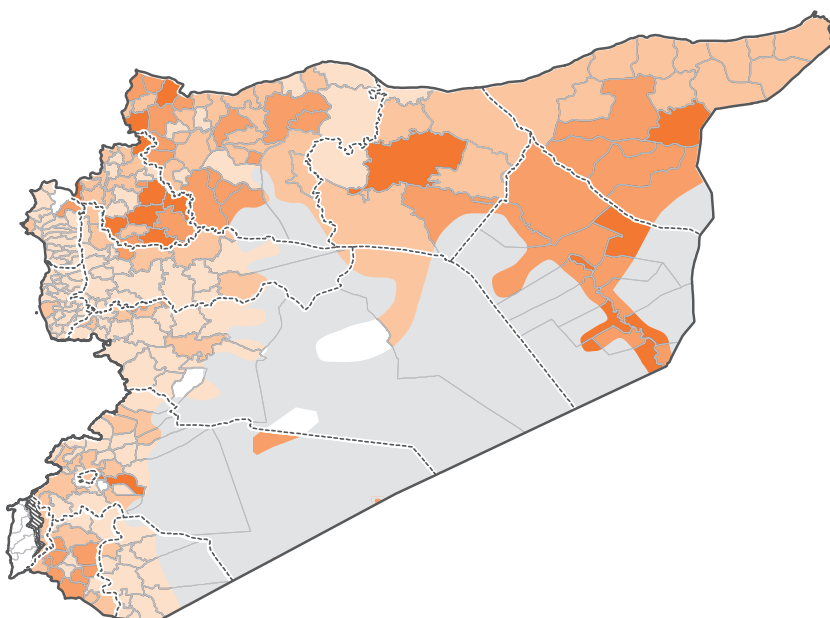
277.2M

OF PARTNERS



60

SEVERITY MAP



92 WASH sector chapter of the 2019 Syria Humanitarian Needs Overview.

WASH OBJECTIVE 1

1 Support to water, sanitation/ sewage and solid waste management systems to ensure regular services for affected people in Syria

WASH OBJECTIVE 2

2 Deliver humanitarian WASH supplies, services and improve hygienic behavior and practices of most vulnerable people

WASH OBJECTIVE 3

3 coordination structures facilitated and enhanced

solutions – such as connection to existing water networks and/or establishment of simplified water and sewer networks. The scale of displacement, particularly towards IDP camps, collective shelters and temporary sites has presented significant challenges to WASH sector partners, in view of the increased cost and complexity to deliver in IDP site settings as opposed to host communities. Sanitation needs are also considerably higher among displaced people living in these sites compared to the rest of the population, with over-crowding, cleanliness and protection concerns linked with substandard conditions of sanitation facilities.

Although WASH services and hygiene supplies are generally available, the major barrier to access them is severely reduced purchasing power of families, especially for displaced households, self-organized returnees, and in particular for female-headed households, elderly, persons with disabilities within those groups. Significant changes in control across 2018 affected continuity of WASH service provision to extremely vulnerable populations in areas including in East Ghouta, southern Syria and north-west Syria. Delays in re-establishing assistance and services to these areas, protection risk and conditionalities applied by donors have also been a significant driver of needs. WASH partners have continued to emphasize that the humanitarian imperative applies irrespective of control, and to call for increased flexibility.

Response strategy

The WASH sector strategy continues to focus on two strategic objectives. The first captures sector efforts to restore or keep water and sanitation infrastructure at minimum levels of operation. The second relates to life-saving WASH interventions such as emergency provision of water, sanitation and solid waste facilities and services, WASH NFI distributions as well as improve hygienic behavior and practices of most vulnerable people. In support of both objectives, preparedness actions and contingency planning must be kept up to date and at sufficient levels to enable timely response to emerging needs, especially in light of anticipated rapid changes in the level of access and possible new mass displacements,

that in particular might affect north-west and/or northeast Syria.

Water Infrastructures & Water Quality Assurance

The WASH sector will continue to support existing water systems, with particular emphasis on areas largely dependent on water trucking, in an effort to stabilize and reduce systems decline. Provision of water through public water supply networks not only enable greater quality control and distribution of safe water, but also minimize financial burden on already impoverished Syrian families. Wherever possible, a comprehensive approach will be promoted to fully restore safe water supply at sufficient levels. Critical activities include basic rehabilitation of infrastructure for life-saving and/or resilience oriented purposes; the distribution of supplies, consumables, water treatment and disinfection products; the introduction of minimum cost-recovery for better support to operation and maintenance where possible; capacity building and financial support for staffing and ongoing operation and maintenance of water systems; and improvements to water supply in schools, child-friendly spaces and hospitals. In areas without or with limited power supply from the grid, standby generators and fuel will continue to be needed, although this will typically satisfy only part of the power requirements. The introduction of renewable energy sources such as solar and wind power will continue to be used to provide more economically viable solutions for smaller scale water supply systems. While the private water supply market is complementing water demands in many areas, it is largely unregulated leading to an associated risk of unsafe water being distributed to a large portion of the population. Therefore, the sector will focus on and scale up efforts around the water quality assurance according to Syrian standards wherever possible and feasible, or at least to emergency standards. The introduction of water safety planning and water quality monitoring, through intensive community mobilization of both consumers and service providers, has proven successful in several areas and will be scaled up. Authorities will be involved wherever 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 & Solid Waste Management

Available data indicates that existing sewage treatment plants require improvement/basic rehabilitation to prevent the discharge of raw sewage and contamination of water bodies and soil. In light of very limited wastewater treatment capacities across the country alternative sanitation solutions (Decentralized Wastewater Treatment Systems, Faecal Sludge Management) will be considered. Additionally, capacity-building for staff and operations and maintenance of wastewater infrastructure and solid waste (municipal and medical waste) management systems will be supported, alongside provision of required materials and technology to reduce overall public health risks and environmental pollution caused by the degradation of those systems. There is a significant need for vector-control activities including solid waste management in some areas, particularly in Idleb where leishmaniosis prevention will be vital. WASH infrastructure 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.

Hygiene

Alongside distribution of NFIs aiming to improve and encourage beneficiaries to strengthen already well established hygienic behaviour and practices, more comprehensive campaigns will be promoted to improve overall hygienic knowledge and behaviour. WASH partners will also consider market-based programming/assistance as a viable option where applicable to mitigate the decreased purchasing capacity of most deprived families. It is expected that in-kind assistance, especially for hygiene items, can be progressively scaled down in those areas where the markets are functional, in favour of market-based assistance. Market support interventions like water quality testing and treatment at private vendors' level will also be considered in 2019.

Life-saving WASH interventions

Assistance to IDP sites, including camps, temporary sites and collective centres, will continue at adequate levels and the sector will enhance focus around more sustainable solutions like connection to existing water networks and/or establishment of simplified water and sewer networks when and where possible. In order to minimize the impact of recurring flooding, improving of storm-water drainage in IDP sites will be also in the sector focus. Newly displaced people will be provided with life-saving WASH items and services as quickly as possible. 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 preparedness and contingency plans will continue to be updated across hubs, with specific interventions being developed for each identified scenario. Contingency planning for water-borne related diseases, particularly acute bloody, watery diarrhoea will also be kept up-to-date, in collaboration with the Health sector. Prepositioning of critical WASH contingency supplies, like aquatabs tablets to be distributed at household-level, 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 hard-to-reach areas, with mainly in-kind interventions, as part of multi-sectoral response efforts.

Protection risk analysis and mitigating measures

The WASH sector will ensure a “Do No Harm” principle and has carried out a Protection Risk Analysis as part of its sector strategy development. Potential protection risks/threats 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. The risks might include inequality in accessing services, work safety, gender-based violence (GBV) and exposure to explosive hazard (see annexed WASH PRA matrix for details).

Regarding emergency services delivery, the sector will ensure that SPHERE/cluster agreed standards are strictly followed and adapted to the context during each part of project implementation, especially during implementation of emergency sanitation infrastructure where the risk of GBV is higher. Action must be taken by WASH partners to avoid exposure of the most vulnerable groups (like women, adolescent girls, children, people with disabilities, female-headed households) to greater protection risks, and particularly to GBV. WASH staff will be trained on key GBV concepts and referral pathways to properly support survivors. Women, adolescent girls and people with disabilities will 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. Other areas of concern, particularly in northeast Syria, are the high level of explosive hazard contamination in water and sanitation infrastructure and the proximity of WASH infrastructure to frontlines, which potentially put humanitarian staff in danger during WASH assessment/rehabilitation works.

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 basic rehabilitations of existing WASH systems (i.e. be focused on restoring pre-existing capacities in service delivery and/or enhancing capacity to meet increased needs). 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 and access to basic services.

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 temporary sites, where the high concentration of people and rudimentary conditions increase people's risk of contracting water-borne diseases and public health risk. As these last resort sites are hosting the most vulnerable part of the population it is unconditionally vital to sustain adequate and continuous support there. The WASH sector also considers factors such as access, with efforts to scale-up assistance to people in UN-declared hard-to-reach areas essential in addressing increasingly severe needs which have built up over a prolonged period.

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 protection), the sector will prioritize activities aimed at supporting existing water, sanitation and solid waste management systems, including through rehabilitation of infrastructure and with particular emphasis on areas not served/underserved by public systems. 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. Similarly, despite higher initial capital cost, renewable energy sources could be promoted for smaller water systems where technically feasible. These interventions are likely to be prioritized in areas experiencing increased stability, including in overburdened communities and in areas where there is a high degree of spontaneous self-organized returns. Activities that support existing water, sanitation and solid waste management systems will benefit the entire population living within a targeted catchment area, regardless of status.

Prioritization

The WASH response prioritization is based on an in-depth analysis of the geographic distribution of needs by severity in accordance with the sector severity analysis⁹³. In addition to several WASH-related factors such as access to safe water supply schemes, water prices and its affordability, water sufficiency, availability and affordability of hygiene supplies, solid waste management or accessibility to sanitation facilities, the sector has taken into consideration the ratio of IDPs and spontaneous returnees versus host populations, intensity of hostilities and health sector data on water-borne diseases to rank WASH severity of needs. Humanitarian WASH activities will primarily 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 hard-to-reach areas, people exposed to high intensity of hostilities (particularly in north-west and north-east Syria) and areas contaminated with explosive hazards, IDPs living in last resort sites, newly-displaced populations, self-organized returnees (both IDP and refugee), over-burdened host communities, female-headed households and/or Palestinian refugees. Activities involving works on WASH systems will be prioritized by the sector in close collaboration with relevant authorities.

