

2017

# HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2017 —

MARCH 2017

PHOTO: Amer al Shami/Save the Children



**SYRIAN  
ARAB REPUBLIC**

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## THE HUMANITARIAN RESPONSE PLAN

# AT A GLANCE\*

\*The 2017 Humanitarian Needs Overview (HNO) was developed by UN agencies and partners and underpins the 2017 HRP. The Government of Syria has expressed its reservations over some of the HNO findings. This applies throughout the document.

### STRATEGIC OBJECTIVE 1



Provide life-saving humanitarian assistance to the most vulnerable people

### STRATEGIC OBJECTIVE 2



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

### STRATEGIC OBJECTIVE 3



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

### PEOPLE IN NEED



13.5M

### PEOPLE TARGETED



9M

Direct assistance

12.8M

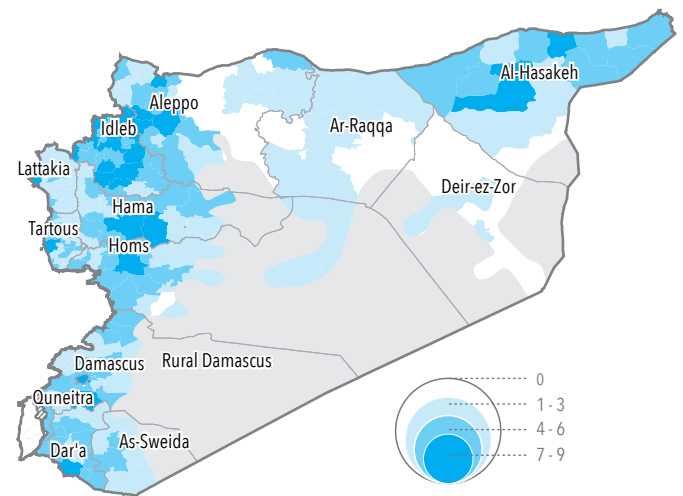
Service delivery

### REQUIREMENTS (US\$)



\$3.4B

### OPERATIONAL PRESENCE: AVERAGE NO. OF SECTORS' REACH



The Government of Syria does not recognize the boundaries of the maps included in the 2017 Humanitarian Response Plan (HRP).

The boundaries and names shown and the designations used on maps in the HRP do not imply official endorsement or acceptance by the United Nations.

### INTERNALLY DISPLACED PERSONS (IDPs)

6.3M

### INTERNALLY DISPLACED PERSONS (IDPs) IN CAMPS/SHELTERS

1M

### PEOPLE LIVING WITH PERMANENT DISABILITIES

1 out of 5 people in need live with a permanent disability



### PALESTINE REFUGEES

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

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



4.72M people in need in hard-to-reach areas

including 644K people living in UN declared besieged areas\*\*

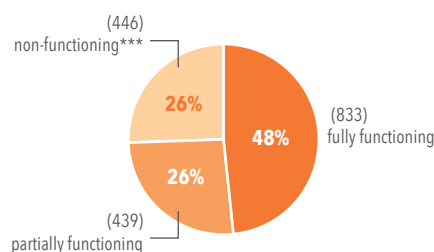
\*\* "The UN uses the term "besieged" as per a number of UNSC resolutions on the situation in the Syrian Arab Republic (see: UNSC Res. 1624, 2139, 2165, 2191, 2254, 2258). The use of the words siege/besieged is not endorsed by the Government of Syria."

### FOOD INSECURITY

1 out of 3 people in Syria are food insecure

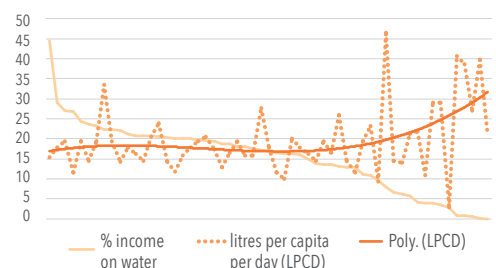


### HEALTH CARE FACILITIES FUNCTIONALITY STATUS BY END OF THE 2ND QUARTER 2016 (WoS)



\*\*\*non-functioning PHC: data available for WHO Syria

### CORRELATION BETWEEN WATER CONSUMPTION AND COST



## INTRODUCTION

The 2017 Humanitarian Response Plan (HRP) sets out the framework within which the humanitarian community will respond to large-scale humanitarian and protection needs in Syria throughout 2017 on the basis of the prioritization undertaken across and within sectors. The HRP, based on humanitarian assessment data, also presents urgent funding requirements to meet deepening needs. It is anchored by three strategic objectives: saving lives and alleviating suffering, enhancing protection and building resilience. These objectives are interlinked, reflecting the fact that needs are intertwined. Protection and early recovery are mainstreamed across the operation, adding coherence to the humanitarian response. Progress made towards attaining one objective is often dependent upon incremental steps towards achieving another. Achieving these objectives is contingent upon the availability of sufficient resources and the existence of an enabling operational environment. Humanitarian activities under the HRP are coordinated at hub level and benefit from the Whole of Syria (WoS) approach.<sup>1</sup>

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

The HRP was consulted with the Government of the Syrian Arab Republic and collectively prepared by all partners. The final document was endorsed by the Emergency Relief Coordinator (ERC), in line with General Assembly (GA) resolution 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 document and that it should not be interpreted as a political document. While the UN and Government of Syria may have differences in interpretation of certain issues, the primary objective of the document remains to support the timely and adequate delivery of humanitarian assistance to people in need in accordance with international law, including A/RES/46/182, and the UN Charter.

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

In accordance with international law, the United Nations renews its commitment to deliver humanitarian assistance to people affected by the crisis in Syria, to 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 United Nations is committed to the implementation of Security Council Resolutions 2139 (2014), 2165 (2014), 2191 (2014), and 2258 (2015). The UN and its partners will also continue to advocate for greater respect for international law, international humanitarian law and international human rights law with relevant stakeholders.

Humanitarian organizations working under this plan: United Nations (UN) agencies, funds and programmes, the Syrian Arab Red Crescent and humanitarian international and national Non-Government Organizations (NGOs),<sup>2</sup> remain committed to providing needs-based humanitarian assistance, in accordance with the humanitarian principles of humanity, neutrality, impartiality and independence and to providing assistance without discrimination to people in need. In this capacity they are protected under international law.

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

2. The Government of Syria only recognizes international and national humanitarian actors as NGOs it has registered, approved, and accordingly notified the United Nations of. However, in line with relevant UN Security Council and General Assembly resolutions, the UN recognizes that intergovernmental and non-governmental organizations working impartially and with strictly humanitarian motives should continue to make a significant contribution to the humanitarian response in Syria, complementing national and other international efforts (A/RES/46/182, op5 (1991), including within the framework of UNSCR 2139 (2014), 2165 (2014), 2258 (2015), 2322 (2016). This applies to all references to such organizations throughout the HRP.

# HUMANITARIAN NEEDS

Six years into the crisis, the humanitarian situation in Syria continues to deteriorate. Over half of the country's population have fled their homes: 4.8 million people have sought refuge in the region and beyond, and 6.3 million people are internally displaced. 13.5 million people are in need of some form of assistance. Millions of people have fallen into poverty, forced to take risky choices and facing increased protection risks. In 2017, with no end to hostilities<sup>3</sup> in sight, humanitarian needs are expected to continue to grow in scale, severity, and complexity.<sup>4</sup>

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

## Humanitarian needs are becoming more severe and complex

Due to the crisis, and despite ongoing relief efforts, millions of Syrians face mounting difficulties in meeting their basic needs. A growing number of Syrians are forced to make increasingly negative and risky choices to cope. Since October 2015, it is estimated that the number of people unable to obtain the basic food required to meet their needs has risen from 6.3 million to 7 million. In some areas consistent access to safe water for many Syrians remains a big challenge. As a result, water has become an expensive commodity for which many families spend over ¼ of their income in purchasing. One in three children are now out of school and a further 1.4 million are at risk of dropping out. Overall, an estimated 13.5 million people in Syria require some form of humanitarian assistance.

05



**85%** of sub-districts report early marriage as a primary concern



Households spend up to **25%** of their income to meet daily water needs



**1/3** of all Syrian children are out-of-school, and **1/3** of all schools are out of service



**7 million** people are food insecure, and another 2 million are at risk of food insecurity

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

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





**30K** people suffer war-related trauma injuries every month, **30%** of whom are left with permanent disabilities



**60%** of the population requires health assistance, and **more than half** of public health care facilities are either closed or only partially operational



**4.3 million** people are in need of shelter



**Child recruitment**, particularly adolescent boys, is perceived to be a widespread concern in surveyed sub-districts.

### Life-threatening needs among crisis-affected populations and communities are a growing concern

An estimated 5.7 million people live in areas where the level of need is considered critical due to the combined impact of: (i) the intensity of hostilities, including acts by entities designated as terrorist by the UN Security Council (UNSC); (ii) ratio of IDPs to host communities; (iii) scarcity of services; and (iv) prices and availability of basic commodities, also affected by unilateral coercive measures. These areas remain a priority for the provision of multi-sectoral life-saving and life-sustaining humanitarian assistance. Of these, approximately 643,780 people (42 per cent of them children) live in 13 UN-declared besieged<sup>5</sup> locations where movement of people and commodities is prevented, including humanitarian assistance. In these locations, the denial of civilians' basic rights, including freedom of movement and adequate access to food, water, and health care, results in unnecessary suffering and preventable death. A further 4 million people in need live in hard-to-reach areas, where humanitarian organizations are unable to reach affected people in a sustained and predictable manner.

In addition to some 4.8 million refugees in neighbouring countries, an estimated 6.3 million people are displaced within Syria, contributing to challenges for the communities hosting them and sometimes leading to tensions over access to services and opportunities. Rates of displacement remain high with, on average, 6,150 people displaced per day. Many people have moved multiple times in search of safety, or, as their savings have depleted, to cheaper accommodation. It is estimated that over one million IDPs live in collective shelters, camps<sup>6</sup> or makeshift settlements as options of last resort. As neighbouring countries have restricted the admission of people fleeing Syria into their territories, hundreds of thousands have become stranded in deplorable conditions at Syria's borders. In some cases, due to access constraints, these people are beyond the reach of humanitarian partners. An estimated 600,000 IDPs have also returned to their areas of origin in 2016. The dynamics and drivers of return will need to be further explored and analysed in 2017, to gain a greater understanding of the particular vulnerabilities affecting these populations and to enable a better targeting of humanitarian assistance. 430,000 Palestine refugees are also in need of



**6.3 million** people in Syria are internally displaced



**4.8 million** refugees in neighbouring countries



**4 out of 5** Syrians living in poverty, with more than **6.5 million** in abject poverty

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

6. "Camp" in CCCM is a generic IASC term used to describe several IDP settlements including formal camps as well as informal or spontaneously established settlements.<sup>37</sup> CCCM IDP tracking shows that the majority of recently displaced arriving in camps spent time in other types of sites, e.g. rented accommodation, host family and collective centers, before moving into an IDP settlement or camp.

humanitarian assistance.

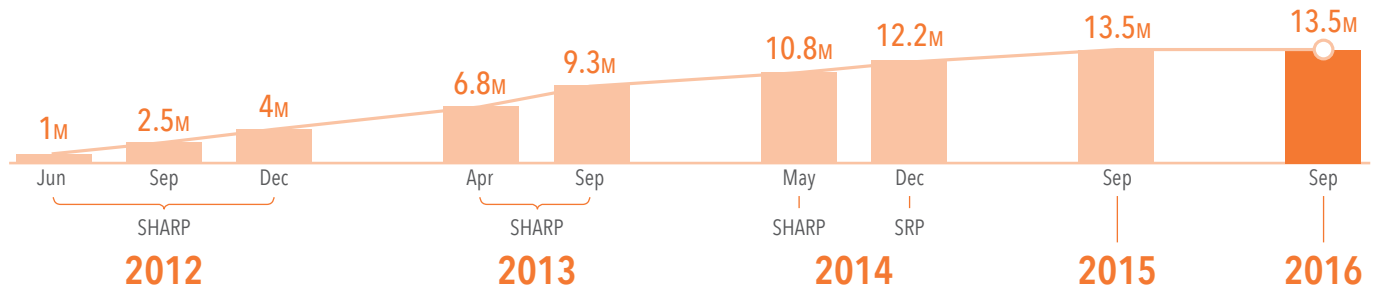
### Livelihoods have been destroyed, poverty is reaching extreme levels, and protection risks are mounting

As the crisis has become protracted, the resourcefulness of millions of people has been stretched beyond its limit. An estimated 69 per cent of people are now living in extreme poverty, supporting their families on less than \$2 per person, per day. This includes an estimated 35 per cent living in abject

poverty, characterized by severe deprivation of basic food needs. After exhausting safe and dignified means of coping, peoples resourcefulness has evolved into unsustainable survival tactics associated with high levels of risk, such as child labour, forced and/or early marriage, child recruitment, survival sex,<sup>7</sup> and temporary marriages. Children, youth, women, people living with disabilities and the elderly are particularly affected.

7. Survival sex refers to the sale and exchange of sex for goods or protection in humanitarian settings in order to survive. Survival sex is frequently a direct consequence of extreme need, gaps in assistance or family separations.

### EVOLUTION OF PEOPLE IN NEED (PIN) IN SYRIA



2016 HUMANITARIAN

# ACHIEVEMENTS

January -December 2016



Reached **6.8M** people every month with food assistance



**13M** people reached with direct humanitarian WASH assistance and

**16.4M** people with WASH systems support Supported / carried out



**10.7M** medical procedures,

**9.2M** treatment courses.

Reached **1.3M** children with immunization campaigns



Reached over **3.5M** people with general protection services

and over **2M** with psychosocial support initiatives



Reached around **4.2M** children and youth with formal and non-formal education services



Reached **2.6M** people with livelihoods activities



## STRATEGIC

## OBJECTIVES

In support of national and local efforts, the humanitarian community will strive to contribute to the achievement of three key objectives in the 2017 Humanitarian Response Plan: i) save lives and alleviate the suffering of the most vulnerable people; ii) enhance the prevention, mitigation and response to protection needs; and iii) increase resilience, livelihoods and access to basic services.