The sector will continue to assist people with WASH needs through all available response modalities. Cross-border and cross-line access have a particular importance for WASH sector, especially for people with acute WASH needs as this type of programming constitutes the bulk of WASH emergency response. In addition to WASH assessments similar to those conducted in 2018, the WASH sector will continue advocacy for new comprehensive assessments on institutional WASH (schools, health facilities, child friendly spaces) as well as on both wastewater and water distribution systems. The latter assessments could be conducted by the Ministry of Water Resources with WASH sector partners support, to inform evidence-based planning and to appropriately address WASH infrastructure rehabilitation needs and response priorities for 2020.

Consequences of Underfunding

Unavailability of funding would decrease the capacity of the sector to properly assist newly displaced IDPs, those living in last resort IDP sites and in UN-declared hard-to-reach areas. Ensuring adequate levels of funding is absolutely vital for appropriate emergency WASH response to the most vulnerable. An inability to fulfil those needs would also impact needs in other sectors such as health or nutrition.

⁹³ The Government of Syria does not recognize the boundaries of the maps included in the HRP and the HNO, nor does it recognize the designation of severity scales by the United Nations and its partners.

A decline in levels of funding would lead to a reduction in the number of water, sanitation and solid waste systems supported. The support to water systems remains critical to avoid populations having to increasingly rely on unregulated private sector which will significantly increase public health risk and 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 children. This will jeopardize basic life requirements that could lead to additional displacement.

BREAKDOWN OF PEOPLE TARGETED BY POPULATION GROUP, SEX, AGE AND DISABILITY

	TOTAL	BY POPULATION GROUP				BY SEX	
		IDPs	Host Communities	Returnees	Palestinian Refugees	Female	Male
SECTOR TARGET	15,476,721	6,183,919	9,292,802	-	-	7,828,125	7,648,596

	BY AGE				DISABILITY
	Young Children (<5)	Children (5-17)	Adults (18-59)	Elderly (>59)	Persons With Disabilities
SECTOR TARGET	1,694,701	4,851,952	8,273,614	656,454	1,768,989

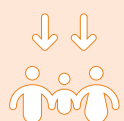
LOGISTICS

PEOPLE IN NEED



Support to humanitarian community

PEOPLE TARGETED



Support to humanitarian community

REQUIREMENTS (US\$)



6.4M

OF PARTNERS



1

Analysis

As access constraints persist, key logistic needs identified in support to the Syria humanitarian response are common storage and transport services, including transportation to UN-declared hard-to-reach and newly accessible areas; cross-border coordination and transshipment services.

Coordination, information management, capacity-enhancement through trainings, and purchase of equipment and rehabilitation of existing storage facilities are required to continue provision of humanitarian supplies, mitigate breaks in supply chain and augment existing capacity.

The sector maintains a flexible approach that allows it to adapt its services, taking into account the situational needs, and augment or reduce capacities as required, ensuring the provision of a predictable and secure logistics supply chain.

Response strategy

The strategy of the Logistics Sector remains focused on filling sectoral logistics gaps faced by the programmatic sectors in the Syria response, enabling them to implement response plans and reach people in need across the country.

In line with Objective 1, the Logistics sector will continue to provide humanitarian partners with crucial logistics coordination and information management support, as well as services, including storage, surface transportation and cross-border transshipment services .

Around 12,600 m² of free-to-user common warehousing continue to be available to the humanitarian community in Aleppo, Tartous, Lattakia, Al-Hasakeh, Rural Damascus, and Homs. The logistics Sector will increase common storage in additional locations if needed.

Organizing critical humanitarian inter-agency deliveries to UN-declared hard-to-reach areas and newly accessible areas will remain

a key focus in 2019, in order to deliver life-saving humanitarian assistance. These deliveries are organized at the inter-agency level, with prioritization of items/locations taking place through the Inter-sector Coordination (ISC) mechanisms in Syria. Furthermore, the Logistics sector will explore the possibility of establishing transport and storage services in newly-accessible areas, to support prepositioning and enable the whole humanitarian community to conduct prompt response operations.

A robust logistics coordination and information platform will be maintained in 2019, with meetings organized in operational areas. Information products including maps, snapshots, situation updates, meeting minutes, and capacity assessments will continue to be produced and shared on the sector web page.

In line with humanitarian partners' needs to enhance logistics capacity, dedicated logistics trainings will be organized in 2019, focusing on more diverse areas within logistics (including warehouse management, fleet management, advanced procurement, food quality management and shipping & port operations). Required logistics equipment will be purchased to bolster humanitarian partners' response capacity.

Response Priorities

The Logistics Sector provides common services to all sectors 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.



LOGISTICS OBJECTIVE 1

1 Provide logistics services (inclusive of surface transportation, transshipment, and warehousing)

LOGISTICS OBJECTIVE 2

2 Maintain regional interagency logistics coordination across response modalities 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

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, free-to-user services will have to be reduced or suspended. The prioritized activities will be based on the needs of partner organizations in the Logistics sector.

EMERGENCY TELECOMMUNICATIONS



PEOPLE IN NEED



Support to humanitarian community

PEOPLE TARGETED



Support to humanitarian community

REQUIREMENTS (US\$)



0.8M

OF PARTNERS



1

Analysis

Telecommunications infrastructure throughout Syria has suffered significant damage after almost eight years of the crisis. While Damascus has good coverage, telecommunications services in other locations, including important urban centres such as Aleppo, Qamishli and Homs are far more limited. A lack of electricity is a challenge for the whole country and regular power outages impact the communication network across Syria.

Conditions have improved during the past year, particularly in parts of the south. Although reliable connectivity remains a major challenge throughout the country, telecommunications infrastructure and services are steadily improving. This is crucial for the humanitarian community to perform their work in the field.

Despite these improvements, there may be a need for scale-up of Emergency Telecommunications Cluster (ETC) services in 2019, as UN agencies seek to further decentralize their response and prepare for increased levels of returns of displaced people including IDPs and refugees. Planning includes the possible establishment of several additional UN hubs in areas where state control has been restored, which will require shared connectivity and telecommunications services.

There is also a need for the continued provision of shared connectivity and telecommunications services in surrounding countries where humanitarian activities supporting operations inside Syria are ongoing.

Response strategy

The overarching goal of the ETC Sector is to ensure that humanitarian actors have access to vital telecommunications services that allow them to perform their work in common UN operational areas. Effective telecommunications systems are also critical to the safety of the humanitarian community.

In the context of the Syria crisis where the humanitarian response includes efforts deployed from some neighbouring countries (Turkey and Iraq), 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 agencies, humanitarian non-governmental organizations (NGOs) and SARC.

Recognizing the integral role of national humanitarian actors in the humanitarian response, the sector will provide support by helping them with their communication technology needs through advice, information sharing and online training as per needs 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 2019:

- Implement common Communications Centres (COMCEN) and provide other key ETC services in new common operational hubs;
- Continue providing ETC connectivity/voice services at hubs in Aleppo, Tartous, Homs and Al-Hasakeh;
- Continue providing ETC coordination services in Syria and surrounding countries (Turkey and Iraq)
- Deliver ETC Safety Communication technical training in 2019;
- Continue providing support services to UN agencies, NGOs and SARC, namely radio helpdesk/technical assistance, radio installations, radio training, radio programming and radio troubleshooting;
- Expand VHF/UHF radio networks in common operational areas;
- Support the humanitarian response scale up in the new common operational area by providing ETC services

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

Prioritization

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

- Installation of radio repeaters and fully manned radio rooms to increase emergency telecommunication services in all UN operational areas and to enhance the safety and protection of the UN, humanitarian agencies and SARC;
- Deployment of UN shared 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;
- Provision of regular maintenance/trainings to keep ETC services fully functional. Delivery of common telecommunication services at UN operational hubs in Syria is vital to ensuring that the humanitarian community can perform its life-saving work;
- Installation of solar power solutions to ensure continuous operations of COMCENs inside Syria;
- Prepare for potential scale-up of ETC services in common operational areas where support is needed, including in the context of an anticipate scale up of humanitarian response in 2019.

Consequences of underfunding

In volatile environments, the provision of reliable inter-agency communication services is key for the delivery of humanitarian assistance. In case of underfunding, the ETC will be unable to fulfil its mandate to provide all operational areas with vital communications services, which will seriously hamper humanitarian operations in Syria and will affect staff protection in the field. With the shortfalls in 2018, the ETC Sector couldn't proceed with the replacement of faulty communication equipment in Tartous neither could the infrastructure upgraded in Damascus to address communication services coverage in the city

Capacity building is a critical element in Syria as some areas where it is hard to send skilled international staff and entirely rely on national staff. Shortfall of fund restricted organizing training in 2018 for national staff.

COORDINATION AND COMMON SERVICES



PEOPLE IN NEED



Support to humanitarian community

PEOPLE TARGETED



Support to humanitarian community

REQUIREMENTS (US\$)



52.9M

OF PARTNERS



13

Analysis

The humanitarian response in Syria remains a complex operation delivered from locations within Syria and neighbouring countries (Turkey and Iraq). The large scale of needs, complex displacement patterns and rapidly changing operational environment require dynamic and flexible coordination support and systems to facilitate effective humanitarian response. Numerous Syrian NGOs, international NGOs, the Red Cross/ Crescent Movement, and United Nations agencies provide humanitarian assistance across Syria using all response modalities: Syria-based humanitarian programme, inter-agency convoys, and cross-border response.

Response efforts are led through the UN Resident and Humanitarian Coordinator system. In line with its global mandate, OCHA supports humanitarian leadership in ensuring the effective and efficient coordination of the overall humanitarian response in Syria. Multiple NGO coordination networks work also support coordination efforts, with presence in multiple locations. In areas in which Palestinian refugees are present, UNRWA provides specialized coordination services. Protection risk management is provided for humanitarian partners, as is capacity building for the humanitarian system.

Response strategy

In 2019, coordination and common service efforts will build on the 2018 strategy, including the following components:

Supporting more effective sector and inter-sector coordination for all response modalities through a more harmonized response strategy, more effective advocacy, streamlined information sharing and joined-up analysis of needs and response. Information management and operational coordination will continue to be enhanced, building on the progress made in 2018, including in relation to ensuring optimal engagement between UN and non-UN partners such as the Syrian Arab Red

Crescent. NGO fora will remain key to the articulation and implementation of the response through all modalities, by facilitating coordination, representation and participation of the NGO community. Training of humanitarian partners on a range of issues remains an important area of support to the humanitarian community.