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



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



**2** **Ensure 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, HRL and through quality, principled assistance



**3** **Increase resilience and access to services**  
Increase resilience and livelihood opportunities and affected people's access to basic service, especially among the most vulnerable households and communities

The 2017 Humanitarian Response Plan is complementary to the humanitarian response provided by the Government of Syria (GoS) and other international organisations such as the ICRC and IFRC.

The strategic objectives for 2017 build upon the humanitarian community's efforts in 2016 and reflect the complexity of the humanitarian situation in Syria today. Under the framework of the 2017 HRP, the humanitarian community aims to provide up to nine million people in need with direct assistance and 12.8 million people in need with improved access to basic social services.

**Objective one** focuses on the continued provision of life-saving humanitarian assistance. Inter-sectoral coordination will be key to ensuring that needs-based, multi-sectoral humanitarian assistance reaches: (i) the 5.7 million people living in areas of high severity of need, including those in UN-declared besieged and hard-to-reach locations; (ii) sudden-onset IDPs, who often flee at short notice and leave behind essential assets, and vulnerable long-term IDPs, who often struggle to access income and services in their host communities; and (iii) the needs of Palestine refugees.

**Objective two** aims to enhance the prevention and mitigation of risks and to respond to protection needs related to violent and protracted crisis, by promoting international law, IHL and HRL, and through quality, principled assistance. It recognizes that, having now exhausted most options, many families are increasingly forced to resort to negative coping strategies that particularly impact women and children. This objective will address strengthening inter-sectoral cooperation to improve protection monitoring, in cooperation - to the extent feasible - with the Syrian state. The objective will aim to mitigate a number of key concerns such as child labour and recruitment, early marriage and lack of documentation. Growing risks and challenges faced by affected people and concerned authorities relating to Housing Land and Property (HLP) issues will also be addressed through technical support.

### Defining protection in Humanitarian Action<sup>8</sup>

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

The Inter Agency Standing Committee's 2016 Policy on Protection in Humanitarian Action (2016) has been used as reference. The IASC defines protection as: "all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. international Human Rights Law (IHRL), International Humanitarian Law, International Refugee law (IRL))."<sup>9</sup>

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

9. IASC IDP Protection Policy 1999.

**Objective three** aims to increase resilience and livelihood opportunities as well as improve affected people's sustained access to basic social services. It reflects the need to invest in actions to prevent a further deterioration of living conditions, and growing aid dependency. Focused efforts will aim to bolster household and community-level resilience to shocks.

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

### Underpinning the response

The following key protection principles<sup>10</sup> are prioritized by the IASC in all humanitarian activities: 1) 'Do No Harm'<sup>11</sup>: preventing and minimizing any unintended negative effects of activities that can increase people's vulnerability to physical and psychosocial risks; 2) equality: ensuring affected civilians have meaningful access to impartial assistance and services in proportion to need and without any barriers or discrimination, paying special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services; 3) feedback and participation by affected populations in a manner consistent with IASC guidelines on Accountability to Affected Populations<sup>12</sup>; ensuring appropriate mechanisms through which affected people can provide feedback on the adequacy of humanitarian initiatives and channel any concerns and complaints; 4) participation and empowerment: supporting the development of legal protection capacities and assisting affected civilians to access basic services

10. 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.

11. 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 to prevent or minimize 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.

12. 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.

and amenities, including food, shelter, water and sanitation, education and healthcare in cooperation with the government; and, 5) More efforts will also be made to systematically mainstream Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk mitigation measures into all humanitarian sectors.

A protection risk analysis has been an integral and mandatory part of the development and vetting process of each sectors' strategy and projects in the HRP. Advocacy with all relevant stakeholders on protection issues will be a key pillar of the response.

### Capacity development

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

Photo: OCHA/Ghalia Seifo



## RESPONSE

## STRATEGY

The 2017 response strategy has been developed based on analysis of the varying humanitarian needs that people experience in different parts of the country, consideration of the volatility of the context and potential emergence of new needs, and the likely continuation of hostilities in the coming year. It also takes into account the access limitations that humanitarian actors face in reaching areas with the most acute needs. The strategy underlines a need for flexible operational approaches, enhanced coordination amongst humanitarian actors across all hubs,<sup>13</sup> and sustained advocacy.

### Planning assumptions

In the absence of a political solution, it is likely that ongoing hostilities, acts by entities designated as terrorist by the UNSC, the impact of unilateral coercive measures, deep economic decline and accelerating poverty will persist in the coming year with visible implications for civilian populations, forced displacement and vulnerability. This context is likely to preclude improvements in social infrastructure, market accessibility, and the availability of livelihood opportunities, implying the continued dependence of millions of Syrians on humanitarian assistance.

Humanitarian access is expected to remain the main constraint to reaching the most vulnerable people. The use of sieges,<sup>14</sup> will continue to endanger the lives of civilians in many areas. While people living in hard-to-reach areas may have intermittent access to humanitarian assistance, the absence of sustained and predictable aid may continue to leave families struggling to meet basic needs. Humanitarian access to these areas is expected to remain a significant challenge.

Displacement is anticipated to continue at scale with as many as one million people expected to be temporarily displaced at least once during 2017 across various areas of the country. Military offensives against entities designated as terrorist by the UNSC may allow greater access but may also cause displacement. Persistent control by designated entities, and their attempts to expand their areas of control, will cause displacement and exacerbate humanitarian needs. Borders are likely to remain closed to people fleeing Syria. While some displaced people may return to their homes, millions

will remain unable to return and humanitarian actors will need to ensure that host communities receive the necessary assistance to accommodate these families. Over time, more families, with fewer options available, may be forced to resort to desperate coping strategies.

### Scope of the humanitarian response

The 2017 HRP recognizes that humanitarian needs in Syria have grown too large for the humanitarian community to address comprehensively. Several factors contribute to this challenge namely continued armed hostilities, restricted humanitarian access and related obstacles, constrained capacities and limited funding. These factors have been taken into consideration in the development of the 2017 HRP.

In 2017, humanitarian actors operating under the framework of the HRP will remain focused on actions critical to preventing the loss of life, preventing risks and addressing protection needs, as well as on promoting access to basic social services and livelihood opportunities in order to mitigate more widespread and acute needs. In relation to Syria's development goals, the bulk of these efforts will need to be addressed by a significant build-up of development programmes and frameworks in complementarity to the HRP, including the Syria Strategic Framework.

To ensure that the most dire needs are addressed first, within a context of growing needs, the humanitarian response will be guided by two main parameters: i) protection and vulnerability criteria of groups at risk and 2) geographical severity of needs.

13. 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

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

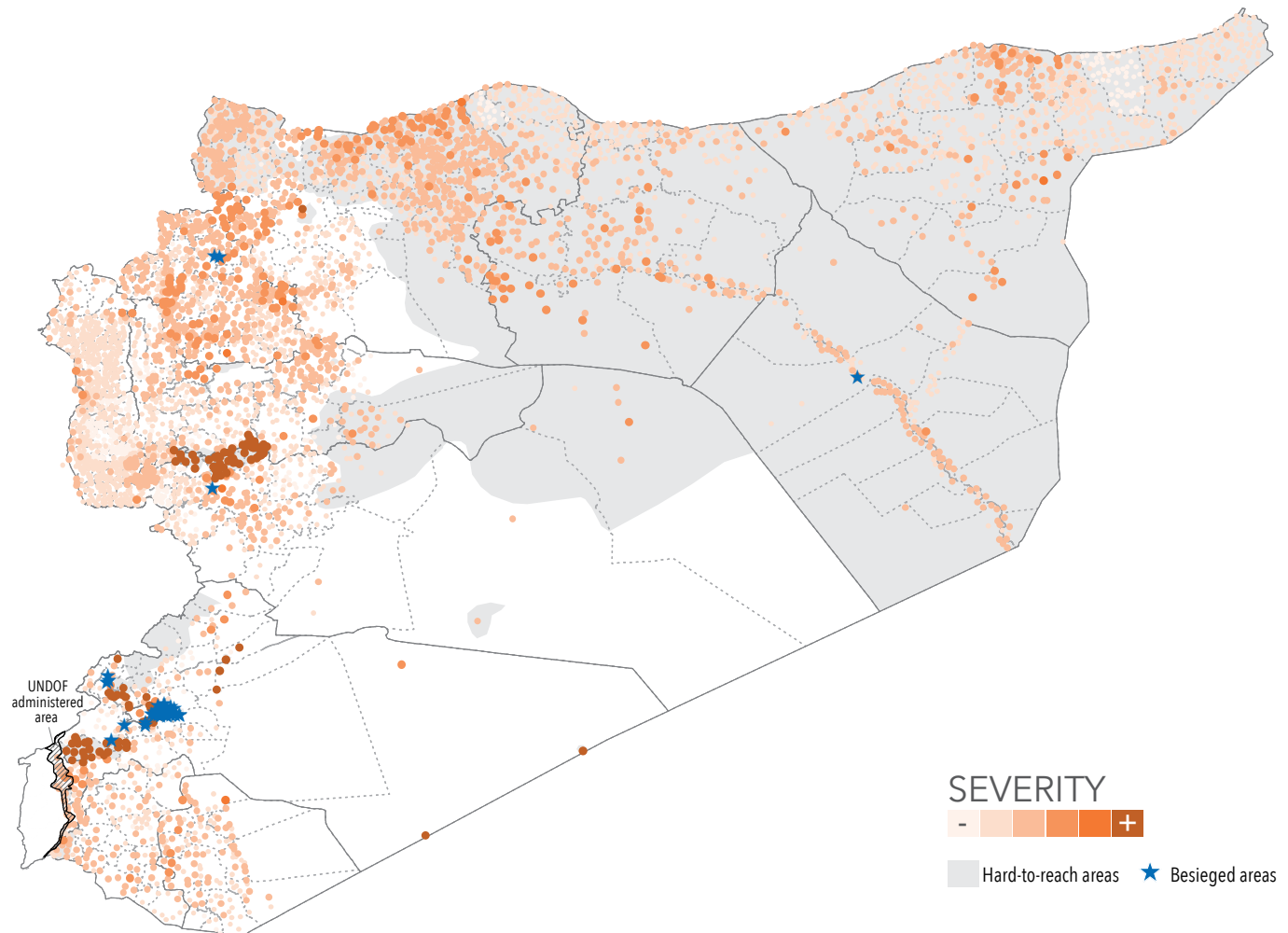


Across all areas, programmes will aim to reach the most vulnerable populations and communities. A guide to protection and vulnerability criteria that underpin the planning of interventions foreseen in the HRP is provided as an annex (pp 60-61) to serve as common vulnerability measures.

Geographical severity will be guided by the inter-sector severity categorization and sector-specific severity analysis. The inter-sector categorization (see map below) demonstrates degrees of severity, which often indicate that different forms of assistance may be needed - from the most catastrophically affected areas that require life-saving humanitarian assistance, to areas where

basic services and livelihood needs are high and conditions for a sustained response, such as relative stability, are present. The categorization is based on factors considered to have a direct impact on the population living in these areas, including: the intensity of hostilities; the ratio of IDPs to host communities; market prices; access to health services; and coping mechanisms. Areas of highest severity indicate the criticality of needs. Response efforts will be guided by the severity and types of needs, and will deploy the most appropriate response modalities, contingent on access opportunities.

## INTER-SECTORAL SEVERITY OF NEEDS



Note: The inter-sector severity categorization does not exclude areas from being assisted, but acknowledges that different areas require different responses and that poor access is a major determinant of severe need. It is based on best estimates drawn from available information. Given the

constantly changing situation in Syria, the inter-sectoral severity categorization will be regularly updated to inform programming. Donors are encouraged to provide operational actors with the flexibility to respond to these changing conditions.

## Response Priorities

Given the scale of needs and of the response in Syria, a series of focus areas have been identified within each strategic objective of the HRP. These are not an exhaustive account of efforts foreseen, but highlight areas where various sector responses converge and complement each other towards the achievement of common objectives. The operational details and coordination arrangements on these focus areas will be advanced by the various hubs for their areas of operation throughout the year.

### Strategic objective 1: Provide life-saving humanitarian assistance to the most vulnerable people

Efforts under this objective will focus on people living in areas of high severity of need where access to basic goods and services is limited; people requiring life-saving health and nutrition support; displaced populations, and host families – taking into account their different profiles and needs. People facing food insecurity and whose nutritional status and coping mechanisms are negatively affected will likewise be prioritized under this objective.

#### *Provision of multi-sectoral life-saving and life-sustaining humanitarian assistance in areas with high severity of need, including UN-declared besieged and hard-to-reach locations.*

An estimated 5.7 million people in need live in areas where the level of need is considered critical. This includes 4.72 million people in need living in hard-to-reach areas, including 643,780 people in need in UN-declared besieged areas, and people in accessible areas where a confluence of factors have generated severe needs. These locations remain priority areas for the provision of multi-sectoral life-saving and life-sustaining humanitarian assistance. This includes the provision of basic items and sustained service delivery across a variety of sectors.

#### *Provide increasingly integrated life-saving health, nutrition and water and sanitation services to crisis-affected populations*

Over the course of 2017, an estimated 12.8 million people in Syria will require access to health assistance. Of these, 3.5 million people are expected to need surgical and trauma services. Yet, the damage caused to health facilities as well as critical shortages in the availability of staff, supplies, and medicines have seriously disrupted the health system. Limited safe drinking water and basic sanitation services are also increasing vulnerability to water-borne outbreaks and other vaccine-preventable diseases, while vaccine coverage has not been uniform due to wide-spread access restrictions. At any point in time, 360,000 women in Syria are estimated to

be pregnant and require reproductive and maternal health services. In addition, high levels of Global Acute Malnutrition were recorded among women in child bearing age (CBA). Additionally, anemia among both children under five and women of child bearing age constitute moderate public health problem.

People most at risk include: survivors of trauma, including the war wounded; people who live with chronic diseases, unvaccinated children; pregnant women and newborn children who have no access to life-saving obstetric care; girls and women with poor access to essential reproductive healthcare; and those in need of mental health and psychosocial support.

In order to respond to these issues, humanitarian actors will focus on providing life-saving health assistance by: strengthening the provision of essential primary and secondary health care services; supplying health facilities with essential medicines, materials and equipment; reinforcing comprehensive care for trauma and injuries; strengthening the provision of emergency maternal obstetric and neonatal care services; expanding the communicable disease surveillance and response system; strengthening the management and prevention of non-communicable diseases and implementing the Expanded Program of Immunization for all children under five and Supplementary Immunization Activities in UN-declared besieged and hard-to-reach areas. Nutrition-related interventions will be mainstreamed in health facilities, particularly focusing on children and pregnant and lactating mothers, including referral for treatment of acutely malnourished cases and the provision of micro-nutrient supplementation. These efforts will be complemented by investments in water and sanitation systems.

Improved coordination between health, nutrition and WASH sectors may result in a reduction of excess morbidity and mortality due to malnutrition and water-borne diseases. Coordination will be enhanced by strengthening health information systems, consolidating and expanding communicable disease surveillance and response, contributing also to improved effectiveness of life-saving services for people in need.

#### *Enhanced provision of needs-based assistance to all categories of IDPs*

Large scale displacement continues to take place in Syria, with many people returning once hostilities have subsided. In addition, there are an estimated 6.3 million protracted displaced, including over one million living in collective shelters, camps or makeshift settlements as options of last resort, 170,000 of whom are stranded along Syria's northern and southern borders. People in each of these situations have different needs and require different types of assistance. The 2017 HRP thus prioritizes the increased provision of multi-sectoral assistance to IDPs and the communities hosting them.

Although needs are not uniform among different 'categories' of IDPs, it is suggested that further analysis of the multi-faceted nature of displacement in Syria will inform a 'guiding framework' to strengthen preparedness and response throughout the country and help ensure that humanitarian actors are reaching the most vulnerable people in a systematic manner. This guiding framework would take the following into account:

**Sudden onset displacement:** Newly displaced people often flee at short notice, leaving behind many of their assets. The majority find refuge with host families, but those who do not often reside in shelters that can be extremely overcrowded and lacking basic amenities. Their needs are therefore often urgent and acute, but can be short-term, as many return to their home as soon as immediate risks subside. Various mechanisms to track IDP movements exist in Syria, and humanitarian actors are usually alerted when new displacement occurs. Response to these sudden onset IDPs is usually required in a timely manner (ideally within 72 hours) and initially for short periods of time.

**Long-term IDPs in camps or makeshift settlements, including people stranded at the borders:** IDPs typically exhaust all available alternatives before moving to camps, informal settlements, transit sites, and collective centres. As a result, these sites tend to host many of the most vulnerable IDPs. Residents of these settlements often face a convergence of needs due to overcrowding, lack of water and sanitation facilities, and limited access to livelihood opportunities. The response to these IDPs requires sustained life-saving and life-sustaining multi-sectoral humanitarian assistance and appropriate site management arrangements.

**Long-term IDPs living in host communities:** Long-term IDPs in Syria often have tremendous needs and face immense challenges in accessing services and livelihood opportunities in host communities, where residents themselves struggle with economic hardship. These circumstances may leave them vulnerable to exploitation and dependency. Many long-term IDPs have moved multiple times as their financial resources have become depleted, forced to move into cheaper, poorer quality and more crowded accommodation. Response to these IDPs and host communities requires sustained assistance in various sectors, particularly in service delivery and livelihood support.

**Returnees (IDPs):** An estimated 600,000 IDPs have also returned to their areas of origin in 2016. The dynamics and drivers of return will need to be further explored and analysed to gain a greater understanding of the particular vulnerabilities affecting these populations to enable a better targeting of humanitarian assistance. Such analysis will also help the provision of advice on the situation in the areas of origin to IDPs considering this option. Humanitarian actors will need, however, to ensure that returns to un-safe areas are not driven by unmet humanitarian needs and will need to effectively liaise with authorities to support reintegration efforts, where safe and sustainable conditions for return are present.

### *Support food insecure people and mitigate negative coping strategies*

An estimated 7 million people are food insecure and a further 2 million people are at risk of food insecurity. This has two key implications: diminishing food consumption, which has reached poor or 'borderline' levels of food insecurity for 39 per cent of Syrians, putting them at risk of malnutrition; and the widespread and growing adoption of risky and unsustainable mechanisms to access food. These include forced/early marriage, begging, borrowing, child labour, and child recruitment.

The response strategy to these issues is to regularly reach the 7 million food insecure people with food assistance, at least eight times in a year, and complement this food assistance with robust livelihood and agricultural support to reduce dependence on food assistance. Supplementary food assistance (for enhanced dietary diversity) is also planned to be distributed to 20 per cent of those targeted with food assistance who have specific needs. Efforts will be made to determine whether a gradual shift from assistance to self-reliance is achievable without jeopardizing the food security of the households. This strategy is expected to reduce the use of negative coping mechanisms by affected families and mitigate protection risks associated with these negative coping strategies.

Improved coordination between the food security and nutrition sector will be pursued to deliver nutrition services in an integrated manner including by delivering blanket supplementary feeding programs through food assistance channels, providing key messages related to Infant and Young Child Feeding (IYCF) and providing sensitive agriculture training. Close coordination will also be maintained with the Shelter/NFI sector with regards to cooking fuel gas and/or fuel efficient cooking stoves. The Food and Agriculture sector will work closely with the Early Recovery and Livelihood sector on its strategy for transitioning from assistance to self-reliance, to seek opportunities for broadening the scope



of the caseload to be transitioned. Close collaboration will also be pursued with the protection sector to explore complementarities between efforts to improve food security and the mitigation of poverty-induced protection risks.

### *Humanitarian response to affected Palestine refugees*

Palestine refugees are among the most affected by the crisis and will continue to be severely impacted in 2017. Among the 450,000 Palestine refugees remaining in Syria (out of 556,000 registered in 2011), 430,000 continue to be in need of sustained humanitarian assistance and rely on UNRWA to meet their vital requirements and fulfill their basic rights.

UNRWA remains the main provider of assistance to Palestine refugees. Through its responsive operational network, which includes more than 200 facilities and 4,000 staff across the country, UNRWA will continue to implement humanitarian interventions through a multi-sector approach with services, such as, protection services, food and non-food items, shelter, water and sanitation, and health to be provided. A particular focus will be placed on Palestine refugees with specific vulnerabilities, such as the 280,000 internally displaced Palestine refugees, including those living in collective shelters; the 43,000 residing in hard-to-reach and UN-declared besieged areas; and those with specific needs (pregnant and nursing women and female-headed households).

## **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, HRL and through quality principled assistance.**

Recognizing that the Government of Syria bears the primary responsibility for protection of civilians, efforts under this objective will aim to prevent and respond to the needs of those affected as well as mitigate further crisis or poverty-induced protection risks. This will be done through programming as well as sustained advocacy for greater respect for international humanitarian law and international human rights law with relevant stakeholders.

### *Response to survivors or people at risk of violence, exploitation and abuse*

Proximity to hostilities, the acts of entities designated as terrorist by the UNSC, persistent use of explosive weapons in some populated areas, displacement, unpredictable access to basic goods and services, family separation, and lack of civil documentation have been identified as critical factors that increase the protection risks and vulnerability of people in Syria. Grave child rights violations continue unabated, with many children killed and maimed due to hostilities. Child labour and recruitment are widespread. Gender-based violence<sup>15</sup> continues to be prevalent. Population movements and other factors linked to the crisis have resulted in changes in the population with an increasing number of female-headed households. Many areas are contaminated by unexploded hazards of different types, placing an estimated 6.3 million at risk. The physical security of humanitarian and service delivery personnel, such as health and education workers, is also at high risk.

The strategy of response to survivors of violence, exploitation or abuse, includes: strengthening protection monitoring, and needs identification, to the extent feasible, in close cooperation with the Syrian government; providing legal counseling and assistance according to the national framework and through support to state institutions; enhancing community based initiatives such as community centres; providing a range of integrated protection services including mobile units and outreach volunteers; expanding the provision of quality specialized GBV services focused on psychosocial support; expanding the reach of community-based child protection interventions; improving the quality of child protection specialized services, and carrying out risk education on explosive remnants, victim assistance and services.

### *Prevention and response to protection needs*

To further prevent and mitigate protection needs, livelihoods support for families and individuals at risk will be expanded, supporting access to civil documentation will remain a priority, technical programmes to ensure Housing, Land and Property rights will be pursued, and renewed efforts for family reunification will be implemented.

Support will also be provided to other humanitarian actors not specialized in protection to identify and analyse protection concerns and ensure protection mainstreaming, including the incorporation of “Do No Harm” principles into all HRP-related programming. A common set of protection factors to prioritize the most vulnerable populations will also be considered by all sectors in their programming. Furthermore, other sector’s activities are believed to also indirectly contribute to this objective by supporting people in meeting their basic survival needs thereby mitigating the risk of them resorting to negative coping strategies.

15. For the Syrian Government, gender-based violence means “the preventions and response to violence against women, violence against girls and violence against boys”

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

Efforts under this objective will focus on supporting increased access to essential services such as health, water, education and waste management thereby creating livelihood opportunities, particularly for vulnerable groups such as people living with disabilities, women, adolescents and youth, as well as promoting social cohesion and community preparedness.

#### *Improve access to health and water and sanitation services*

As noted earlier, the health system in Syria has been severely disrupted as a result of damaged infrastructure, limited supplies and reduced numbers of qualified staff. In addition, the water and sanitation systems are also gradually deteriorating due to damage and lack of maintenance, but mainly power supply. As a result, water supply is increasingly being sold in some areas by the informal private sector through market-based mechanisms with two key implications: access to potable water and basic hygiene items sold by the private sector are becoming very expensive, and the quality of the water is largely unregulated, posing increased risks to public health. Scarcity of water caused by drought is an additional concern.

With the intention of improving access to basic services, the response will include the light rehabilitation of health facilities including physical structures and the provision of equipment/supplies, capacity building of health institutions and Syrian NGOs, promoting mobile medical units for emergency response, continued emphasis on rapid health assessments of emergency situations, and the design of timely response planning and implementation.

The strategy also looks to address the efficiency of existing water supply infrastructure through the light rehabilitation of critical infrastructure, provision of treatment products, use of alternate power supply/generators, improvement of water supply and sanitation systems in schools and hospitals, and ongoing support for operation and maintenance.

#### *Support access to formal and non-formal education for children and youth*

While over 1.3 million children benefited from access to learning programmes during 2016, an estimated 1.75 million children and youth (aged 5-17 years) remained out of school in the 2015/16 school-year, a 17 per cent decrease from the 2014/15 school-year, and 1.35 million were at risk of dropping out. Nearly two million school-age children are displaced, multiple times. An estimated one in three schools are damaged, destroyed, inaccessible or used as collective shelters.

The response strategy aims to enable those who are out of school to return to school and those who are in school and at risk of dropping out to continue their learning. This will be achieved through the scaling up of equitable learning opportunities, enhancing the quality of teaching and learning, ensuring safe learning environments, strengthening education systems at national and community levels, and providing policy support. Schools also have a particular need for enhanced WASH services and will receive WASH support.

#### *Support resilient communities and dignified living conditions*

The majority of IDPs are being supported by host communities. In some cases, this has resulted in a 50 per cent increase of the community population, thereby adding additional pressure on resources and infrastructure and on host families increasingly affected by rising levels of poverty, unemployment and weakened social protection schemes. Youth are particularly affected with 64.8 per cent of young women and 22.9 per cent of young men unemployed. Inter/intra-communal dynamics and coping mechanisms have also been negatively affected. Extensive damage to homes and HLP issues remain an obstacle to the return of many IDPs.

The response strategy focuses on communities hosting large numbers of IDPs and aims to support resilience building of these individuals, families and communities by: supporting sustainable and efficient service delivery and basic community infrastructure, establishing adequate livelihoods as part of socio-economic recovery, and promoting social cohesion and community-level engagement in early recovery efforts. Appropriate agricultural inputs will be provided at household level. Services with complementary structures will be strengthened or restored for overall communities so that the value chain between production, processing and markets is promoted. It is expected that, despite the constraints with supply routes, the inputs in rural areas will facilitate greater availability of food in markets in urban and peri-urban locations with the overall aim of stabilizing food prices. Basic infrastructure emergency rehabilitation efforts including solid waste, sewage, electricity and markets will be carried out through labour-intensive schemes to generate short-term employment and allow people to meet basic needs. Other light rehabilitation of disrupted livelihoods will be carried out through grants for startups, including seed funding for youth, business revival and small and medium enterprise (SME) support, with a focus on fragile segments of people with disabilities, females and youth. Other vulnerable groups such as children and the elderly will be the focus for activities aiming at better social protection. The lack of adequate housing will be addressed through rehabilitation, repair and provision of tools and materials including through self-help, recovery-oriented options where feasible. Strengthening national and community early warning and disaster risk reduction (DRR) systems will also be a main area of focus.

Sectors integrating early recovery assistance in their strategies, will work closely to establish linkages between beneficiaries, map common locations, define targeting criteria, and elaborate a mechanism that can be closely monitored to determine whether a gradual shift from assistance to self-reliance is achievable without jeopardizing the food security of the households.