Maintaining a common and in-depth understanding of needs across the country continues to be critical. Coordination partners will facilitate joint and inter-sectoral assessments and related analysis of humanitarian needs, support tracking of population movements and ensure that updated, accurate and reliable information on humanitarian needs is available to humanitarian organizations participating in the response. Furthermore, building on the efforts undertaken to strengthen localized needs assessments and analysis of needs in urban centres, further efforts will be undertaken to enhance the quality and granularity of information on humanitarian needs in urban areas and IDP sites. Efforts will also be made to further improve analysis of data on humanitarian response efforts, to ensure that a needs-based approach is maintained and that adjustments in response can be made where necessary. Existing systems to support the collection, analysis and dissemination of mutually comprehensible, disaggregated and harmonized humanitarian data will continue to be enhanced.

Country-based pooled funds will remain valuable as flexible funding instruments to enable humanitarian organisations (particularly national NGOs) to deliver humanitarian assistance in a timely and prioritized manner. In 2019, the Syria Humanitarian Fund (SHF) and the Turkey-based Humanitarian Fund (THF) will continue to disburse funds in line with the programmatic framework of the Humanitarian Response Plan (HRP).

Support for the secure implementation of humanitarian action will remain essential. With an ongoing complex situation and related risks for UN staff and assets, there is need for adequate protection support

COORDINATION & COMMON SERVICES OBJECTIVE 1

1 Provide effective coordination support across response modalities and reinforce the humanitarian response

COORDINATION & COMMON SERVICES OBJECTIVE 2

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

COORDINATION & COMMON SERVICES OBJECTIVE 3

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

for UN offices and sub-offices inside Syria. UNDSS is responsible for providing oversight and operational support for the safety 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 safety-related operational and analytical support to the UN Agencies and implementing partners and 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 staff of UN agencies and humanitarian partners. In collaboration with WHO, UNDSS will also maintain medical emergency response team in UN offices in order to enhance Medical and Trauma Emergency as well as strengthen Mass Casualties Incidents plans.

Support for UNRWA operations continues to be key. Staffing, emergency repair of UNRWA's facilities, as well as investments in the safety of personnel and assets are a prerequisite for UNRWA to continue operating in Syria, and to deliver vital assistance to Palestinian refugees affected by the crisis. Safety remains a priority for UNRWA while safety constraints are expected to continue to require constant investments in equipment and training to mitigate protection risks for UNRWA staff and Palestinian refugees in 2019. Dedicated staff deployed in all UNRWA premises, both at the central and regional levels, and regular repair of UNRWA facilities, are essential to enable UNRWA to deliver timely and effective humanitarian assistance as well as ensuring efficient and effective coordination with all stakeholders.

Prevention and response to sexual exploitation and abuse (SEA) by humanitarian actors will continue to be strengthened across all areas of the Syria response⁹⁴. Efforts in 2019 will include establishing PSEA Networks, training and awareness raising amongst humanitarian workers, and the roll-out of inter-agency community-based complaints mechanisms, which will allow beneficiaries to safely and confidentially report SEA concerns using a wide variety of channels.

Protection risk analysis and mitigating measures

Humanitarian partners supporting humanitarian coordination continue to 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 seek to mitigate any possible adverse effects by promoting principled humanitarian action through all response modalities, drawing on the advice and guidance of the Protection sector. Consultation with the Government of Syria in this regard will be maintained. A collective approach to engagement with affected communities will also be encouraged, focusing on community participation, community feedback and complaints, provision of information and ensuring that the response takes the concerns of those in need of assistance into account.

Response Priorities

The Coordination and Common Services sector will continue to prioritize improved collaboration among humanitarian actors throughout the Humanitarian Programme Cycle (needs assessment, strategic planning, implementation, resource mobilisation, 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, capacity building will remain critical in 2019, as national organisations continue to be among the frontline responders. Efforts to strengthen the response capacity of national humanitarian actors and improve the coordination in all aspects of the response will continue in 2019. The safety and protection of humanitarian personnel operating within Syria will also remain crucial and a key priority for the sector.

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

PART III: ANNEXES

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DUE DILIGENCE

The UN and its humanitarian partners have a strict zero tolerance approach towards the diversion of humanitarian assistance in Syria. The humanitarian community, at both the inter-agency and the individual agency level, implements a host of “checks and balances” to ensure that humanitarian assistance reaches people most in need, and to monitor service delivery, which further strengthens transparency and accountability to all stakeholders. This includes system-wide guidance, monitoring and data collection on incidents of interference, outreach to parties who potentially interfere in humanitarian activities, and promoting due diligence with partners. Humanitarian actors are committed to following a baseline of monitoring standards across all humanitarian programming and response modalities, in line with international standards. The humanitarian principles of humanity, neutrality, impartiality and independence underpin all areas of the response, across all geographical locations throughout the humanitarian programme cycle.

Syria is one of the most challenging operational environments in the world for the delivery of humanitarian assistance and provision of services. For instance, limited access to certain areas for the UN and/or NGO partners, as well as pressure on humanitarian actors from parties in control and armed groups on the conduct of their operations, all require strict compliance with due diligence and monitoring standards. The presence of groups listed by the UN Security Council as terrorist organizations also require extra scrutiny on humanitarian deliveries.

While the humanitarian community is committed to following a baseline of monitoring standards, in areas without regular access additional checks and balances are put in place to ensure humanitarian assistance reaches its intended beneficiaries. Such due diligence is critical to ensure confidence that the humanitarian community delivers in a transparent, principled and accountable manner. To accomplish this, measures to control or reduce risk are undertaken. This enables the efficient use of resources and protection of assets to minimize the negative impact on people served and humanitarian personnel.

The humanitarian community is committed to ensuring due diligence and effective management of resources. Monitoring is undertaken through different independent monitoring mechanisms to triangulate information, such as third-party monitors, the use of social media to show real-time delivery of assistance, and commodity tracking systems⁹⁵. The humanitarian community also engages with affected communities to manage risks. Feedback mechanisms enable aid recipients to report directly to humanitarian organizations on any problems or concerns, which has proven to be another effective tool in preventing aid diversion.

Setting and achieving standards, such as those in the Core

Humanitarian Standard on Quality and Accountability, creates transparent norms for humanitarian partners. Due diligence is also ensured through the vetting of humanitarian partners, vendors, and procurement entities. For example, UN operational partners are vetted to ensure that they comply with core humanitarian principles as well as the principles of partnership, and good governance, including transparency, accountability and sound financial management. The UN and its humanitarian partners⁹⁶ also have strong systems in place to ensure compliance with business ethics and to avoid conflicts of interest, fraud and corruption with procurement procedures.

Within Syria, measures are taken during and after delivery to ensure due diligence. In 2018, over 6,000 missions were conducted by the UN alone, to assess, monitor, or evaluate programs. In areas where the UN has a presence, UN staff monitor stocks and the packaging process. In areas where the UN does not have regular access or presence, it uses a range of modalities to ensure regular monitoring and oversight of humanitarian assistance and to minimize aid diversion and fraud. UN agencies work through comprehensively vetted implementing partners (local NGOs/CSOs and INGOs), who are required to do regular reporting on projects and are subject to both regular and ad hoc checks to ensure compliance, including through third-party monitors. Monitoring happens at all stages of the process, from the warehouse to distribution points, as well as post-distribution monitoring.

In north-west Syria, training and outreach is conducted to ensure that all parties are aware of the principles that form the basis for humanitarian action, and the implications if they are not followed. Training has been undertaken with hundreds of NGO staff. Engagement with national and civilian authorities and armed groups helps manage risk. Humanitarian partners

⁹⁵ Third-party monitoring is one way collecting and verifying project monitoring data to complement monitoring processes undertaken by humanitarian organizations.

⁹⁶ In the context of the HRP, the terms “humanitarian organizations” and “humanitarian partners” are used to refer to operational organizations participating in the humanitarian response in line with the framework set out in resolution 46/182 and subsequent resolutions of the General Assembly on the strengthening the coordination of emergency humanitarian assistance of the United Nations. This framework includes United Nations organizations, the International Red Cross and Red Crescent Movement and relevant humanitarian non-governmental organizations (see, e.g., A/RES/46/182, OP5, OP36, OP38; A/RES/73/139, OP9).

are recommended to ensure there are strong linkages and coordination with counterparts. Joint Operating Principles (JOPs) were developed that set out what is required for humanitarians to be able to operate. The Declaration of Commitment, which outlines the responsibilities of armed actors as per International Humanitarian Law, was signed by multiple armed groups in 2014/2015, and again in late 2018. Advocacy with parties occurs on overarching issues as well as to resolve individual incidents. In serious cases, humanitarian organizations have suspended assistance if they cannot provide it according to the humanitarian principles. Furthermore, the UN has developed a thorough set of guidance for all entities throughout Syria on principled humanitarian delivery.

The humanitarian community has a zero-tolerance approach to the diversion of humanitarian assistance. Whenever a case is reported, there is full transparency in reporting the incident to donors and immediate efforts undertaken to recover any aid. Immediate efforts are made to address issues that led to the incident so that they are rectified and do not reoccur.

JOINT RESPONSE PACKAGES OF INTERVENTIONS

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: Emergency shelter and NFI assistance. • Protection: emergency protection interventions in line with the Protection sector response strategy. In locations where Protection actors are active or can quickly deploy through mobile activities, emergency protection services can be provided from the onset. This will include mobile community outreach for consultation and needs identification; Ensure sites are clear from explosive hazards. Where needed, reinforce advocacy on freedom of movement to avoid further legitimising encampment policies leading to the emergence of permanent sites, hinder resilience and increase dependency on humanitarian aid. • WASH: Emergency water trucking, provision of water storage tanks and distribution points; emergency sanitation facilities and services; solid waste management; mini hygiene kits distribution 	<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 households 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, provision of NFI including winterisation assistance and construction of/improvements to infrastructure • Protection: In areas of displacement where protection services are not already present, an expansion at scale of protection emergency services (see 72 hours) will be envisaged, starting from the redirection or the expansion of mobile teams (Protection, Child Protection, GBV integrated with reproductive health) from nearby locations and preferably with the expansion of static facilities/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 challenges relating to Housing, Land and Property issues, including security of tenure, 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, survey and clearance of IDP sites to improve physical safety. • WASH: Emergency water trucking, provision of water storage tanks and HH level water treatment materials; hygiene kits distribution; support to water and sanitation facilities; desludging; solid waste management; hygiene promotion and community mobilization. • 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>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 or 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 Protection sector 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."

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
	<p>(in addition) in permanent sites 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, mental health and psychosocial support, risk education, awareness on civil status documentation etc) depending on presence and capacity of partners and in line with emergency response packages. Continue to sensitise sector on mainstreaming protection (including gender) considerations in camp assistance. Continuous advocacy with parties in control on the necessity for displacement not to last more than necessary, freedom of movement, and the swift conclusion of security screening procedures – if applied. • WASH: if feasible connection/quick rehabilitations of existing water supply and sewerage networks or construction of simplified networks 		

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 including winterisation assistance, and infrastructure/ services provided • WASH: Bottled water distribution; Emergency water trucking, provision of water storage tanks and distribution points; mini hygiene kits distribution; • 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 North East Syria, continuous advocacy on procedures surrounding security screening and freedom of movement; implementation of explosive hazard survey and clearance of areas of displacement and roads, where feasible, to ensure physical safety. • 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, Rehabilitation of collective centres/unfinished buildings and distribution/installation of shelter kits. Provision of NFI including winterisation assistance as needed • Protection: In areas of displacement where protection services are not already present, redirection or expansion of mobile teams (Protection, Child Protection, GBV integrated with reproductive health) from nearby locations. Expansion of 72h services, initial facilitation for required civil status documentation and integration of explosive hazard risk education. Strengthening presence and consolidating emergency protection service (Child Protection, GBV prevention and response, psychosocial support, mine risk education, awareness on civil status documentation etc.) depending on presence and capacity of partners and in line with emergency response packages. Continue to sensitise sector on mainstreaming Protection (including gender) considerations. implementation of explosive hazard survey and clearance, where accessible, to ensure physical safety • 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: Emergency water trucking, provision of water storage tanks and distribution points; Provision of sanitation facilities and services, solid waste management, hygiene kits distribution, hygiene promotion and community mobilization; market-based programming; • 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 • Protection, Shelter-NFI, CCCM: • 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 / Access to WASH services and related vulnerability;</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"> • 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 returnees⁹⁷

Humanitarian partners considering support to self-organized IDP returns will be guided by the UN Guiding Principles on Internal Displacement⁹⁸ 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.⁹⁹

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 IDP and refugee 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 security of tenure, which also includes technical support to national authorities in resuming / enhancing the registration of civil events 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). Progressive expansion of the static facilities in areas of high IDP and refugee return and strengthened presence of mobile teams and outreach volunteers. • 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; support to solid waste management; market-based programming; • 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. 	<ul style="list-style-type: none"> • 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" • Access to WASH services and related vulnerability; 	<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 (WASH, shelter, protection, nutrition, education); • Messaging to communities on service provision (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)

⁹⁷ 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.

⁹⁸ 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

⁹⁹ 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 integrated protection services (initially mobile activities and – if resources and capacity allow – increased 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 and disabilities, favour resilience and avoidance of negative coping strategies, and provide targeted services to the most vulnerable categories. Work in coordination with other sectors to facilitate more holistic approaches to assistance and targeting • 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; support to solid waste management; market-based programming; • 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 • Targeting informed by community-based needs assessments • Access to WASH services and related vulnerability 	<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 (WASH, shelter, protection, nutrition, education) • Messaging to communities on service provision (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)

2019 HRP OBJECTIVES, INDICATORS & TARGETS

STRATEGIC OBJECTIVE 1: Provide life-saving and life-sustaining humanitarian assistance to the most vulnerable people with an emphasis on those in areas with high severity of needs.

INTER-SECTOR OUTCOME	OUTCOME INDICATOR	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	REPORTING SECTOR
Life-threatening humanitarian needs of people living in areas of high severity of need are addressed	% of people reached monthly in areas of high severity of need (severity 3 to 6)	5 M	40%	100%*	4Ws & Sector Reports	Quarterly	WASH, Health, Food Security, Nutrition, NFI/Shelter, Nutrition, CCCM.
Vulnerable IDPs, particularly in last resort sites and open space areas receive multi-sectoral assistance	# of IDPs in camps, temporary sites, collective shelters receiving multi-sectoral assistance	871,150	387,107	761,150	ISIMM Plus & MSNA	Monthly	CCCM
Palestinian refugees receive multi-sectoral assistance and key protection services.	# of Palestinian refugees receiving multi-sectoral assistance	422,750	422,750	-	4Ws & Sector Reports	Monthly	WASH, Health, Food Security, Nutrition, NFI/Shelter, Protection
Life-threatening priority needs identified by the community are satisfactorily met.	% of community satisfied with assistance	8.2 M	36%	50%	MSNA	Yearly	-

*Please note that while all efforts will be made to reach all people in need, people reached doesn't mean their needs are addressed.

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)	REPORTING SECTOR
Specific protection needs are mitigated through the provision of quality and integrated protection services	% of 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)	5,493	32%	46%	Protection sector 4Ws	Monthly	Protection
Impact of explosive hazards on civilians and on humanitarian access reduced	% of affected communities where survey, explosive hazards marking or clearance has been conducted.	1,980	13%	72%	Mine Action AoR 4Ws & other reports	Monthly	Protection (Mine Action AoR)
	% of affected population received Risk Education.	10.2 M**	25%	45%	Mine Action AoR 4Ws	Monthly	Protection (Mine Action AoR)
Protection environment is improved through enhanced advocacy efforts.	# of advocacy interventions	-	76	65	4Ws & Sector Meetings	Quarterly	Protection

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

INTER-SECTOR OUTCOME	OUTCOME INDICATOR	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	REPORTING SECTOR
Basic infrastructure rehabilitated (light) and maintained, and basic services provided to those in need	# of schools repaired	-	95	100	Project implementation progress reports.	Continuous	Early Recovery
	# of clinics repaired	-	17	50	Project implementation progress reports.	Continuous	Early Recovery
	# of social infrastructure repaired	-	217	250	Project implementation progress reports.	Continuous	Early Recovery
Livelihood creating activities are expanded and enhanced.	Reduced Coping index (rCSI)	-	11	<=11	FSA Outcome Monitoring Initiative, Partners' Post-Distribution Monitoring	Bi-annual	Food Security & Agriculture
	# of short-term work opportunities created (such as through market-based modalities)	4.8 M	20,194	57,500	Project Implementation progress reports	Continuous	Early Recovery

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) other than legal awareness.	13.2 M (Overall Protection PiN)	660,000	490,200	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)	13.2 M (Overall Protection PiN)	1,282,900	1,343,200	4Ws	Monthly
	1.1.3 # of community based initiatives and community-based protection structures supported.	13.2 M (Overall Protection PiN)	907	1,850	4Ws	Monthly
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 awareness raising, counselling or assistance, including civil status documentation and HLP issues (cumulative interventions).	13.2 M (Overall Protection PiN)	531,400	437,700	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.	-	76	65	4Ws & Sector Meetings	Quarterly

Protection Objective 2: Strengthen the capacity of humanitarian actors and duty bearers at national and community level to assess, analyse, prevent and address protection risks and needs - relates to SO1, SO2, SO3

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).	N/A	11,782	9,320	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	348	280	4Ws	Monthly
	2.2.2 # of communities where needs assessment has been conducted by sector members	All Communities in Need	243	1,800	4Ws	Monthly

Protection Objective 3: Survivors have access to quality specialised GBV services and measures are in place to prevent and mitigate 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 humanitarian life-saving specialised quality GBV services, including case management, psychosocial support and reinforce referral pathways.	3.1.1 # of communities/ neighbourhoods that have at least one type of specialised GBV services	All communities in need	426	618	4Ws	Monthly
	3.1.2 # of GBV specialised services provided (interventions)	N/A	329,700	299,689	4Ws	Monthly
	3.1.3 # of GBV actors trained on GBV (women/men)	N/A	7,063	2,864	4Ws	Monthly
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 # of women, men, girls and boys reached by GBV prevention and empowerment activities	13.2 M (Overall Protection PiN)	1,049,300	1,477,418	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)	N/A	1,253	1,223	4Ws	Quarterly

Protection Objective 4: Reduce the impact of explosive hazards - relates to SO1, SO2, SO3

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	10.2 M	2,100,400	2,773,604	4Ws	Monthly
	4.1.2 # of people who received risk education from public service providers	10.2 M	435,900	1,819,000	4Ws	Monthly
	4.1.3 # of people trained to conduct Risk Education	N/A	6,500	5,800	4Ws	Monthly
4.2. Conduct survey, marking and explosive hazard clearance	4.2.1 # of communities where contamination survey has been conducted	N/A	264	1,471	4Ws and other sources	Monthly
	4.2.2. # of explosive hazards cleared	N/A	598	3,900	4Ws and other sources	Monthly
4.3. Provide victim assistance services in areas affected by explosive hazards	4.3.1 # of men, women, boys and girls reached by specialized services (emergency and continuing medical care, physical rehabilitation, MHPSS)	N/A	8,600	44,900	4Ws and other sources	Monthly
	4.3.2 # of men, women, boys and girls survivors of explosive hazard incidents reached by humanitarian assistance	N/A	N/A	1,950	4Ws and other sources	Monthly

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 SO1, SO2, SO3

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	5.6 M*	838,000	880,000	4Ws	Monthly
	5.1.2 # of women and men engaging in parenting programmes	440,000**	89,000	93,000	4Ws	Monthly
	5.1.3 # of individuals benefiting from awareness raising and community events to prevent and respond to child protection issues	13.2 M	1.4 million	1,650,000	4Ws	Monthly
	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	N/A	565	340	4Ws	Monthly
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	280,000***	55,000	50,000	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	N/A	10,500	13,000	4Ws	Monthly

* Child population of Protection PIN (42.3% of population estimated to be under 18 years)

** Estimated 20% of caregivers of children under 18 years 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 humanitarian life-saving, multi-sectoral life-saving assistance and strengthening the basic infrastructure support in IDP sites- relates to SO1, SO2, SO3

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
# of IDPs in camps, temporary sites, collective shelters and stranded at borders receive multi-sectoral assistance	387,107	761,150	387,107	ISIMM and MSNA (in need and target)	Monthly

OUTPUT (ACTIVITIES)	OUTPUT INDICATOR	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
1.1. Multi-sector responses in IDP sites	1.1.1 # of IDPs living in IDP sites provided with humanitarian life-saving assistance	871,150	387,107	387,107	ISIMM and MSNA (in need and target)	Bi-Monthly
1.2. Monthly Needs assessments in last resort sites	1.2.1 # of Multi-sectoral gap analysis of last resort sites published since October 2018	N/A	0	12	ISIMM	Monthly
1.3. Site renovations and improvements to key infrastructure	1.3.1 # of IDPs living in IDP sites with essential infrastructure score above 50%	871,150	71,512	71,512	ISIMM Plus and MSNA (in need and target), THF Projects	Quarterly