## Cross-cutting considerations

### Gender

Conditions for women have deteriorated significantly in some areas in Syria, with high exposure to violence, displacement, poverty and growing unemployment also fueled by the impact of unilateral coercive measures, amongst other factors. Estimates indicate the female ratio of the population has increased from 49 per cent to 51 per cent, rising up to 57 per cent among IDPs. The crisis has forced many young men to flee the country to seek economic opportunities elsewhere. Women are shouldering much of the economic burden and striving to ensure livelihoods for themselves and their families. In addition, in some areas women face particular protection problems and increased restrictions on their mobility due to insecurity and lack of male family members who can accompany them to services. Moreover, the humanitarian situation has had impact on existing gender roles, influencing vulnerable groups' (such as the disabled, the elderly, and chronically ill) access to assistance due to physical, social and cultural barriers. Ensuring that humanitarian assistance identifies the distinct needs and concerns of women, girls, boys and men is vital in order to have a more efficient impact on their lives. Programming should adapt to the particular vulnerabilities and access opportunities of individuals and communities to reduce risk of exposure to violence and strengthen resilience.

As a matter of principle, humanitarian actors working in the various hubs are committed to fully incorporating gender in planning and response. Sector gender focal points have been established and trained on gender issues by an Inter-Agency Capacity Building Gender Advisor (GENCAP) to support gender mainstreaming across the hubs.

- Strategic planning: gender equality in accessing services and the distinct needs of women and girls, as well as men and boys, are considered throughout the Humanitarian Planning Cycle (HPC) in each sector response plan.
- Assessments: assessments tend to have a disproportionate number of male participants compared to females, affecting their quality. Creative strategies will be established to ensure meaningful consultation with women and girls so that their needs and concerns are articulated and addressed in the response. More advocacy and awareness-raising will be done to increase the number of women as participants, key informants and experts.

- Operational planning: project review and prioritisation will ensure gender considerations are taken into account, including through the use of the Inter-Agency Standing Committee (IASC) Gender Marker. There will be increased targeting of activities to reach the most vulnerable groups across all sectors, including ensuring equal access for men and women to assistance, employment, capacity building and cash-for-work programmes.
- Data collection, use and analysis: sector data is disaggregated by sex and age. Building on progress in 2015 and 2016 in breaking down data by sex and age, there will be increased efforts by assessment leaders, sector coordinators and partners to systematically collect, use and analyse data that is disaggregated by sex and age and incorporate it into planning and implementation.

### Continuing efforts to address access constraints

Access challenges remain the main impediment to the delivery of humanitarian assistance. To address access challenges, humanitarian partners will further engage in principled advocacy on regulatory frameworks and humanitarian principles; granular cross-hub access analysis and security risk management; the strategic use of pooled funding; and measures to reinforce the response and monitoring capacities of national partners, who typically operate more flexibly in areas of difficult access. Preserving and expanding humanitarian access, where possible, will require increasing acceptance for humanitarian action, in line with the relevant provisions of GA resolution 46/182, as well as effective cooperation and coordination with international and national NGOs.

### Feedback and participation by affected populations<sup>16</sup>

Affected people were consulted during the needs identification and planning processes through a series of focus group discussions carried out across the country. 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 dimension of analysis 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, in cooperation with the Government of Syria when feasible, have been mainstreamed across the various projects and activities planned in the HRP.

16. 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.

### *The No Lost Generation Initiative*

Launched in 2013, the No Lost Generation (NLG) initiative is a commitment by humanitarian actors and donors to support children, adolescents and youth affected by the Syria and Iraq crises, recognizing that their safety, wellbeing, and education – in short, their future – are seriously endangered by over five years of ongoing hostilities impeding their safe transition to adulthood.

The initiative comprises three pillars: Education, Child Protection and Adolescents & Youth. In 2017, efforts under the education pillar will address the needs of the 5.8 million children and youth who are in need of education assistance, both in and out of school. Key objectives will be to strengthen the delivery of formal and non-formal education through existing systems; to increase access to education for the 32 per cent of children currently out of school through accelerated learning, improvements in accreditation, scaled up provision and self-learning; and enhancing the quality of education and capacity development for all children and youth. Adolescents and youth in Syria are missing out on opportunities to develop and learn. Many are forced to stay indoors for their safety, a majority of them being girls and young women. The absence of positive choices can pressure adolescents to assume adult responsibilities, to marry at a very young age or to join armed groups, exposing them to further exploitation and abuse.

Recognizing that there are nearly six million children in need in Syria, the child protection pillar will strive to deliver specialized child protection services to children facing family separation, physical and sexual violence, child recruitment, torture, kidnapping, limited access to basic services, hazardous forms of labour, lack of documentation, and psychosocial distress. Work under this pillar will also support family and community efforts to protect children and adolescents, advocating for and supporting legal and policy reform to strengthen the existing national education and child protection delivery systems.

Estimates show that of the six million Syrian adolescents and youth, more than two million are internally displaced and an estimated 2.7 million are in need of humanitarian assistance. These girls and boys have a strong desire to contribute to their communities but their potential is largely unrealised. The adolescent and youth pillar of the No Lost Generation initiative will provide opportunities for adolescents and youth to be involved or lead social cohesion and civic engagement initiatives and will also increase their access to livelihood opportunities. This work is essential to enable young people affected by the crisis to contribute to addressing the challenges in their communities, realise their potential and offset the risks and frustration that they otherwise face. Ongoing emergency, chronic unemployment and limited entrepreneurship and participation opportunities has negatively impacted the transition to adulthood and limited the potential of young people to be fully-fledged socially and economically productive members of their communities. Provision of positive opportunities for learning and positive social, civic and economic engagement are therefore an essential protection strategy for vulnerable and marginalized young people. This will enable young girls and boys to become more resilient and have capacities and opportunities to safely transition to a productive adulthood.

The No Lost Generation initiative will further strengthen programming across sectors for children, adolescents and youth. For example, in 2017 there will be increased multi-sectoral efforts to address priority issues such as child labour which require a multi-sector approach, and to achieve efficiency through combined delivery platforms. Efforts to build sectoral accountabilities around adolescents and youth, especially when it comes to their social and civic engagement across sectors will be promoted further with the aim of ensuring that this cohort truly becomes “everyone’s business” inside 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.

Throughout 2016, the WoS approach has enabled a more in-depth understanding of the needs, response, and gaps across Syria. Information management, analysis, and monitoring have been substantially strengthened within and across sectors, despite the challenging operational environment. This system will continue to be developed in 2017. Sectors will also continue to fine-tune their monitoring and information management activities to ensure that assistance goes to those who need it most in a timely manner. The Strategic Steering Group (SSG) will retain accountability for monitoring the agreed principles underpinning the Response Plan.

## 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 to reach different geographical areas. Indicators from the sector plans will be used to monitor reach on a monthly basis (4Ws).

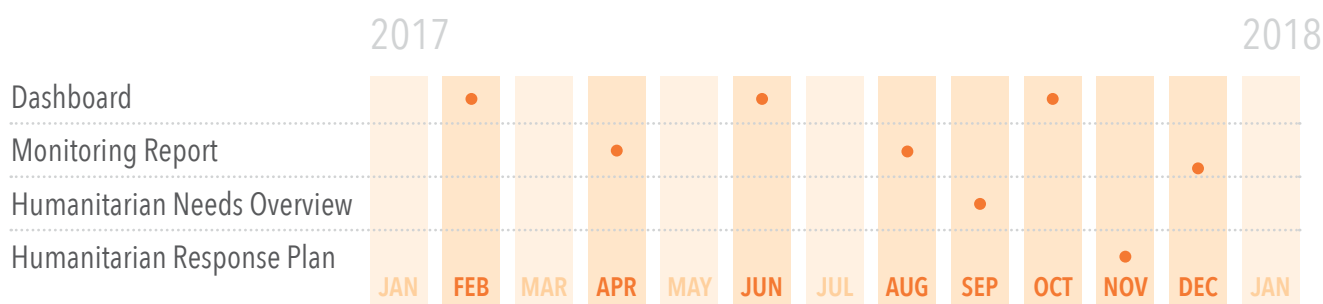
## Reporting

Monitoring data will be made publicly available on the Humanitarian Response website on a monthly basis. The Periodic Monitoring Report (PMR) will be issued in July and an end of year report will be issued in January 2017 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.

## 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 (Annex 2). Regular monitoring of results achieved versus resources allocated is essential to improving transparency and accountability to affected people, donors, authorities in Syria, and fellow humanitarians. It will help provide an evidence base for decision-making to redress shortcomings, fill gaps, and adjust response plans.

## HUMANITARIAN PROGRAMME CYCLE TIMELINE



**SUMMARY OF**

# NEEDS, TARGETS & REQUIREMENTS

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



CLUSTER/SECTOR

REQUIREMENTS

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

# PART II: OPERATIONAL RESPONSE PLANS

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





## PEOPLE IN NEED



13.5M

## PEOPLE TARGETED



9.7M

## REQUIREMENTS (US\$)



294M

## # OF PARTNERS



86

## PROTECTION OBJECTIVE 1

**1** Enhance the protection of populations at risk from the consequences of the hostilities through tailored protection activities to prevent, respond to, and advocate against rights violations

RELATES TO S02 , S03 

## PROTECTION OBJECTIVE 2

**2** Strengthen the capacity of humanitarian actors and duty bearers, with a focus on national and community-based actors, to assess, analyse, prevent, and respond to protection needs

RELATES TO S01 , S02 , S03 

## PROTECTION OBJECTIVE 3

**3** Survivors have access to quality specialised GBV services and measures are in place to prevent and reduce risks of GBV

RELATES TO S01 , S02 

## PROTECTION

## Analysis

Despite the significant increase of protection<sup>17</sup> responses and services throughout the country in 2016, the overarching picture is that people throughout Syria are exposed to numerous protection concerns. Much of the population in different parts of the country live in daily fear and face protection risks due to the way hostilities are carried out. While many affected people access much needed humanitarian assistance, in some locations accessing this assistance can be risky and is marked by allegations of exploitation and discrimination by humanitarian organizations in its provision. The high occurrence of multiple protection issues in almost all locations surveyed by the UN and its humanitarian partners<sup>18</sup> shows that protection concerns are inter-linked. Proximity to hostilities, displacement, increased poverty, family separation, and lack of civil documentation have been identified as critical factors that increase the protection risks and vulnerability of people in Syria, and pose challenges to the protection environment. Due to the crisis and its humanitarian impact, Housing, Land and Property (HLP) issues, including security of tenure, have emerged as a critical protection concern, which - along with often related civil documentation gaps - pose immediate and long-term obstacles for the protection environment in Syria.

Grave child rights violations<sup>19</sup> continue unabated, with countless children killed and

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

18. Protection Sector data is based on the concept of occurrence. If an indicator was reported in the assessed location by any of the HNO data collection exercises it was considered to have occurred in the sub-district. The data may reflect many or a single occurrence of the indicator - the Protection Sector does not assume the reported indicator to be occurring across the entire of sub-district, although for some issues it may well be the case.

19. 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).

maimed due to hostilities. Recruitment and use of children, particularly adolescent boys, is perceived to be widespread and is reportedly increasing. Child labour<sup>20</sup> remains a concern, including in its most dangerous and hazardous forms, and is particularly affecting boys.<sup>21</sup> Separation from caregivers is also reported and in some cases leaves children without adequate care arrangements. Continuous displacement, exposure to violence, deepening poverty and the persistent lack of access to services and even the most basic necessities, notably in UN-declared besieged areas, are taking a huge toll on children and causing multiple deprivations of children's rights and severe distress.

GBV continues to be prevalent in women and girls' lives. The length of the crisis, combined with the unequal power structures between men and women is, in some areas, normalizing this violence, particularly domestic violence and child marriage, along with the fear of sexual violence. Distinct forms of sexual exploitation are emerging, in some areas for example through temporary serial marriages. Significant challenges remain to ensure that GBV specialized services are widely available and that GBV survivors feel safe to report incidents.



Many areas are contaminated by unexploded hazards of different types and pose a threat to civilians in affected areas, with children, especially boys, at particular risk. It also increases poverty due to lost productive land, and undermines opportunities for recovery. Key infrastructure such as housing, schools, health centres, and water/sanitation systems have been contaminated and will remain unsafe for use. This implies the need for risk education, victim assistance (basic medical and psychosocial) and for enhancing the integration of humanitarian mine action into other sectors.

20. Data collected in previous assessments did not include examples of Worst Forms of Child Labour (WFCL) other than begging. For this year's data collection exercises the sector has tried to deepen the understanding of the issue by including some additional options. These examples are not prescriptive and were chosen on an understanding of some of the types of child labour occurring in Syria informed by a review of the available literature. Please refer to Article 3 of ILO Convention No. 182 for a comprehensive definition of WFCL.

21. The use of children in illicit activities (illegal activities or crimes) may include, but is not limited to, the production and trafficking of drugs, trafficking of goods or people, robbery and looting.

**PROTECTION OBJECTIVE 4**

**4** Reduce the impact of explosive hazards

RELATES TO SO1 , SO2 , SO3 

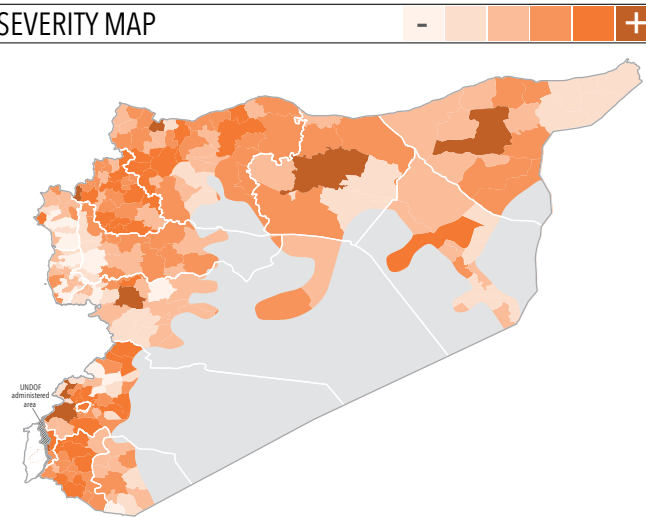
**PROTECTION OBJECTIVE 5**

**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

RELATES TO SO1 , SO2 , SO3 

Challenges to the protection sector remain largely unchanged. There are sustained gaps in coverage, particularly in areas ranked as most severe areas most affected by violence and with the largest number of displaced. The scale of the breakdown of social services in much

of the country means that even in accessible areas, the quality and quantity of services is inadequate to meet the magnitude of needs. Humanitarian access, implementation capacity, and funding remain significant factors impeding the response.