CCCM Objective 2: Improving the management quality in and accountability of IDP sites- relates to SO1, SO2

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
IDPs in camps, temporary sites, collective shelters and stranded at borders receive multi-sectoral assistance	70,000	10,000	50,000	ISIMM and MSNA (in need and target)	Quarterly

OUTPUT (ACTIVITIES)	OUTPUT INDICATOR	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
2.1. Promote participatory management structures	2.1.1 # of IDPs living in sites with participatory management committees (including active participation by women)	871,150	158,236	50,000	ISIMM Plus and MSNA (in need and target), THF Projects	Quarterly
2.2. Training on camp governance and/or protection mainstreaming for Humanitarian Actors	2.2.1 % of Cluster member NGOs with staff trained in camp management components and cross cutting issues since October 2018	N/A	N/A	30	CCCM recognized trainings	Quarterly
2.3. Promote equal access to goods and services in last resort sites to all residents	2.3.1 # of IDPs living in sites allowing equal access to services to vulnerable groups (including consideration for men, women, boys, girls and persons with disabilities)	871,150	72,617	72,617	ISIMM Plus and MSNA (in need and target)	Quarterly

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

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Specific vulnerable groups (elderly, disabled, single headed households, etc.) benefit from resilience-building and livelihood support	N/A	12,000	12,000	ISIMM Plus and MSNA (in need and target)	Quarterly

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	3.1.1. # of IDPs living in settlements with self-run emergency response capabilities (including first aid and fire response)	871,150	84,302	42,151	ISIMM Plus and MSNA (in need and target), THF Projects	Quarterly
3.2 Implement tailored livelihood activities designed to enable HHs to restore their assets and leave IDP sites for better solutions	3.2.1 # of IDPs in sites benefitting from resilience projects with a score of 3 or above since October 2018	871,150	84,302	42,151	FTS/THF	Quarterly
3.3. Assist site residents in the closure of IDP sites with particular emphasis on collective centers that were formally schools	3.3.1. # of IDPs who left the IDP sites due to a voluntary resettling to other locations since October 2018	871,150	84,302	42,151	ISIMM	Monthly

CCCM Objective 4: Disseminating operational information on movements of IDPs on a timely basis- relates to SO3

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Rapid response mechanisms in place to respond to needs of rapid on-set IDPs	24	24	12	ISIMM	Bi-monthly

OUTPUTS(ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
4.1. Track and share IDP movements and analyses displacements trends	4.1.1. # of updates provided to CCCM Cluster members, Clusters and other operational actors on sudden displacements since October 2018	N/A	12	24	IDP Tracking Matrix	Monthly
	4.1.2 # of displacements tracked and reported to Cluster members, Clusters and other operational actors on sudden displacements since October 2018	6,200,000	680,000	N/A	IDP Tracking Matrix	Monthly

SHELTER & NFI

Shelter and NFI Objective 1: Provide humanitarian life-saving and life-sustaining shelter and NFI support -relates to SO1

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Targeted crisis-affected households, including those in UN declared HTR locations, have their core and essential non-food item needs met	2,414,574	4,396,087	N/A	4Ws	Monthly
Targeted people are protected from seasonally harsh conditions	1,654,568	4,384,857	N/A	4Ws	Monthly
Targeted crisis-affected households are provided with timely humanitarian life-saving and life-sustaining shelter support (medium-term/temporary shelter).	579,408	422,662	N/A	4Ws	Monthly

OUTPUT (ACTIVITIES)	OUTPUT INDICATOR	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
1.1. Provision of core and essential NFIs	1.1.1. # of people whose core and essential NFI needs are met	4.4 M	2,414,574	4,396,087	4Ws	Monthly
1.2. Provision of seasonal and supplementary NFIs including heating fuel	1.2.1. # of people whose seasonal and supplementary NFI needs are met		1,654,568	4,384,857	4Ws	Monthly
1.3. Provision of winter SOKs, materials and shelter upgrades	1.3.1. # of people whose seasonal emergency shelter needs are met	4.7 M	106,890	20,079	4Ws	Monthly
1.4. Installation of tents	1.4.1 # of people assisted with tents.		52,919	44,400	4Ws	Monthly
1.5. Installation of tents with associated infrastructure	1.5.1. # of people assisted with tents with associated infrastructure.		262,804	40,000	4Ws	Monthly
1.6. Distribution/installation of emergency shelter materials/kits	1.6.1. # of people assisted with distributed/installed emergency shelter materials/kits.		73,152	175,194	4Ws	Monthly
1.7. Rental assistance provision	1.7.1. # of people assisted with rental assistance.		33,360	40,000	4Ws	Monthly
1.8. Rehabilitation of collective centres	1.8.1. # of assisted by rehabilitated collective centers		41,067	56,714	4Ws	Monthly
1.9. Upgrading of unfinished buildings	1.9.1 # of people assisted by upgraded unfinished buildings		9,216	46,275	4Ws	Monthly

Shelter and NFI Objective 2: Contribute towards the resilience and social cohesion of communities and households by improving housing and related community/public infrastructure - relates to SO3

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Increase in adequate housing stock available to targeted households and communities	538,116	2,137,484	N/A	4Ws	Monthly
Increased capacity of Shelter / NFI stakeholders and partners	372	4,592	N/A	4Ws	Monthly

ACTIVITIES	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
2.1. Rehabilitation of damaged houses	2.1.1. # of people assisted by rehabilitated damaged houses		76,616	299,984	4Ws	Monthly
2.2. Repairing/rehabilitation of community/public infrastructure and facilities	2.2.1. # of people assisted by repaired/rehabilitated community/public infrastructure and facilities	4.7 M	461,500	1,837,500	4Ws	Monthly
2.3. Training of stakeholders on resilience and quality oriented shelter / NFI skills and capacities	2.3.1. # of people whose seasonal emergency shelter needs are met	N/A	372	4,592	4Ws	Monthly

FOOD SECURITY & AGRICULTURE

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

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
% of targeted households with improved food consumption score	30.30%	5 M	5 M	Outcome Indicators Monitoring	Bi-annual
% of targeted households with improved Reduced coping strategy	46.90%	5 M	5 M	Outcome Indicators Monitoring	Bi-annual
% of targeted households with reduced expenditure on food	30.30%	5 M	5 M	Outcome Indicators Monitoring	Bi-annual

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	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	1.1.1. # of IDPs/returnees assisted per round against # of IDPs/returnees	1.2 million projected IDPs	1.5 M	1.2 M	4Ws	Monthly
	1.1.2 MT/value of food provided.	1.5 million projected IDP returnees	N/A	1.5 M	4Ws	Monthly
1.2. Monthly food assistance for the assessed* food insecure people through appropriate modalities	1.2.1. # of targeted people receiving regular food assistance by modality (min 8 months covered)	6.5 M	6.5 M	5 M	4Ws	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)	1.3.1. # of targeted people receiving supplementary food MT/value of food provided.	N/A	1.5 M	1 M	4Ws	Monthly
1.4. Provision of flour or bread directly to households or to bakeries	1.4.1. # of targeted people receiving bread/flour	N/A	1.5 M	1 M	4Ws	Monthly
	MT/value of bread/flour provided.					

* Refer to sector guidelines on selection criteria

Food Security & Agriculture Objective 2: Support self-reliance of affected households by protecting and building productive assets and restoring or creating income generating opportunities to save and sustain lives -relates to SO1, SO2, SO3

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
% of targeted households with Negative Livelihoods Coping Strategy	46.9%	900,000 HHs	900,000 HHs	Outcome Indicators Monitoring	Bi-annual

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; and related training.	2.1.1. # of households targeted received agricultural inputs and trainings as % of planned by modality	9 million people	350,000 HHs	300,000 HHs	4Ws	Monthly but cumulative
	2.1.2. Quantity (Kgs) of seed distributed by crop (cereal, tuber, legume, vegetable)				4Ws	Monthly but cumulative
2.2. Provision of protection Food Rations to most vulnerable farming household	2.2.1. # of household receiving protection FRs along with agriculture inputs		N/A	150,000 HHs	4Ws	Monthly but cumulative
2.3. Support to small-scale food production (horticulture, poultry-egg laying hens, market gardens)	2.3.1. # of targeted households receiving small scale food production kit by modality.		200,000 HHs	200,000 HHs	4Ws	Monthly but cumulative
	2.3.2. Quantity (Kgs) distributed by type					
2.4. Provision of protection Food Rations to most vulnerable farming households	2.4.1. # of household receiving protection FRs along with small - scale food production		1.5 M	1 M	4Ws	Monthly but cumulative
2.5. Support to asset building and asset protection (small livestock and animal feed distribution) including winterization activities; and related training.	2.5.1. # of households targeted received livestock by modality.		200,000 HHs	200,000 HHs	4Ws	Monthly but cumulative
	2.5.2. # of animals distributed by modality					
	2.5.3. Quantity of animal feed distributed					
2.6. Emergency livestock treatment and training for veterinary services (including community animal health worker).	2.6.1. # of targeted herders assisted		100,000 HHs	100,000 HHs	4Ws	Monthly but cumulative
	2.6.2. # of animals treated/vaccinated by modality.					
2.7. Support Income generating activities including vocational training.	2.7.1 # of targeted households supported with income generation activities and trainings - by appropriate modality.	100,000 HHs	100,000 HHs	4Ws	Monthly but cumulative	

Food Security & Agriculture Objective 3: Improve communities' capacity to sustain households' livelihoods by improving linkages with value chain through the rehabilitation/ building of productive infrastructure as well as supporting services, early warning and DRR systems-relates to SO1, SO2, SO3

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
% of targeted households with Negative Livelihoods Coping Strategy	46.9%	300,000 HHs	300,000 HHs	Outcome Indicators Monitoring	Bi-annual

OUTPUT (ACTIVITIES)	OUTPUT INDICATOR	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
3.1. Support rehabilitation of relevant economic/productive infrastructures through appropriate modalities. (Canals, irrigation systems, markets, storage facilities, bakeries, etc.)	3.1.1. # Number of targeted economic infrastructures rehabilitated	9 M	200,000 HHs	200,000 HHs	4Ws	Monthly but cumulative
3.2. Establish/strengthen the capacity for the provision of essential services for local communities including early warning and DRR systems	3.2.1. # of technicians trained	9 M	200,000 HHs	150,000 HHs	4Ws	Monthly but cumulative
	3.2.2. # of essential services supported					

NUTRITION

Nutrition Objective 1: Strengthen humanitarian lifesaving 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, SO3

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
1. # of girls and boys under five and pregnant and lactating women receiving humanitarian lifesaving preventive nutrition services.	2.4 Million	3 Million	2 Million	4Ws	Quarterly

ACTIVITIES	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
1.1. Support facility and community based 1-1 counselling on WHO recommended Infant and Young Child Feeding practices	1.1.1. # of PLWs and caregivers of children under 24 months of age counseled on appropriate IYCF-E and maternal nutrition	957,848	14,888	915,063	4Ws	Monthly
1.2. PLW being reached with IYCF education in MBAs, health facilities, child protection sessions like mother-toddler and positive parenting, as well as community outreach	1.2.1. # of primary and secondary caregivers reached with IYCF-E messages	957,848	619,582	1,036,765	4Ws	Monthly
1.3. IYCF strategies developed, finalized and implemented for all hubs	1.3.1. IYCF strategies developed, finalized and implemented	2	1	1	Sector reports	End of 2019
1.4. Implement the Standard Operating Procedures for targeted breast milk substitutes to prevent inappropriate distribution	1.4.1. % of partners oriented on the standard operating procedures	0.81	8	100%	Hub sector reports	Quarterly
1.5. Provide micronutrient supplementation to women and children for prevention of micronutrient deficiencies	1.5.1. # of boys and girls (6-59 months) who sector/cluster received micronutrient supplements (MNP, etc)	3,138,477	633,636	1,841,948	4Ws	Monthly
	1.5.2 # of PLW who received micronutrients including iron folate and MN tablets	1,596,413	228,836	762,552	4Ws	Monthly
1.6. Provide Vitamin A supplementation for children 6-59 through health facilities (routine) and during campaign	1.6.1. # of boys and girls (6-59 months) who received Vitamin A supplementation twice a year	3,138,477	1,276,674	2,981,553	4Ws	Monthly but cumulative
1.7. 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.	1.7.1. # of boys and girls aged 6-59 months reached with LNS for four months.	1,883,086	293,917	1,804,390	4Ws	Monthly

1.8. Promotion of Dietary diversity for vulnerable PLW through market- based transfer (CBT) /E vouchers and in kind support.	1.8.1. # of PLW enrolled in CBT or in kind support while promoting dietary diversity	N/A	72,370	60,000	4Ws	Monthly
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Nutrition Objective 2: *Improve equitable access to quality humanitarian lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases for boys and girls under five and Infant and Young Child Feeding (IYCF) -relates to SO1, SO2, SO3*

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
# of girls and boys under 5 and pregnant and lactating women with acute malnutrition treated in CMAM services	48,126	105,250	76,926	4W for nutrition sector/ cluster	Quarterly

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
2.1. Support facility- and community-based screening for acute malnutrition	2.1.1. # of boys and girls (6 - 59 months) screened for malnutrition	3,138,477	1,030,226	2,105,121	4Ws	Monthly
	2.1.2. # PLW screened for malnutrition	1,596,413	231,254	762,552	4Ws	Monthly
2.2. Support treatment of acutely malnourished children and PLW	2.2.1 # of boys and girls (6-59 months) with moderate acute malnutrition treated	72,548	22,575	41,908	4Ws	Monthly
	2.2.2 # of boys and girls (6-59 months) with severe acute malnutrition treated	27,739	8,292	13,085	4Ws	Monthly
	2.2.3 # of boys and girls (6-59 months) with severe acute malnutrition and medical complication treated	3,082	921	1,454	4Ws	Monthly
	# of PLW with moderate acute malnutrition treated	127,713	16,338	48,803	4W for 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, SO3*

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
1. Monthly surveillance system reports are available	12	12	N/A	Nutrition sector data base	Every six months

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	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.	3.1.1. # of governorate/ sub-district level nutrition assessments conducted (anthropometry and/or IYCF)	14	1	14	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	3.2.1. # of staff trained (male/ female) on nutrition sensitive agriculture	N/A	12	30	Sector training reports	Every six months

3.3. Strengthen/Establish Nutrition surveillance system	3.3.1 # of sites reporting on monthly basis	Nation wide	800	350	Nutrition Surveillance reports	Monthly
3.4. Update the quarterly coverage snapshots across response hubs	3.4.1. # of coverage reports across response hubs	N/A	4	4	Nutrition Sector data base	Quarterly

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

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
1. # of nutrition beneficiaries (children, mothers) targeted covered through general food assistance channels.	0	200,000	NA	4Ws	Monthly

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
4.1. Develop, finalize, approve and roll out multisectoral nutrition strategy referring to new WHO/UNICEF stunting definitions	4.1.1. Multisectoral stunting reduction strategy developed and rolled out	N/A	0	1	Nutrition Sector data base	N/A
4.2. Ensure multisector geographic convergence in service delivery	4.2.1. # of communities covered with multi-sectoral response (either with food security and /or WASH and/ or health)	1744	0	209	Nutrition Sector data base	Quarterly
4.3. Support joint Capacity development for nutrition and food security partners on nutrition sensitive agriculture.	4.3.1. # of staff trained (male/ female) on nutrition sensitive agriculture	100	55	100	Sector training reports	Every six months
4.4. Capacity development of six sector partners on nutrition in emergency (NIE) and cluster	4.4.1. # of staff trained (male and female) on cluster sector coordination and NIE coordination	N/A	25	25	Sector training reports	Every six months

Nutrition Objective 5: Establish coordinated and integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming-relates to SO1, SO2, SO3

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
5. 1. Facilitation of Nutrition sector coordination across response hubs	5.1.1. # of Nutrition sector coordination meetings held across response hubs	-	-	-	Nutrition Sector data base	Quarterly
	5.1.2. # of sector-specific needs assessments conducted and analyzed	-	-	-	Nutrition Sector data base	Quarterly

WATER, SANITATION & HYGIENE

WASH Objective 1: Support to water, sanitation/sewage and solid waste management systems to ensure regular 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	13,822,702	15,476,721	-	4Ws	Quarterly

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
1.1. Repair and rehabilitation of water systems	1.1.1. Estimated # of people with improved access to water as a result of repair and rehabilitation of water systems	-	5,158,988	8,000,000	4Ws	Quarterly
1.2. Support to water quality assurance and operation and maintenance of water supply systems	1.2.1. Estimated # of people with improved access to water due to provision of water disinfectants	15,476,721	13,822,702	15,476,721	4Ws	Quarterly
	1.2.2. Estimated # of people with improved access to water through the operation & maintenance support to the water systems	-	2,700,000	5,500,000	4Ws	Quarterly
	1.2.3. Estimated # of people with improved access to water through establishment of water safety plans	-	605,808	1,000,000	4Ws	Quarterly
1.3. Repair, rehabilitation and operational support to sanitation/sewage and solid waste management systems	1.3.1. Estimated # of people with improved access to sanitation services through support to sanitation systems (sewage networks, wastewater treatment plants, etc.)	11,000,000	2,072,377	5,500,000	4Ws	Quarterly
	1.3.2. Estimated # of people with improved access to SWM services through support to solid waste management systems	2,000,000	2,072,377	2,000,000	4Ws	Quarterly

WASH Objective 2: Deliver humanitarian WASH supplies, services and improve hygienic behavior and practices of most vulnerable people-relates to SO1, SO3

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
# of people with improved access to humanitarian lifesaving emergency WASH facilities, services, behavior and practices	6,000,000	6,183,921	-	4Ws	Quarterly

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
2.1. Distribution of essential WASH NFIs & Hygiene promotion	2.1.1. # of people who received essential WASH NFIs	6,183,921	1,664,726	2,000,000	4Ws	Monthly
	2.1.2. # of people reached by hygiene promotional activities and campaigns	6,183,921	1,116,920	3,000,000	4Ws	Monthly
2.2. Improved access to humanitarian lifesaving/ emergency WASH facilities and services	2.2.1. # of people with improved access to water through humanitarian lifesaving/ emergency water facilities and services	6,183,921	1,762,203	3,000,000	4Ws	Monthly
	2.2.2. # of people with improved access to sanitation through humanitarian lifesaving/ emergency sanitation/sewage facilities and services	6,183,921	2,356,824	3,000,000	4Ws	Monthly
	2.2.3. # of people reached through humanitarian lifesaving/ emergency solid waste management and vector control facilities and services	6,183,921	2,179,446	3,000,000	4Ws	Monthly
2.3. Market-based assistance for WASH services	2.3.1. # of people who have received market-based assistance for WASH services	7,178,866	163,830	700,000	4Ws	Monthly

WASH Objective 3: WASH coordination structures facilitated and enhanced. relates to SO1

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
# of joint needs analysis and response planning exercises developed across response hubs	-	-	-	Minutes of meetings / Assessment reports	Yearly

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
3.1. Facilitation of WASH sector coordination	3.1.1. # of WASH sector coordination meetings held across response hubs	-	45	60	Minutes of meetings	Yearly
	3.1.2. # of sector-specific needs assessments conducted and analyzed	-	2	3	Assessment reports	Yearly

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

OBJECTIVE INDICATOR	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	
# of people benefiting of livelihood support	320,416	327,385	-	Project implementation progress reports	Monthly	
OUTPUTS (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
1.1. Short-term work opportunities created	1.1.1. # of short-term work opportunities created (such as through market-based modalities)	4.8 M	20,194	57,500	Project implementation progress reports	Continuous
1.2. Regular employment accessed	1.2.1. # of people obtaining or accessing regular employment, as a result of sector support	4.8 M	1,101	1,500	Project implementation progress reports	Continuous
1.3. Vocational and skills training provided	1.3.1. # of people provided with vocational and skills training	7.7 M	20,330	76,500	Project implementation progress reports.	Continuous
1.4. Entrepreneurship supported	1.4.1 # of people supported to rehabilitate, develop or start a social or business entrepreneurship initiative	4.7 M	8,976	61,100	Project implementation progress reports.	Continuous
1.5. Support provided to rural enterprises and entrepreneurs	1.5.1. # of rural enterprises provided with productive assets	4 M	4,546	5,000	Project implementation progress reports	When available
1.6. Rehabilitation or repair of basic, local economic infrastructure	1.6.1. # of local economic infrastructures rehabilitated (markets; storage, warehousing and processing)	2.5 M	7	230	Project implementation progress reports	Continuous
1.7. Market-based modalities assistance to vulnerable HHs	1.7.1. # of vulnerable households (Female-headed households, elderlies, etc.) provided market-based modalities assistance	5.1 M	20,008	17,200	Project implementation reports.	Continuous