**SEVERITY MAP****Response strategy**

Effective protection interventions are qualitative in nature and require specialized skills, sustained programming presence, and access to the population in need. The operational context in Syria varies according to access possibilities: such access ranges from UN-declared besieged locations and hard to reach areas only sporadically available in meaningful ways through humanitarian convoys and remote programme management,<sup>22</sup> to areas where direct access and sustained protection programmes are feasible. In all areas the needs are complex. In 2017, the Protection sector seeks to build on its achievements in 2016 through the sector's established and expanding networks of community centres,<sup>23</sup> mobile units, outreach volunteers, lawyers providing

22. There is no globally agreed definition, though humanitarian agencies do see remote programme management as the range of operational models and modalities used when access to the location of implementation is restricted for a sustained period of time for the primary implementing agency.

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

legal counseling and assistance according to the national framework, through support to state institutions, community-based initiatives and national NGOs, and through improved linkages to other sectors. The sector plan prioritises, enhances, and/or tailors interventions which demonstrate protection dividends. The sector intends to further assess the specific needs of older persons and persons with disabilities to better address their protection concerns and provide integrated community-based services to them.

**Prevention and risk mitigation**

Prevention of protection risks will be an integral part of the response, increasing capacity to cope with the consequences of on-going hostilities and to avoid the occurrence of protection risks. Prevention efforts will include: (i) strengthened protection monitoring, to the extent feasible in cooperation with the Syrian state, by building capacity of protection monitors and enhancing humanitarian community-based structures; (ii) Enhancing the capacity of state authorities, national NGOs and community members to identify and mitigate protection threats through targeted capacity-building programs; (iii) Enhancing community-based protection, including through increased community participation and support to community resilience mechanisms; (iv)

Expanding livelihoods support for families and individuals at risk; continuing to prioritise access to civil documentation; providing legal counselling or assistance on property documentation to affected people and; renewing efforts for family reunification where feasible; (v) Supporting other sectors and stakeholders in efforts to identify and prevent protection concerns relevant to their sector through operational guidance and analysis, and protection mainstreaming through “Do No Harm” analysis and programming.

### Protection services and response

In addition, actions to respond to violations and abuses will include delivering specialized services such as information, advice, counseling, and assistance on issues related to rights and services (civil status documentation, housing, land and property), including legal civil status and property documentation. The delivery of these services will be integrated and inter-connected wherever feasible. Assistance will also be provided to individuals with specific needs, including structured psychosocial services and mental health interventions, material assistance, case management,<sup>24</sup> and referrals to relevant services where available. Assessments and protection monitoring will be designed, in cooperation with the government of Syria when feasible, to understand and be better positioned to respond to and refer (when possible) occurrences of violations and abuses.

### Integrated response to survivors of GBV

The GBV response will aim to ensure that survivors of GBV can access specialized services and risks of GBV are prevented and mitigated. The response will focus on specific needs of those most vulnerable. While some forms of GBV were a problem in Syria pre-crisis, additional aspects of violence against women and girls have become increasingly pronounced during the crisis; these include sexual violence, abuse, harassment and domestic violence. Adolescent girls are perceived to be at particular risk of child marriage and sexual violence. Female-headed households are at particular risk of GBV. It has been reported, in some of the surveyed locations, that divorcees face stigmatization and both divorcees and widows face discrimination, including threatening their access to humanitarian aid. In some areas women and girls face increased restrictions on their mobility due to insecurity, rules imposed by extremist groups and lack of family members who can accompany them to services. Boys can also be at risk of sexual violence and child marriage.

Key areas of the response include: (i) increasing the provision of quality specialized GBV services to additional areas – with a focus on psychosocial support, case management, strengthening the referral pathways and establishing women and girl safe spaces; (ii) adapting approaches to enhance the protection and empowerment of adolescent girls; (iii) enhancing inter-sector

24. Case management services will be delivered with consideration to the national systems and in line with international standards, including those stipulated in international law to which Syria is a party to. The timely protection of children and women must be the primary consideration in accordance with humanitarian principles of impartial assistance based on need, and ensuring safety and dignity for the most vulnerable.

collaboration to expand livelihood opportunities to women, especially female-headed households and older adolescent girls; (iv) expand clinical management of rape services in collaboration with the health sector; (v) improving the emergency response and participating in inter-agency convoys to UN-declared besieged and hard-to-reach areas.

### Mine Action

The proposed 2017 Mine Action response includes risk education, victim assistance, in cooperation with the Government of Syria when feasible. The 2017 Mine Action response also includes care and rehabilitation of people with disabilities, including survivors of explosive hazard accidents.<sup>25, 26</sup>

### Child Protection

The Child Protection response, in line with the No Lost Generation strategic framework, will work to improve access to quality child protection services through: (i) expanding the reach of quality and community-based child protection<sup>27</sup> interventions as a way to strengthen prevention and mitigate protection risks, including through interventions that address harmful practices and negative coping practices (e.g. child marriage, child labour, child discipline); (ii) improving the quality of child protection specialised services, including case management, to address the needs of children who are survivors or at risk of violence, abuse and exploitation. This will include ensuring that a minimum professional cohort of social workers exists, working with both government institutions and NGOs, and systematising efforts to build a sustainable child protection workforce as a way to scale up reach. Working with other sectors will be a priority to respond in a more comprehensive way to address complex issues such as child labour. Documenting child rights violations within the framework of the UN Security Council mandated Monitoring and Reporting Mechanism on Grave Violations against Children (SCR1612, 2005) to inform advocacy and programming will underpin the sub-sector’s operational delivery. Areas ranked as most severe within the protection sector severity scale – including, but not limited to, UN-declared besieged and hard-to-reach areas most affected by hostilities and violence, and areas with the largest number of children in need - will be prioritized.

25. In the context of humanitarian mine action, an incident refers to an event that gives rise to an accident or has the potential to lead to an accident. An accident refers to an undesired event which results in harm. See International Mine Action Standards 4.10, Glossary of mine action terms, definitions and abbreviations: [http://www.mineactionstandards.org/fileadmin/MAS/documents/imas-international-standards/english/series-04/IMAS\\_04.10\\_Glossary\\_of\\_mine\\_action\\_terms\\_definitions\\_and\\_abbreviations.pdf](http://www.mineactionstandards.org/fileadmin/MAS/documents/imas-international-standards/english/series-04/IMAS_04.10_Glossary_of_mine_action_terms_definitions_and_abbreviations.pdf)

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

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

## Protection risk analysis<sup>28</sup> and mitigating measures<sup>29,30</sup>

The protection sector, including its AORs, analysed the protection risks in carrying out its 2017 plan. A number of potential risks and mitigating measures to address them were identified in a collective effort by sector coordinators and members. A selection of key risks and mitigating measures are detailed here.

The provision of protection services, such as psycho-social support, counseling of GBV survivors, and supporting child protection requires individual staff with a specialized skill set, as well as regular training. There is a risk that unqualified staff will attempt to provide these services, resulting in harm to the persons and communities in need, and to service providers. A close monitoring of project implementation by protection staff of the implementing agency on the project implementation, adherence to minimum standards (e.g. Sphere or IASC guidance) as related to project outputs, and regular trainings can mitigate these risks. Considering the qualitative nature of provision of protection services, it is inevitable that some communities will access services and some will not. This has the potential to lead to community tensions over access to services and opportunities. Comprehensive service mapping and communication efforts can mitigate this risk. Ensuring the confidentiality<sup>31</sup> of protection-related services is critical. For example, GBV services support survivors' recovery and healing, but if confidentiality is violated this can put survivors at great risk. Communities may resist engaging around topics of GBV and ultimately prevent women and girls from seeking out safe spaces. The sector will continuously build the capacity of service providers to ensure that the principles of safety and confidentiality are integrated in the response and will work with the relevant stakeholders to create buy-in for services.

Risks associated with protection monitoring initiatives include, in some areas, a lack of services to respond to individual concerns and disrupted systems resulting in a lack of redress. These risks can be exacerbated by community or individual expectations that by providing information, the issue will be resolved. Ensuring clear communication and engagement with

28. A protection risk analysis was carried out by each sector through a close analysis of sectoral objectives and activities within the context of the Syria response. Through this analysis, sectors could identify the risk of potential unintended negative impacts of planned interventions, and make adjustments to mitigate and prevent these risks. In effect, this analysis is a key element of the Do No Harm principle. The Protection Risk analysis was carried out based on the following guidance: 1) Sphere standards "Protection Principle 1: Avoid exposing people to further harm as a result of your actions. Those involved in humanitarian response take steps to avoid or minimize any adverse effects of their intervention, in particular the risk of exposing people to increased danger or abuse of their rights." (<http://www.spherehandbook.org/en/protection-principle-1-avoid-exposing-people-to-further-harm-as-a-result-of-your-actions/>); and 2. Handbook for the Protection of IDPs, Part IV "Protection Risks: Prevention, Mitigation, and Response".

29. "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.

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

31. P. 512 of Handbook for the Protection of IDPs "Confidentiality: The obligation that information pertaining to a person disclosed in a relationship of trust will not be disclosed or otherwise made available to unauthorized persons or entities in ways that are inconsistent with the understanding of the original disclosure or without prior permission." In GBV programming, it means to ensure the confidentiality of the individual GBV case personal data.

communities to ensure that expectations are realistic will be key to mitigating risks. Humanitarians must be measured in their programming to not collect information which would raise an expectation of redress or service provision where it may not be possible. Supporting the development of referral pathways, which are widely shared and understood, will further mitigate risks. Though housing, land and property and civil documentation issues remain top humanitarian priorities for communities in Syria, the evolution of the crisis and the humanitarian response, may result in protection risks for those accessing or delivering related assistance. Ensuring an informed response based on understanding the relevant actors, community social networks and power structures before programming is essential to mitigating some risks. Advocacy around non-discrimination or retribution towards individuals regardless of their possessed document type is a medium-term risk reduction tool.

## Response Priorities

Considering the widespread protection needs and gaps in Syria, the fact that meaningful protection interventions require sustained government institutions, NGOs, community and individual engagement, and the necessity for those in Syria to be better protected wherever it can be done, the sector will prioritize multiple categories of interventions across the different operational and access contexts in Syria. This ranges from areas of limited access due to security constraints, including in UN-declared besieged and hard-to-reach areas and areas most affected by violence, to locations where there is sustained access, but inadequate protection services.

The sector response includes four priority components: 1) Providing and informing emergency/life-saving response and services to newly displaced and newly accessible populations; 2) Expanding protection services, and enhancing their quality in accessible areas through wider geographical coverage and increasing provision of services, and outreach capacity, including through mobile teams; 3) Coordination and capacity-building with humanitarian actors to support information and advocacy on protection concerns, and Do No Harm efforts, and; 4) Evidence-based advocacy vis-à-vis duty bearers<sup>32</sup> on behalf of affected populations.

The GBV response will prioritize the provision of specialized GBV services (including psychosocial support and case management) and the establishment of women and girl safe spaces. The AOR aims to enhance its ability to respond via mobile services and during acute emergencies and displacements. The GBV AOR will develop and expand appropriate inter-sector collaboration to increase availability of clinical management of rape services, and livelihood opportunities especially for female-headed households and

32. Guiding Principles on Internal Displacement, UN doc E/CN.4/1998/53/Add.2, 11 Feb 1998, Principles 3(1) ("National authorities have the primary duty and responsibility to provide protection and humanitarian assistance to internally displaced persons within their jurisdiction"); and 25(1) ("The primary duty and responsibility for providing humanitarian assistance to internally displaced persons lies with national authorities") [Published in "Oxford Guidance on the Law Relating to Humanitarian Relief Operations in Situations of Armed Conflict", footnote 8, p. 11].



older adolescent girls. Strategies to enhance the protection and empowerment of adolescent girls will also be prioritized.

The Child Protection response will prioritize support to community-based child protection interventions<sup>33</sup> in targeted locations based on needs that strengthen the capacity of

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

children, families and communities to cope with the effects of crisis, and mitigate the multiple protection risks that children are facing on a daily basis. Specialized child protection services, including case management, will be supported for girls and boys who are survivors or at risk where there is appropriate capacity and predictable funding. Secondly, multi-sector responses contributing to child protection outcomes will be supported, for example in efforts with the livelihood and education sectors to strengthen responses to child labour.

#### BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY COHORTS				BY SEX AND AGE			
	IDPs	Returnees	Host Communities	Refugees	% Female	% Children (1-17)	% Adults	% Elderly
<b>PEOPLE IN NEED</b>	6,325,978	611,198	6,108,016	430,000	55%	59%	36%	5%
<b>PEOPLE TARGETED</b>	4,926,549	965,990	3,670,762	96,559	55%	59%	36%	5%

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PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



# OF PARTNERS



CCCM OBJECTIVE 1

1 Provide coordinated life-saving multi-sectoral assistance to people living in IDP sites

RELATES TO S01

CCCM OBJECTIVE 2

2 Disseminate operational information on sudden mass displacements on a timely basis

RELATES TO S01

CCCM OBJECTIVE 3

3 Improve the physical quality in and accountability of IDP sites

RELATES TO S01 , S02

CCCM OBJECTIVE 4

4 Strengthen household and communal coping mechanisms in IDP sites

RELATES TO S03

## CAMP COORDINATION AND CAMP MANAGEMENT



Analysis

There are an estimated 6.3 million internally displaced persons residing inside Syria<sup>34</sup>, of whom over 1 million are in formal camps, informal tented settlements, or collective centres. These IDP sites are used only as a measure of last resort after IDPs have exhausted all other financial and social assets. Consequently, planned camps, informal settlements, transit sites and collective centres tend to host many of the most vulnerable IDPs.

Throughout Syria there are an estimated 685,000 individuals housed in some 3,400 collective centres, most commonly former schools, abandoned warehouses, and repurposed municipal buildings<sup>35</sup>. Less than 52 of these collective centres receive sustained multi-sectoral services from humanitarian actors.

In the CCCM's area of reach<sup>36</sup>, humanitarian actors have identified 188 informal tented settlements and camps where conditions allow for a sustained humanitarian response. 314,110 individuals (65,310 men, 71,530 women, 87,080 boys and 87,190 girls) reside in these IDP sites. These residents are amongst the most vulnerable, with an estimated 85 per cent of their population

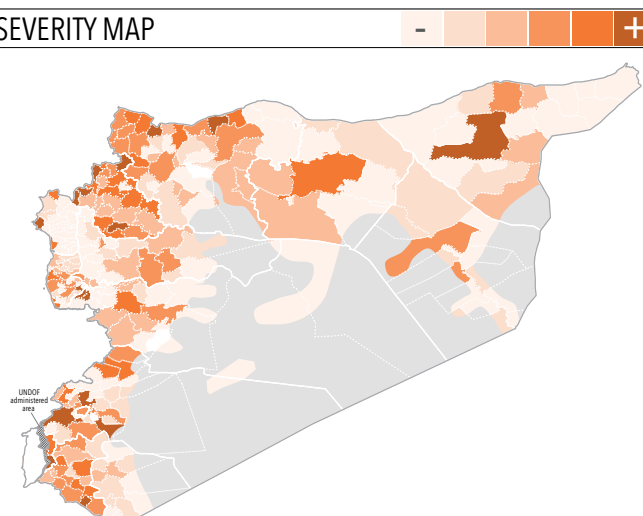
relying on humanitarian assistance to meet their most basic life-sustaining needs. As hostilities persist, more IDPs will likely exhaust their household resources and take refuge in a camp<sup>37</sup>, informal tented settlement, or collective centre. These IDP sites have seen a steady population growth of 40 per cent over 2016, which is likely to continue or increase in case the situation further deteriorates in Syria.

As long as hostilities persist, displacement trends will likely remain fluid and dynamic. Since October 2015, CCCM has recorded 804,300 displacements in northern Syria alone (including new and repeat displacements). In northern Syria, the CCCM Cluster has recorded an average rate of displacement of 40,300 individuals per month, though significant spikes have occurred, including a total displacement in February 2016 of 84,084 people. Tracking these displacements and IDPs continues to save lives by enabling a rapid and informed response from other sectors.

Response strategy

In 2017, the CCCM cluster will focus on four critical and inter-related areas: i) providing coordinated, life-saving and multi-sectoral

SEVERITY MAP



34. HNO 2017.

35. HNO 2017: Schools form 45% of all collective centres, warehouses 18%, and municipal buildings 10%.

36. CCCM members support IDP sites in the following sub-districts of Aleppo, Idleb, Hama, Ar Raqqa, and Deir-ez-Zor: Afrin, Atareb; A'zaz; Badama; Dana; Darkosh; Harim; Janudiyeh; Jarablus; Mansura; Rabee'a; Salqin; Sanjar; Tall Refaat

37. CCCM IDP tracking shows that the majority of recently displaced arriving in camps spent time in other types of sites, e.g. rented accommodation, host family and collective centers, before moving into an IDP settlement or camp.

assistance to people living in IDP sites; ii) disseminating operational information on sudden mass displacements on a timely basis; iii) improving the physical conditions in these IDP sites and responsibility of those working in them; iv) strengthening the resilience of households and communal coping mechanisms in the IDP sites.

#### **Coordinated life-saving multi-sectoral humanitarian assistance in IDP sites**

As camps and collective centres are utilized only when IDPs have exhausted all other options, it is vital that these sites remain a central focus of the humanitarian response across all sectors, with special attention given to WASH, NFI/Shelter, and Food Security. CCCM members (UN, INGOs) provide life-saving humanitarian interventions focusing on their own geographic or sector-specific areas of engagement. Through coordination of the members by the cluster, a comprehensive multi-sectoral service is provided, to the extent possible, to residents in these IDP sites. To marshal these resources and make the response more accountable to the affected populations, the CCCM cluster will continue its efforts to establish IDP Committees to manage IDP sites and oversee the provision of basic services.

#### **Improving IDP site management and accountability**

Encouraging the development and expansion of IDP Committees and other participatory management structures will remain a major focus. Over the past year, there has been a five-fold increase in the number of camps and informal tented settlements with accountable management. The improvements these IDP committees have delivered are hoped to engender a greater acceptance of this management style in other IDP sites. CCCM hopes to double the number of residents with access to accountable management by 2017 by focusing on capacity development, including training of NGOs in camp management. IDP committees and management structures will be supported in their efforts to outreach to all residents, register newly displaced people, refer residents with special needs to the appropriate service, and identify projects in an inclusive manner based on the IDPs' priorities. Through these initiatives and sustained involvement of the CCCM members, the cluster hopes to improve critical infrastructure in at least 55 per cent of all camps over the course of the year. Strengthening the basic infrastructure in IDP sites is essential to ensure dignified conditions and is a key proactive step to make assistance provision more cost efficient.

#### **Displacement monitoring**

CCCM shall continue to track IDP movement, including sudden mass displacements, and analyse trends and intentions. When a large-scale displacement occurs, cluster members report new arrivals to their areas of operation. This is collated, triangulated, and published with exact details of locations for humanitarian actors to trigger a life-saving humanitarian rapid response across sectors.

#### **Strengthening coping mechanisms**

With the ultimate aim of enabling the IDPs to safely depart from sites of last resort, the cluster will encourage its members to provide vocational training, small business grants, the funding of "go-and-see" visits for vulnerable IDPs. This will decrease aid-dependency and increase resilience at household and communal level, IDP committees will be equipped to respond to fires, provide first aid, report disease outbreaks, and refer special cases to the appropriate services. This will make the IDP site as a whole more resilient to shocks and more responsive to emergencies.

CCCM Cluster guidance on providing assistance in newly established settlements, safety assessment, and ensuring that any new settlement is needs-based and safe, to the extent possible, drives the classification and approach to the establishment of sites. The vast majority of planned camps and informal tented settlements are in areas accessible by humanitarian actors. If the security situation deteriorates near these sites, CCCM will encourage relocation to safer locations. CCCM will continue the double layer of advocacy where efficient response is ensured, but with a maintained temporary nature of assistance as camps continue being considered as a last-resort option.

#### **Protection risk analysis and mitigating measures**

Do-No-Harm will remain an integral principle of the CCCM sector in Syria. The objectives and response of the sector aim to provide dignified life-saving support to IDPs living in camps and camp-like setups but, these objectives and activities must strike a fine balance and remain as a temporary solution - avoiding permanency of these refugees of last resort for IDPs. Camps and camp-like sites/setups will continue receiving life-saving support and management but the activities themselves will continue ensuring that IDPs are given the scope and the chance to leave the camps once they are able to identify better solutions. The sector will continue supporting the camps, but in the meantime ensure that support does not create pull factors. Camp establishment and support must take safety, security and freedom of movement of IDPs into consideration before initiating any response. The CCCM sector has developed several guidelines to ensure this in the establishment and support of any camps, and these guidelines will remain applicable and be updated as needed in 2017. Awareness-raising and workshops on ensuring the "Do No Harm" principle will take place on a regular basis with members and are mainstreamed in sector tools and initiatives.

#### **Response Priorities**

Those living in camps, informal tented settlements, and collective centres are amongst the most vulnerable in Syria; at least 85 per cent of residents are entirely reliant on humanitarian aid to maintain their most basic life-sustaining needs (access to potable water and the minimum food needs). Serving this demographic must remain a priority of



the humanitarian response. It will remain the first priority of the CCCM sector to ensure that life-sustaining activities continue in a coordinated manner serving as many residents as possible. CCCM will ensure that the Do No Harm principle is applied in all steps of response coordination including assessing safety of the locations where settlements are established and supported. Activities will prioritize need-based camps and sites and collective centers.

The second priority of the sector is to promote more accountable management structures within IDP sites and

ensure that the different segments of the community are equally involved in decision making processes, ensuring a more effective use of scarce resources and to improve conditions in these refuges of last resort. As a third priority is to begin to help the IDPs rebuild their physical and financial assets through livelihoods and resilience support to enable them find other, better solutions than living in these sites of last resort. CCCM heavily builds on local capacities to engage with the camp population and strengthen their capacities to be more involved in the decision making process, supporting joint and participatory approaches in both management and response.

#### BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY COHORTS				BY SEX AND AGE			
	IDPs	Returnees	Host Communities	Refugees	% Female	% Children (1-17)	% Adults	% Elderly
<b>PEOPLE IN NEED</b>	1,008,617	NA	NA	NA	52%	56%	44%	NA
<b>PEOPLE TARGETED</b>	450,000	-	-	-	52%	56%	44%	NA

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## PEOPLE IN NEED



5.8M (NFI)  
4.3M  
(Shelter)

## PEOPLE TARGETED



4.9M (NFI)  
740K  
(Shelter)

## REQUIREMENTS (US\$)



475M

## # OF PARTNERS



47

## SHELTER-NFI OBJECTIVE 1

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

RELATES TO SO1

## SHELTER-NFI OBJECTIVE 2

2 Contribute towards the resilience and cohesion of communities and households by improving housing, and related community/public services, infrastructures, and facilities

RELATES TO SO2 , SO3

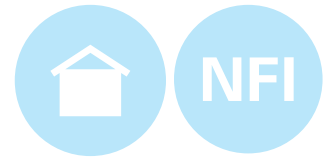
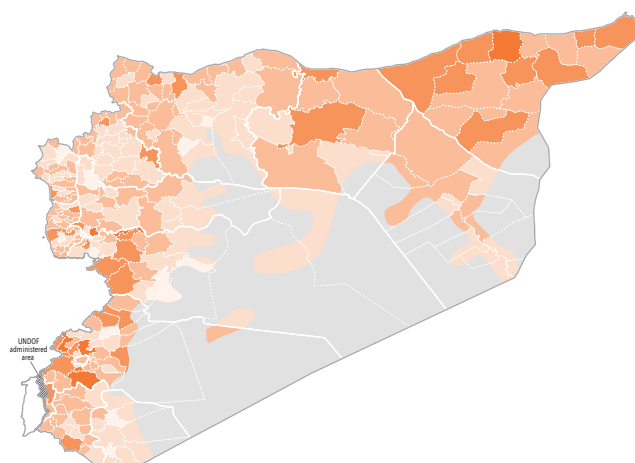
## SHELTER/NFI

## Analysis

Overall, roughly a quarter of the Syrian population is in need of shelter or Non-Food Item (“NFI”) assistance, distributed across nearly all Governorates. Despite a strong NFI response in 2016, there remain 5.8 million persons with needs unmet either because they have not yet been assisted, they have been displaced more than once and require repeated humanitarian assistance, their items need replenishment, or because there are specific gaps that require a targeted response – such as winter or supplementary items or unforeseen emergencies. As displacements continue and income-generating opportunities dissipate, the ability of the population to access markets and afford NFIs deteriorates.

4.3 million people in Syria need humanitarian shelter assistance for 1.9 million of whom the need is acute. There is a lack of adequate housing, which is also becoming increasingly unaffordable. Only 48 per cent of the population in Syria live in accommodation which meets a minimum standard. The range of needs is diverse across different groups, including newly, long-term, and multiple-times displaced families, those in makeshift camps and substandard collective shelters, and others trying to remain in their own damaged homes. Overcrowding, frequent displacement, and reduced service availability also place heavy burdens on host communities, households

## SHELTER SEVERITY MAP



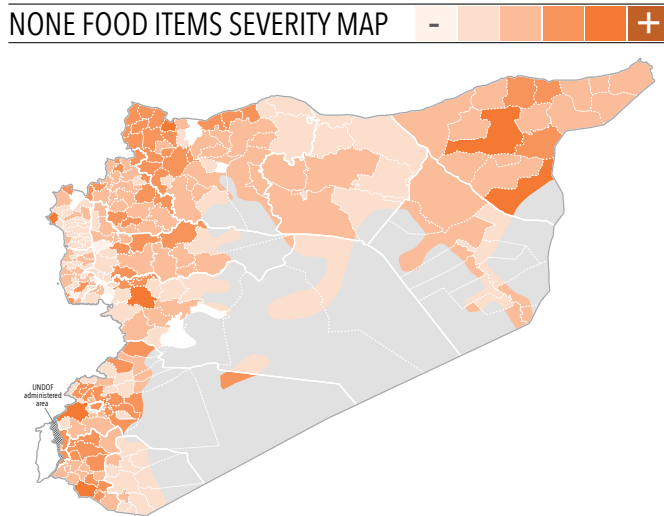
and natural resources. Shelter needs are especially acute in cities where 70 per cent of IDPs currently live. Substandard shelter increases the vulnerability of all affected groups across all dimensions of need.

The overall picture of needs is therefore complex and diverse across the country – which impacts both on needs and access/ability to respond. Access and safety are key challenges, and coupled with limited funding, represent the biggest areas of risk to the response.

## Response strategy

In 2017, the Shelter/NFI sector addresses the continued need for humanitarian life-saving and life-sustaining emergency assistance, while, wherever it can, orienting programming toward supporting resilience and increasing adherence to common and appropriate standards. To do so, the strategy prioritizes flexible, tailored, and more sustainable solutions aiming to enhance protection and social cohesion. The strategy also recognizes the huge and widespread population in need, which contrasts sharply with the constraints and resources available to address them; and therefore prioritizes those most in need.

Humanitarian emergency assistance will be delivered with a priority to the most vulnerable groups in need of immediate support as a result of new displacements or other shocks which might exacerbate their



shelter or NFI needs. This includes the rapid provision of emergency NFI kits, shelter kits, and tents, supporting repairs to collective centers and providing rental assistance based on need and appropriateness. Winter support (e.g. sleeping bags, waterproof floor covers, sealing and insulation materials, winter clothes) will also be provided as a humanitarian life-saving activity, with a focus on locations most likely to be adversely affected by severe weather conditions.