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

OBJECTIVE INDICATOR	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	
# of people benefiting from improved access to basic and social services and infrastructure	3,419,187	711,000	-	Project implementation progress reports	Monthly	
OUTPUTS (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
2.1. Removal of debris and waste	2.1.1. Quantities of waste and debris removed (m3)	-	720,325	761,000	Project implementation progress reports	Continuous
2.2. Rehabilitation of education facilities	2.2.1 # of schools rehabilitated		95	100	Project implementation progress reports	Continuous

2.3. Rehabilitation of health facilities	2.3.1. # of clinics rehabilitated		17	50	Project implementation progress reports.	Continuous
2.4. Rehabilitation of other social infrastructure	2.4.1. # of social infrastructures rehabilitated		217	250	Project implementation progress reports.	Continuous
2.5. Rehabilitation of access to basic utilities (electricity, gas, water, sewage)	2.5.1. # of households provided with access to one or more basic utilities (electricity, gas, water, sewage)		364,834	141,900	Project implementation progress reports, Sectoral surveys and assessments, Statistical updates	When available
2.6. Basic housing repair support	2.6.1. # of households provided with housing repair support		391	280	Project implementation progress reports, Sectoral surveys and assessments, Statistical updates	Continuous
2.7. Capacity and equipment support to local public service providers	2.7.1. # of local service delivery organizations (local administrative service providers; extension services) supported (rehabilitation; equipment; operational support);		953	500	Project implementation reports.	Continuous

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

OBJECTIVE INDICATOR	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
# of people benefiting from social cohesion support	56,594	396,900	-	Project implementation progress reports.	Monthly

OUTPUT (ACTIVITIES)	OUTPUT INDICATOR	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
3.1. Community initiatives support	3.1.1. # of community initiatives supported.		-	2,700	Project implementation reports. Community interviews	Continuous
3.2. Civic engagement initiatives support	3.2.1. # of participants engaged in civic engagement community initiatives	7.1 M	101	396,900	Project implementation reports. Community interviews	Continuous
3.3. IDP and refugee returnees integration	3.1.2. # of initiatives to promote social cohesion between IDPs/refugees/ returnees and host communities		651	300	Project implementation reports. Community interviews	Continuous

ERL Objective 4: Coordination to support early recovery and livelihood response -relates to SO3

OBJECTIVE INDICATOR	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
# of Early Recovery and Livelihood plans compiled, updated and reported against	4	7	-	Plan documents	Quarterly

OUTPUT (ACTIVITIES)	OUTPUT INDICATOR	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
4.1. Formulating area-based ER&L plans	4.1.1. # of ER&L plans	-	4	7	Published plans	Ad hoc
4.2. Collecting and collating the progress on ER&L initiatives	4.1.2. # of partners submitting 4Ws information	-	28	90	4Ws	Monthly
4.3. Formulating evidence based thematic strategies	4.1.3. # of studies	-	3	3	Published studies	Ad hoc

EDUCATION

Education Objective 1: Scale up safe and equitable access to formal and non-formal education for crisis-affected children and youth (aged 3-17 years)-relates to SO3

OUTPUTS (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
1.1. Provide children with Early Childhood Care and Education (ECCE)	1.1.1 # of children (3-5 years, girls/boys) enrolled in ECCE or pre-primary education	N/A	47,084	24,578	4Ws	Monthly
1.2. Provide children and youth with formal education (including curriculum B)	1.2.1 # of children (5-17 years, girls/boys) enrolled in formal general education	3,500,000	3,226,606	1,884,625	4Ws	Monthly
1.3. Provide children and youth with non-formal education programs (including catch-up classes, SLP, remedial education, literacy and numeracy classes)	1.3.1. # of children (5-17 years, girls/boys) enrolled in non-accredited non-formal education	2,300,000	520,868	443,846	4Ws	Monthly
	1.3.2. # of children (6-19 years, girls/boys) enrolled in the Self-Learning Program (SLP)	2,300,000	108,822	366,530	4Ws	Monthly
1.4. Conduct Back-to-Learning (BTL) campaigns (media outreach, awareness raising activities, community mobilization)	1.4.1. # of children (5-17 years, girls/boys) benefiting from BTL campaigns conducted	2,100,000	4	611,200	4Ws	Monthly
1.5. Establish, expand and rehabilitate new classrooms (temporary or permanent)	1.5.1. # of classrooms constructed, established or rehabilitated	N/A	17,601	14,073	4Ws	Monthly
	1.5.2. # of children (3-17 years, girls/boys) benefitting from classrooms constructed, established or rehabilitated	2,100,000	593,645	749,415	4Ws	Monthly
1.6. Rehabilitate, improve or construct gender-sensitive WASH facilities	1.6.1. # of schools or learning spaces benefitting from gender-sensitive and disability-sensitive WASH facilities	N/A	58,754	2,860	4Ws	Monthly
1.7. Provide students with learning materials (stationary, pens, notebooks), school bags and school in a carton kit in formal and non-formal settings	1.7.1 # of children (3-17 years, girls/boys) receiving school supplies	2,100,000	675,857	2,196,427	4Ws	Monthly
1.8. Provide children with transportation to school	1.8.1. # of children (5-17 years, girls/boys) provided with school transportation support	50,000	4,816	18,704	4Ws	Monthly
1.9. Provide children with school feeding programs	1.9.1. # of children (3-17 years, girls/boys) benefitting from school feeding programmes	2,100,000	1,135,459	1,132,200	4Ws	Monthly

Education Objective 2: Enhance 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. Provide professional development to teaching staff (child-centred and protective pedagogy, active learning, self-learning, life-skills, Curriculum B, ECCE, New Curriculum, psychosocial support and referral mechanisms, Education in Emergencies (EiE) and national/INEE minimum standards (MS))	2.1.1. # of teachers and education personnel trained (female/male)	80,000	73,678	76,524	4Ws	Monthly
2.2. Provide teachers and education personnel with incentives	2.2.1. # of teachers and education personnel receiving incentives (female/male)	30,000	24,965	21,310	4Ws	Monthly
2.3. Provide teachers and education personnel with teaching resources, kits and guides in formal and non-formal settings	2.3.2 # of teachers and education personnel receiving teaching resources, kits and guides (female/male)	60,000	2,585	5,870	4Ws	Monthly
2.4. Provide children with school-based psychosocial support programs in formal and non-formal settings	2.4.2. # of children (5-17 years, girls/boys) benefiting from school-based psychosocial support programs	800,000	155,224	429,870	4Ws	Monthly
2.5 Provide children with life skills and citizenship education programs in formal and non-formal settings	2.5.1. # of children (5-17 years, girls/boys) benefiting from life skills and citizenship education programs	N/A	261,962	441,168	4Ws	Monthly
2.6. Provide textbooks to children	2.6.1. # of children (5-17 years, girls/boys) receiving textbooks	2,100,000	77,657	634,168	4Ws	Monthly
2.7. Provide children with supplementary learning materials for children attending formal and non-formal education	2.7.1 # of children (3-17 years, girls/boys) receiving supplementary materials in formal and non-formal/ temporary settings	750,000	23,408	200,000	4Ws	Monthly
2.8. Provide children with recreational materials in formal and non-formal settings	2.8.1. # of children (3-17 years, girls/boys) benefitting from recreational materials	800,000	246,107	548,172	4Ws	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. Build the capacity of education actors at all levels in crisis-sensitive data collection and analysis and dissemination, train education actors on national standards, EiE and INEE MS, train education actors on advocacy of the needs and rights of children in crisis contexts	3.1.1. # of education actors (female/male) trained on policy, planning, data collection, sector coordination or INEE MS	N/A	824	6,450	4Ws	Monthly
3.2. Support or establish school-based governance and accountability mechanisms to support school operations	3.2.1. # of Parent Teacher Associations (PTA) supported or established	N/A	N/A	1,844	4Ws	Monthly

HEALTH

Health Objective 1: Increase access to humanitarian life-saving and life-sustaining coordinated, equitable health services for those most vulnerable and in need - relates to SO1 and SO2

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	
# of medical procedures per person in need per year (total for all main indicators for activity 1.1)	2.1M	2.1M	2.1M	4Ws	Annual	
OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
1.1 Provide essential primary and secondary health care services, including trauma care, EmONC and referral.	1.1.1 Number of outpatient consultations (excluding mental health and physical rehabilitation)	13.2 million	22.2 million	25 million	4Ws	monthly
	1.1.2 Number of trauma consultations supported	N/A	1.1 million	1.3 million	4Ws	monthly
	1.1.2.1 Number of hostility-related trauma consultations supported	N/A	42,500	N/A	4Ws	monthly
	1.1.3 Number of mental health consultations supported	3 million	215,000	250,000	4Ws	monthly
		(15% of pop)				
	1.1.4 Number of physical rehabilitation sessions supported	N/A	130,000	150,000	4Ws	monthly
	1.1.5 Number of vaginal deliveries attended by a skilled attendant	550,000	160,000	185,000	4Ws	monthly
	(pregnant WRA)					
	1.1.6 Number of caesarian sections supported	137,500	84,000	100,000	4Ws	monthly
		(25% pregnant WRA)				
	1.1.7 Number of cases referred for specialized treatment (between levels of care, cross-line and cross-border)	N/A	170,000	300,000	4Ws	monthly
1.2 Provide routine immunization services to all children <1 years of age	1.2.1 Number of children <1 received DPT3 or equivalent pentavalent vaccine (national programme)	577,000		490,000	4Ws	monthly
1.3 Provide health facilities with essential medicines and medical supplies	1.3.1 Number of treatment courses provided (drug treatment for one disease, one medical procedure such as dressing, dialysis)	13.2 million	11.4 million	13.3 million	4Ws	monthly
1.4 Monitor and report on violence against health care	2.3.1 Number of cases of violence against health facilities and medical staff.	N/A	139	N/A	SSA	monthly
1.5. Coordinate the humanitarian health response	1.5.1 # of health sector coordination meetings held across response hubs	13.2 million	N/A	40	Health cluster bulletins	Monthly
	1.5.2 # of sector-specific needs assessments conducted and analysed	13.2 million	N/A	14	Health cluster bulletins	Quarterly

Health Objective 2: Strengthen health sector capacity to prepare for, detect and deliver timely response to disease outbreaks -relates to SO1

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
% of disease alerts outbreaks investigated within 72 hours of identification	69% (9/13)	95%	95%	Consolidated EWARN/EWARS data	Quarterly