Resilience programming is also a priority, promoting cohesion and recovery by incorporating the needs of residents, host families and IDPs, and where appropriate, returnees. Programming will focus on reducing shelter and NFI-related vulnerabilities, particularly where they increase vulnerabilities across other dimensions of need. The lack of adequate housing will be addressed through rehabilitation, repair and provision of tools and materials – including through self-help, recovery-oriented options where feasible. Where necessary, transitional housing and assistance will be provided to those who cannot, at present, return to their homes. HLP technical support, including eviction mitigation efforts, will be mainstreamed into shelter efforts. Shelter programmes will include capacity-building of local stakeholders to develop shelter-related skills, as well as raising awareness of beneficiaries and support of the responsible cadastral institutions.

Provision of in-kind NFIs will shift toward a more flexible and tailored response that better addresses household needs, and where feasible cash and voucher programming (including for shelter and NFI) will be developed or increased. Local procurement, when feasible and appropriate, will be encouraged to support the local economy. For both general and emergency programmes, NFI provision will also support host communities, and community support projects will benefit the entire community (both host and IDPs).

Enhanced engagement with other sectors is a key element of the Shelter/NFI resilience-based efforts, such as with Protection on HLP-related issues and selection and vulnerability criteria, and with CCCM on efforts in IDP sites and settlements. Improving public structures and infrastructure, and ensuring safe access to public services

will lead to closer work with WASH on shelter services, infrastructure and hygiene kits provision; with Health and Education related to infrastructure rehabilitation; and with Food Security and Livelihoods and Early Recovery and Livelihoods on market rehabilitation, cash for work, and vocational efforts.

The sector will focus advocacy efforts on increased and regular humanitarian access, expedited permissions for shelter interventions, a comprehensive and multi-sectoral approach when addressing mid to long-term shelter support, and HLP including security of tenure.

### Protection risk analysis and mitigating measures

The Shelter/NFI sector analysed protection risks in carrying out its 2017 plan. A number of potential risks and mitigating measures to address them were identified in a collective effort by sector coordinators and members. Key risks and mitigating measures are detailed here. There are risks of exploitation, abuse and/or discrimination in the process of selecting those eligible for receipt of humanitarian assistance. This can be mitigated through increased engagement with state institutions and concerned authorities and training on protection risks associated with humanitarian assistance. Sustained, regular, and inclusive communication and consultation with communities on selection criteria is required. Training on PSEA can increase awareness about the potential for exploitation and abuse. Complaints mechanisms, however, should be considered only when there is capacity for an actual response to a complaint. Distribution of NFI and shelter assistance can present physical safety risks to the humanitarian actors and persons in need. Risks can be mitigated through safety audits of distribution sites, pursuing multiple distribution points, gender-segregated and household-level distributions, and ensuring appropriate staff training and that distributions are completed during daylight hours.

Provision of cash and vouchers as a modality for shelter and NFI assistance presents risks which could impact market dynamics and livelihoods in concerned communities, as well as raising concerns of corruption and supporting “black markets” and those able to disrupt and abuse cash programmes. The fact that cash can be converted into almost any good or service poses a number of risks in the Syrian context that can be challenging, cost-prohibitive and at times impossible to mitigate. Key to risk mitigation is regular market monitoring and readiness to shift away from cash (to vouchers or in-kind) if the risk is insurmountable, communication with communities about projects, clear targeting criteria, and strong data management and security features.

All persons in need of humanitarian assistance, particularly shelter assistance, are likely to not equally benefit from assistance which may lead to some tensions over access to services or resources. Humanitarian actors must therefore be transparent and engage with communities and leaders to raise awareness, ensure clear selection criteria and communicate them to the community, and provide for regular

monitoring, consultation, and adjustment of the programme to ensure that the response maintains a standard of type and quality. Considering the potential related challenges, shelter programme implementation must include an understanding of HLP issues and ensure that there is adequate technical support provided to recipients of assistance so as to avoid immediate or future HLP issues.

### Response Priorities

The response is prioritized based on needs determined through local assessments, foreseen rapid displacement reports, and on specific target population groups which include: IDPs (distinguishing between the needs of short-term and long-term

IDPs and those who have been displaced multiple times), host families, returnees, Palestine refugees, and persons among them living in substandard shelter conditions and/or at risk of eviction. A further layer of needs analysis looks at those living in UN-declared besieged and hard-to-reach locations, and/or areas not reached in 2015/16. Among these groups, the most vulnerable households will be prioritized, such as those headed by single parents, children and youth, and with pregnant/lactating women, elderly, disabled or chronically-ill members. Wherever the situation allows, the response will prioritize and enhance sustainable, durable, self-help based and recovery-oriented shelter and NFI activities. The response also ensures readiness for emergency response to large-scale displacements and severe weather.

### BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

SHELTER	BY COHORTS				BY SEX AND AGE			
	IDPs	Returnees	Host Communities	Refugees	% Female	% Children (1-17)	% Adults	% Elderly
<b>PEOPLE IN NEED</b>	3,438,961	16,224	387,064	430,000	53%	45%	49%	6%
<b>PEOPLE TARGETED</b>	593,500	2,800	66,800	78,700	52%	45%	46%	9%

NFI	BY COHORTS				BY SEX AND AGE			
	IDPs	Returnees	Host Communities	Refugees	% Female	% Children (1-17)	% Adults	% Elderly
<b>PEOPLE IN NEED</b>	4,626,465	215,184	537,961	430,000	53%	45%	49%	6%
<b>PEOPLE TARGETED</b>	3,925,600	22,200	529,200	430,000	52%	45%	46%	9%

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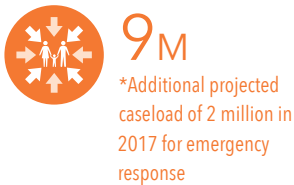
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PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



# OF PARTNERS



FOOD SECURITY OBJECTIVE 1

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

RELATES TO S01, S02

FOOD SECURITY OBJECTIVE 2

2 Support the life-saving livelihoods of affected households by increasing agricultural production, protecting and building productive assets and restoring or creating income generating opportunities

RELATES TO S02, S03

FOOD SECURITY OBJECTIVE 3

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

RELATES TO S02, S03

FOOD SECURITY AND AGRICULTURE



Analysis

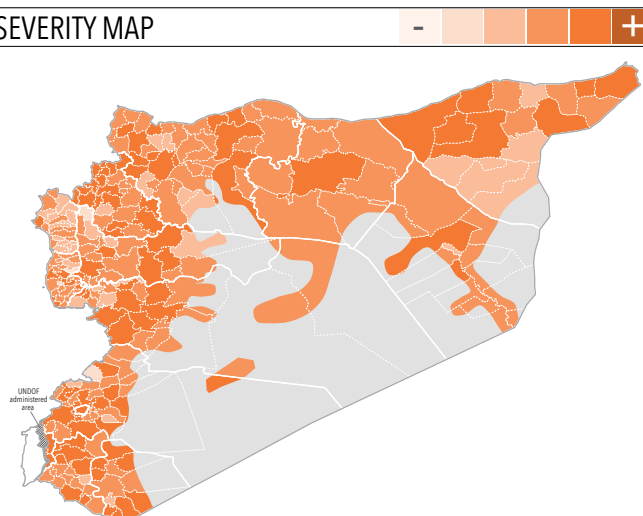
Inaccessibility, besiegement<sup>38</sup> and displacement over the past six years, have contributed to multiple, mutually reinforcing causes of food insecurity. There is a low performance across three core food security indicators: food availability, coping strategies and food consumption. Food availability was particularly impacted with erratic and below-average precipitation<sup>39</sup> in the cereal-producing governorates of Aleppo, Idleb, Raqqa and Homs. The wheat production for the 2016 season is estimated to be between 1.5 million and 1.7 million MT. The WFP-FAO led Crop and Food Security Assessment Mission (CFSAM) estimated wheat production to be 1.5 million metric ton (MT) while the Ministry of Agriculture and Agrarian Reform (MAAR) recent figures indicate an estimated wheat production of 1.7 million MT. The CFSAM estimated shortfall in wheat production is 37.5 per cent less compared to 2015 and 55 per cent compared to pre-crisis average (2007-2011).

As established in the Humanitarian Needs Overview (HNO 2017), assessments and data from 2016 indicate a total of 9 million people are in need of food, agriculture and livelihoods-related assistance. This includes an estimated 7 million food insecure people

and a further 2 million people at risk of food insecurity. Within this 9 million people in need, an estimated 5.1 million people are in need of livelihoods/agriculture assistance. Furthermore, it is estimated that an additional 2 million people may be newly affected by the crisis. (Last year, the sector estimated there were 8.7 million people in need and 1.2 million people projected for emergency response.<sup>40</sup>)

In the absence of robust support for livelihoods and agriculture, Syria's dependence on humanitarian food assistance will continue to worsen in 2017 and beyond. Access to adequate dietary diversity continues to be a key need, especially for persons with specialized needs including children, pregnant/lactating women, and the elderly. Self-reliance and resilience inside Syria can only be improved through better supporting the core components of food value chains alongside continued humanitarian assistance. Key areas of value-chain support include provision of productive inputs, creation of income-generating opportunities, and the strengthening of community services and markets. Urgent support for veterinary services is needed to mitigate the risk of propagation of animal diseases both within and beyond Syria's borders.

SEVERITY MAP



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


39. Only Hassakeh received above average levels of rain and has half of the 2016 wheat planted area; Normalized Difference Vegetation Index (NDVI) slightly below average.

40. As estimated by OCHA.



## FOOD SECURITY OBJECTIVE 4

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

RELATES TO SO1 , SO2   
SO3 



### Response strategy

In 2017, the sector will continue work to reduce the number of people adopting negative coping mechanisms and support early and medium-term recovery of livelihoods assets and services.

The sector will be prepared to meet the immediate food needs of a projected 2 million people newly affected by the crisis and target the estimated 7 million food insecure people through a two-pronged approach: (i) short-term emergency response to crisis-affected people and; (ii) regular, monthly food assistance to the assessed food-insecure people.

**Emergency Response** aims to reach crisis-affected people within 72 hours, covering a minimum of one to four weeks of their immediate food needs through short-term support such as Ready-to-Eat Rations, cooked meals and/or bread provided by appropriate modalities (in-kind or cash-based transfers). This response will provide 2,100 kcal per person/per day in line with Sphere standards. The estimated target for this activity is a projected caseload of 2 million newly crisis-affected people,<sup>41</sup> and is included in this response plan. Within this caseload, the sector will aim to provide supplementary assistance for enhanced dietary diversity to Persons with Specific Needs<sup>42</sup> estimated to be at least 20 per cent of the total targeted.

**Regular Response** aims to reach assessed food-insecure people with harmonized selection criteria to meet their monthly food needs at least eight times a year through the most feasible modality, either in-kind food baskets or equivalent cash-based transfers. This will cover a minimum of 1,600 kcal person/day as the rest of the 500 kcal per person/per day is expected to be covered by the targeted people through their

own means. The sector targets the estimated 7 million food insecure people (HNO 2017) and an additional projected 1 million people from the caseload of emergency response (based on needs) to shift from short-term support to longer-term regular assistance until needed. Within the regular response, the sector aims to provide supplementary food assistance for enhanced dietary diversity to the estimated 20 per cent of persons with specific needs.

For the provision of supplementary food assistance to persons with specific needs, close coordination will be maintained with the nutrition sector for reaching children under two. The food distribution channel is used as a delivery mechanism to reach them with blanket supplementary feeding; and for providing key messages related to infant and young child feeding (IYCF). Close coordination will be maintained with the Shelter/NFI sector with regards to cooking fuel gas and/or fuel-efficient cooking stoves.

Under the second and third objectives related to agriculture and livelihoods, the sector will work **at two levels – households and communities – targeting 850,000 households in total**. Appropriate agricultural inputs such as seeds and tools will be provided to households; and services and structures such as community-based cooperatives and veterinary networks, irrigation and storage facilities will be strengthened or restored for communities so that the value chain between production, processing and markets is promoted. Despite constraints on supply routes, the inputs in rural areas will facilitate greater availability of food in the markets in urban and peri-urban locations, with the overall aim of stabilizing food prices. Local procurement is encouraged to create demand, especially where markets have the capacity. Livelihood and agricultural activities are considered part of life-saving

41. As projected by OCHA.

42. Persons with Specific Needs include persons with specific vulnerabilities within the food insecure people who may need additional food/micronutrients and include Children, Pregnant and Lactating Women, Persons with Disabilities and Elderly.

assistance, especially, when possible, in UN-declared besieged and hard-to-reach locations across Syria where food-insecure households often rely on small-scale production to access food. These two objectives will restore and strengthen productive assets and create livelihood opportunities for the targeted populations, contributing to overall food production and availability in Syria.

**Household support** includes assistance for small-scale cereal, legume, vegetable and poultry production; provision of livestock and animal feed veterinary support; and income-generating activities along with associated skills building/vocational training. The modality of assistance – whether in-kind or cash-based transfers or a mix of modalities – will be based on varying contexts as feasible. The sector targets a total of 850,000 households spread across 14 governorates with approximately 500,000 households that will receive both food and livelihoods support.

**Community support** will train technicians and local community bodies on maintaining community assets, early warning and Disaster Risk Reduction. Training on restoration and rehabilitation of production and processing units, irrigation structures and storage will also be provided. In total, this objective will target 400,000 households out of the 850,000 households receiving food and livelihoods support.

The fourth and final objective is in relation to sector coordination across all hubs, based on partnership and 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 2017, the sector will build on previous year's work, and focus on reviewing and updating needs periodically. The sector needs, response and gaps analysis will serve as a basis for operational planning, developing contingency/preparedness plans, and providing services for harmonization across all aspects of the response such as assessments, analysis, geographical targeting, selection criteria (including targeting youth for livelihoods) and monitoring. It will lead cross-learning initiatives on outcome indicators monitoring, response modalities, cross-cutting issues and feedback and participation by affected populations in a manner consistent with IASC guidelines. The sector will 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: (i) linkages with cooking fuel/gas with the shelter NFI sector; (ii) joint needs analysis including the profiling of UN-declared besieged locations, common messaging to communities and assessing convergence at the household level with nutrition and other closely linked sectors.