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
2.1 Expand the reporting capacity of the early warning systems	2.1.1 Percentage of sentinel sites submitting weekly surveillance reports	13.2 million	87%	95%	Consolidated EWARN/EWARS data	monthly
2.2 Strengthen capacity to investigate and detect disease outbreaks	2.2.1 Number of laboratories supported to detect diseases of epidemic potential	N/A	N/A	N/A	HeRAMS/4Ws	quarterly
2.3 Support health authorities to carryout timely response to disease outbreaks	2.3.1 Percentage of disease outbreaks responded to within 96 hours of identification	N/A	N/A	95%	Consolidated EWARN/EWARS data	Quarterly

Health Objective 3: Strengthen health system capacity to support continuity of care, strengthen community resilience, and respond to IDP movements and changes in context -relates to SO3

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Ratio of essential health workers (doctors, midwives, nurses) to 10,000 populations	24/10,000	24/10,000	24/10,000	HeRAMS	Quarterly
Ratio of fully functional health facilities providing primary health care services per 100,000 populations.	4.6/100,000	5/100,000	5/100,000	HeRAMS	Quarterly

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
3.1 Strengthen the capacity of health care providers and community health care workers to provide essential health services	3.1.1 # of health staff trained/re-trained on different health topics	N/A	14,400	16,800	4Ws	Monthly
	3.1.2 # of community health workers trained/re-trained on different health topics	N/A	3,000	3,500	4Ws	Monthly

3.2 Increase access to health services by establishing functional health facilities and mobile medical units and supporting referral	3.2.1 # of health facilities refurbished or rehabilitated	46% (of health facilities which are non or partially functioning)	4 facilities monthly	5 facilities monthly	HeRAMS/4Ws	Monthly
	3.2.2 # of operational mobile medical units.	11.7 million (severity 3 and above)	190 (monthly)	190 (monthly)	HeRAMS/4Ws	Monthly
	3.2.3 # of functional ambulances.	11.7 million (severity 3 and above)	155 (monthly)	170 (monthly)	HeRAMS/4Ws	Monthly

LOGISTIC

Logistic Objective 1: Provide logistics services (inclusive of surface transportation, transshipment, and warehousing -relates to SO1

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
1. # of humanitarian partners across Syria response modalities benefiting from augmented logistics capacity	15	15	N/A	Sector records	Over a one year period

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
1.1. Maintain common UN logistics services (including common transport, Humanitarian deliveries, storage, coordination/transshipment support)	1.1.1. # of m ² of storage capacity maintained inside Syria	N/A	12,600	12,600	Sector reports	Throughout the year
	1.1.2. # of Inter-Agency Humanitarian Deliveries per month	N/A	2	2	Sector reports/ relief items tracking application (RITA)	Monthly
	1.1.3. # of hubs for cross-border coordination/ transshipment operations	N/A	3	3	Sector reports	Monthly

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

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
% of partners satisfied with the Logistics sector's performance	90%	90%	-	Sector satisfaction survey	Twice a year

ACTIVITIES	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
2.1. Organizing regular meetings in response hubs	2.1.1 of meetings held across response hubs	-	35	30	Meeting minutes	Throughout the year
2.2. Providing partners with useful and up-to-date information on regular basis	2.2.1 # of IM products shared	-	52	50	Sector reports	Throughout the year

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

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
# of people benefitting from dedicated logistic training and necessary equipment	362	300	-	Sector reports	Twice a year

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
3.1. To enhance the capacity of humanitarian actors via dedicated logistics trainings and purchase of necessary equipment	3.1.1. # of trainings conducted across response hubs	-	16	16	Sector reports	One training every three weeks

EMERGENCY TELECOMMUNICATION**Emergency Telecommunications Objective 1: Provide common secure telecommunications, voice and data connectivity services to humanitarian partners -relates to SO1, SO2, SO3**

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
1.1. Support an effective response through the provision of emergency telecommunications and data communications services to humanitarian partners throughout Syria and the surrounding countries in 15 common operational areas	1.1.1 # of UN operational areas where common secure telecommunications (radio) networks have been upgraded	N/A	N/A	15	Sector reports	Monthly
1.2. Deploy connectivity services in new operational hubs	1.2.1. # of connectivity services deployed in new operational hubs	N/A	N/A	4	Sector reports	Monthly
1.3. Expand VHF/UHF radio network in common operational areas	1.3.1. # of new VHF/UHF radio networks established in common operational areas	N/A	N/A	4	Sector reports	Monthly

Emergency Telecommunications Objective 2: Lead inter-agency emergency telecommunications coordination and information sharing to support the operational needs of humanitarian partners-relates to SO1, SO2, SO3

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
2.1. Provide an online platform for information sharing and coordination	2.1.1 ETC web portal operational with secure member access and regular updates posted.	N/A	N/A	Dedicated and maintained website	ETC website/ sector reports	Monthly
2.2. Prepare Information Management (IM) products and convene coordination meetings across response hubs	2.2.1. # of IM products (maps, situation reports, etc.) produced and shared via email, task forces, OPweb, Reliefweb and on the ETC platform.	N/A	N/A	30	ETC website/ Reliefweb updates	Monthly

2.3. Lead coordination amongst humanitarian partners to ensure the delivery of data and secure telecommunications services	2.3.1. # of global and local ETC coordination meetings conducted.	N/A	N/A	18	Sector reports	Monthly
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Emergency Telecommunications Objective 3: Build capacity of humanitarian partners and strengthen the ability to ensure safety of staff and assets in the field-relates to SO1, SO2, SO3

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
3.1. Installation of radio repeaters and fully manned radio rooms to increase emergency telecommunication services in all UN operational areas and to enhance the safety of humanitarian staff	3.1.1 # of radio repeaters installed to support UN operations and humanitarian staff	N/A	N/A	N/A	Sector reports	Quarterly
	3.1.2 # of fully manned radio rooms in support of UN operations and humanitarian staff					
3.2. Deliver ETC Communication technical training in 2019	3.2.1. # of humanitarian personnel who receive training	N/A	N/A	30	Training Logs Sector reports	Quarterly
3.3. Provide dedicated ICT helpdesk support personnel at hubs serving the Syria response	3.3.1. # of times personnel supported through ICT helpdesk	N/A	N/A	N/A	Sector reports	Quarterly
3.4. Provide regular maintenance/trainings to keep ETC services fully functional	3.4.1. # of times ETC services maintained	N/A	N/A	N/A	Sector reports	Quarterly

Emergency Telecommunications Objective 4: Provide targeted assistance to national NGOs that demonstrate a need for telecommunications assistance beyond their organizational capacity. relates to SO1, SO2, SO3

ACTIVITIES	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
4.1. Provide support services to other agencies and SARC, namely Helpdesk/ Technical Assistance, radio installations, radio training, radio programming and radio troubleshooting.	4.1.1 # of support services and troubleshooting provided to other agencies	N/A	N/A	N/A	Sector reports	Quarterly

COORDINATION AND COMMON SERVICES

Coordination and Common Services Objective 1: Provide effective coordination support across response modalities and reinforce the humanitarian response-relates to SO1, SO2, SO3

ACTIVITIES	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
1.1. Facilitate inter-sector/cluster coordination	1.1.1. # of active inter-sector/cluster coordination groups	N/A	3	3	Meeting readouts	Bi-weekly (Syria) & Monthly (across response hubs)
	1.1.2. # of NGO network meetings	N/A	12	12	Meeting readouts	Bi-weekly (Syria) & Monthly (across response hubs)
	1.1.3. # of trainings provided for humanitarian partner	N/A	6	6	Training records and read outs	Quarterly
	1.1.4. # of assessment exercises (MSNA and surveys) informing needs analysis and response planning	N/A	1	1	MSNA or similar survey records	Annually
2.1. Increase the access to and the disbursement of Country-Based Pooled Funds to national partners	2.1.1. % of funding from Country-Based Pooled Funds disbursed to national implementing partners (average for Syria, Turkey and Jordan pooled funds serving Syria operation)	N/A	10%	10%	CBPF Annual Report	Annually
3.1. Provide the tools and resources to enhance common situational awareness of humanitarian needs, and enable more informed decision-making	3.1.1. # of reports produced on the humanitarian response in Syria	N/A	12	12	Monthly reports	Monthly
	3.1.2. # of IDP dashboards published	N/A	4	4	Quarterly reports	Quarterly
4.1. Support efforts to improve the way the UN and its partners prevent and respond to sexual exploitation and abuse (PSEA)	4.1.1. % of organisations funded by Country-Based Pooled Funds that have integrated PSEA in their code of conducts signed by staff members	N/A	-	100%	CBPF Annual Report	Annually

Coordination and Common Services Objective 2: Maintain coordination and operational capacity for UNRWA-led programmes targeting-relates to SO1

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
% of risk assessments completed for programmes and projects at field level	-	100%	-	Compliance check-list	Annual

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
2.1. Train UNRWA staff on safety	2.1.1. # of UNRWA staff trained on safety	N/A	381	400	Training reports	Quarterly
2.2. Provide enhanced operational support for effective response to Palestinian refugees	2.2.1. % of UNRWA facilities with adequate safety, equipment, personnel and services	N/A	100%	100%	Compliance check-list	Quarterly
2.3. Ensure adequate staffing of humanitarian positions for quality and timely service delivery to Palestinian refugees.	2.3.1. % of required positions filled	N/A	100%	100%	Recruitment reports	Quarterly

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

OBJECTIVE INDICATORS	BASELINE	TARGET	ACUTE TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
% of areas of operation reached with safe access	-	-	-	UNDSS reports	Monthly

OUTPUT (ACTIVITIES)	OUTPUT INDICATORS	IN NEED	BASELINE	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
3.1. Provide a comprehensive risk management package to the UN and INGOs	3.1.1. # of incident reports produced, regular reports and advisories	-	-	-	UNDSS reports	Monthly
	3.1.2. # of missions facilitated	-	-	900	UNDSS reports	Monthly
	3.1.3. # of Threat Information (STI), Alerts, Advisories	-	-	2100	UNDSS reports	Monthly
	3.1.4. # of safety training for UN staff and INGOs including SSAFE, ETB, Basic Life Support, ERW, and Defensive driving, etc.	-	-	24	UNDSS reports	Monthly

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 2019 SYRIA HUMANITARIAN RESPONSE PLAN



To learn more about the 2019 Syria Humanitarian Needs Overview and donate directly to the 2019 Syria Humanitarian Response Plan, visit OCHA's Syria web page:

<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. 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, visit the OCHA Syria web page:

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:

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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>