### Protection risk analysis and mitigating measures

The sector has assessed various types of risks and threats linked to the implementation of the sector strategy. As a whole, the main risk assumptions are related to the overall food and livelihood inputs distribution processes – whether

regular or emergency – and the effects that these may have on civilians, primarily in active armed hostility areas, but also in relatively stable areas, with an exacerbated risks for girls and women. Additionally, tensions with armed actors have been assessed as plausible adverse effects of our activities, regardless of the areas in which assistance is taking place.

To mitigate such risks, several tailored measures have been recommended: aligning to sector-recommended response packages for a harmonized response; ensuring that 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, efforts are ongoing to ensure sector humanitarian partners are trained and equipped with adequate tools to limit and monitor the liability and effect of these risks. Finally, programming modalities and implementing methods must change rapidly and adapt to the situations should threats materialize.

### Response Priorities

**Food Assistance:** UN-declared besieged areas, hard-to-reach areas, drought-affected or severity four or five sub-districts will be prioritized for this activity. To ensure greater attention is given to the utilization of food baskets, response priorities will also include close collaboration with the Shelter/NFI sector humanitarian partners on the provision of cooking fuel, butane gas or fuel-efficient cooking stoves, along with cooking utensils. NFI distributions should happen simultaneously with food provision in relevant areas.

**Livelihoods/Agriculture:** Interventions must respond to seasonality. The 2016 response data demonstrates that livelihoods/agriculture interventions took place in 185 sub-districts across the country. Nationwide interventions should continue so as to maximize impact. Evidence shows that production capacity at household level is largely disrupted in UN-declared besieged locations, however where capacity exists it has been an indispensable method for supporting basic food needs. As such, provision of inputs for small-scale production will be encouraged for hard-to-reach and UN-declared besieged locations. Finally, with the increase in humanitarian partners delivering livelihoods/agriculture assistance, the importance of a coordinated approach across the sector is even more crucial.

**Stronger cross-strategy linkages:** The sector will work closely with humanitarian partners to establish linkages between beneficiaries receiving both food and livelihoods/agriculture assistance. The sector will map common locations, define targeting criteria and elaborate a mechanism that can be closely monitored to determine whether a gradual shift from assistance to self-reliance is achievable including analysis of how the provision of livelihoods/agriculture inputs is linking value chain process without jeopardizing households' food security.

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY COHORTS				BY SEX AND AGE			
	IDPs	Returnees	Host Communities	Refugees	% Female	% Children (1-17)	% Adults	% Elderly
<b>PEOPLE IN NEED</b>	3,069,619	296,953	5,680,024	NA	52%	43%	51%	6%
<b>PEOPLE TARGETED</b>	3,069,619	296,953	5,680,024	NA	52%	43%	51%	6%

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## NUTRITION SECTOR

### PEOPLE IN NEED



### PEOPLE TARGETED



### REQUIREMENTS (US\$)



### # OF PARTNERS



### NUTRITION OBJECTIVE 1

**1** Strengthen humanitarian life-saving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micro-nutrient interventions and optimal maternal nutrition.

RELATES TO S01 , S02 , S03

### NUTRITION OBJECTIVE 2

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

RELATES TO S01 , S02 , S03

### NUTRITION OBJECTIVE 3

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

RELATES TO S01 , S02 , S03

### Analysis

Acute and chronic malnutrition levels among boys and girls under five are found to be within acceptable levels, with Global Acute Malnutrition (GAM) at 3 per cent and chronic malnutrition (stunting) at 12.7 per cent. Poor levels of GAM were however recorded at 7.8 per cent among women of child-bearing age (CBA), much higher than the under-five GAM levels according to the SMART conducted in 11 out of the 14 governorates in 2015/16<sup>43</sup>.

Anaemia prevalence indicates a moderate public health problem among both girls and boys under five and CBA women, with a prevalence of 25.9 per cent and 24.5 per cent respectively. This result alerted nutrition humanitarian partners to the possibility of other micro-nutrient deficiencies beyond anaemia among both children and women. Despite the acceptable levels of acute malnutrition reported, many aggravating factors prevail, including sub-optimum Infant and Young Child Feeding (IYCF) practices, food insecurity, deteriorating livelihood options, population displacement contributing to diarrhoea and other childhood diseases. These additional elements can negatively affect the nutrition situation, especially in the context of worsening healthcare and service coverage, particularly in UN-declared besieged and

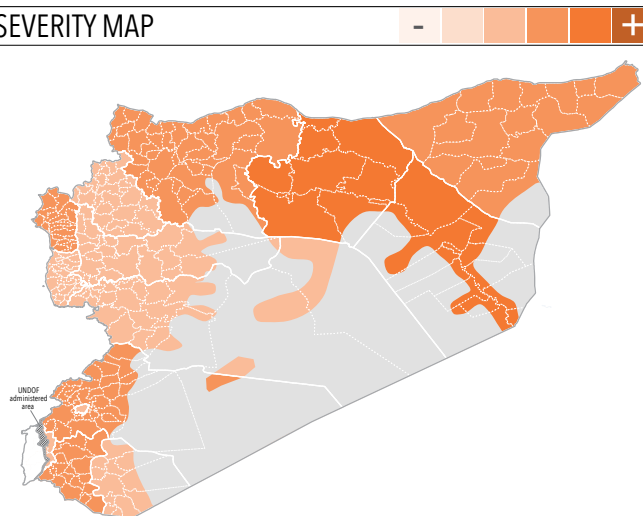
hard-to-reach locations, where humanitarian nutrition partners are forecasting more under-nutrition cases.

The WoS Nutrition sector estimated that 4.4 million boys and girls aged 6-59 months and Pregnant and Lactating Women (PLW) are in need of preventive and curative nutrition services in 2017. Of these, an estimated 75,000 children aged 6-59 months are acutely malnourished, 840,000 children suffer from micro-nutrient deficiencies, and the remainder require different kinds of preventative services to ensure adequate nutrition status and to prevent under-nutrition. There are 1.5 million PLW requiring preventive and curative nutrition services against under-nutrition and for optimal nutrition well-being.

### Response strategy

The 2017 Nutrition sector response priorities focus on humanitarian life-saving preventive and curative nutrition services, but also on the need of robust evidence-based joint situation analysis, the importance of effective coordination within and across sectors and joint programming. Efforts will be made to ensure that equitable, large-scale access to humanitarian lifesaving preventive nutrition services related to infant and young child

### SEVERITY MAP



43. "SMART nutrition assessments were carried out in 11 governorates with the exception of Raqqqa, Deir-e-zore and Idlib by the Ministry of Health with support of UNICEF and key nutrition sector partners between November 2015 - January 2016"

**NUTRITION OBJECTIVE 4**

**4** Establish coordinated and integrated nutrition programmes between and across relevant sectors through enhanced coordination and joint programming.

RELATES TO SO1 , SO2 , SO3 

feeding (IYCF) in emergencies, as well as micro-nutrient supplementation for women and children is improved at both community and health facility levels. In addition, operationalizing standard operating procedures for targeted Breast-Milk Substitutes (BMS) distribution will be a priority.

Promotion of appropriate infant and young child feeding in emergencies (IYCF-E) with a focus on breastfeeding protection and promotion will be scaled up in an integrated way, while building on achievements from previous years. The capacity of health staff and community workers/volunteers from humanitarian partners will be developed to facilitate IYCF counseling sessions and promotion. Critical windows of child growth and development in the first 1,000 days will be safeguarded and promoted through maternal nutritional support during pregnancy and the lactation period. Micro-nutrient deficiencies prevention and control initiatives will be promoted, through: micro-nutrient supplementation within health facilities and during accelerated campaigns; distribution of multiple micro-nutrient powder, iron and micro-nutrient tablets through health facilities and directly in the community; and improving vitamin A coverage for children under five and lactating women.

Humanitarian life-saving preventive efforts will be complemented by curative activities through community- and facility-based screening for acute malnutrition among girls and boys under five and PLW, followed by referral for treatment of acutely malnourished cases as a humanitarian life-saving measure. Appropriate nutrition supplies will be made available on a regular basis. The sector will also monitor the nutrition situation of children and women through regular assessments, ongoing surveillance and operational data. Moreover, joint analysis will be conducted by triangulating data from different sectors - mainly food security, WASH and health - to assess gaps and identify needs from a holistic perspective to provide coordinated and effective responses for better nutrition impact.

Finally, coordination and collaboration will be strengthened with other sectors. Opportunities for integration will be pursued to maximize coverage and ensure efficiency, such as integrating Mid-Upper Arm Circumference (MUAC) screening with routine immunization activities, delivering blanket supplementary feeding programmes

through humanitarian food assistance channels; joint capacity development such as nutrition-sensitive agriculture training, using joint delivery platforms such as health facilities, food assistance channels and communities to deliver nutrition services in an integrated manner.

The above strategy will be achieved through a network of partners including government counterparts, humanitarian national and international NGOs and UN agencies.

Due to their special vulnerability, the nutrition sector's primary targets are boys and girls under five and pregnant and lactating women.

Geographic priorities will be informed by the sector severity ranking reflecting needs across the country, with different priority ranking. Detailed micro-planning will be carried out by the hubs' operational planning efforts.

### Protection risk analysis and mitigating measures

To minimize potential adverse effects to targeted communities and humanitarian workers while delivering the nutrition interventions to the most vulnerable segments of the community such as girls and boys under five, pregnant women and lactating mothers, the sector carried out a thorough forecasting of likely risks and developed a framework with mitigation measures. Risks related to the Nutrition sector are anticipated to be mainly related to access to health facilities, workers providing nutrition services and beneficiaries, and to some extent, the provision of nutrition commodities, including vouchers for pregnant and lactating women.

In order to mitigate these risks and ensure adherence to humanitarian principles, the sector adopted a strategy to prevent and minimize any unintended negative effects of activities that can increase people's vulnerability to physical and psychosocial risks while providing nutrition services to vulnerable groups throughout Syria. These mitigation measures include the development and use of standardized approaches, service packages and tools when delivering services across Syria, community engagement and sensitization about targeting, and adapting a flexible delivery modality with adjustable distribution schedules. Nutrition



humanitarian partners will aim to set up centres in safe and accessible locations that can be easily reached by beneficiaries and or establish mobile teams that can reach their beneficiaries in safe spaces. More community health workers will be trained by humanitarian partners to provide services at community level, should beneficiaries' access be constrained. Stock prepositioning in multiple, safe, and close locations to the delivery site, quality contextual analyses will be an ongoing exercise for the sector humanitarian partners. The sector will regularly review risks and mitigation measures and make the necessary adjustments to programming modalities and implementing methods depending on dynamics on the ground.

### Response Priorities

The first priority for the WoS Nutrition Sector is to support humanitarian partners in scaling up the humanitarian life-saving preventive nutrition interventions such as IYCF-E for PLW, provision of micro-nutrient supplements and blanket supplementary feeding for boys and girls from 6-36 months and micro-nutrient interventions for PLW nationwide, with additional efforts of operationalizing this in UN-declared besieged and hard-to-reach areas and areas of multiple displacement.

As a second priority, the sector will expand the coverage of the humanitarian life-saving curative programme to better identify and refer acutely malnourished pregnant and lactating women, girls and boys under five to therapeutic nutrition programmes, run by qualified health staff, with particular attention to locations identified with pockets of acute malnutrition and in UN-declared besieged and hard-to-reach areas as identified by need analysis.

As a cross-cutting priority, the sector will emphasize gathering information in a systematic way to ensure evidence-based programming is implemented, especially in areas with critical information gaps, such as UN-declared besieged and hard-to-reach areas. Additionally the sector will conduct a joint analysis with other relevant sectors such as food security and health, to enable joint advocacy messaging, joint programming and enhanced coverage.

As a fourth priority, the sector will continue to coordinate and engage with other relevant sectors for more geographic and programmatic convergence, to implement nutrition-sensitive programming and to document impacts and positive results.

### BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY COHORTS				BY SEX AND AGE			
	IDPs	Returnees	Host Communities	Refugees	% Female	% Children (under 5)	% Adults	% Elderly
<b>PEOPLE IN NEED</b>	2,071,607	200,153	2,000,229	140,815	50%	17.5%	NA	NA
<b>PEOPLE TARGETED</b>	877,388	53,496	1,716,798	NA	50%	17.5%	NA	NA

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## PEOPLE IN NEED



14.9M

for systems

8.2M humanitarian  
WASH

## PEOPLE TARGETED



14.8M

## REQUIREMENTS (US\$)



221M

## # OF PARTNERS



51

## WASH OBJECTIVE 1

1 Sustainable Water and sanitation systems are maintained and/or restored

RELATES TO SO3

## WASH OBJECTIVE 2

2 Most vulnerable groups receive humanitarian life-saving assistance and livelihood support.

RELATES TO SO1

## WASH

## Analysis

WASH survey results indicate that water and sewage systems require increased support to continue to provide a sustained level of services. Throughout the country 51 per cent of the population does not have regular access to the public water network – with high regional variations.

The balance of the supply is generally met through the private sector or private wells. This mixed modality guarantees an average of 40-50 liters per person per day. There are indications that water quality has become compromised; and the cost of water sold by private providers, in some areas, which varies with local market fluctuations, places a significant financial burden on the Syrian population. Basic hygiene items are also very expensive and place further strain on the limited financial resources of many Syrian households. Overall, there is a need to enhance water quality assurance efforts, with laboratories in many instances no longer capable of systematic and regular monitoring of drinking water quality due to damage/deteriorating equipment and lack of skilled technical staff. Finally, IDPs in informal settlements and buildings such as health facilities and schools (known as collective centers), demonstrate particular need for

enhanced WASH services. There is a severe lack of hygiene items in UN-declared besieged areas where markets are not functional. A general scale-up of WASH relief activities is also required in some areas where entities designated as terrorist by the UNSC are active.

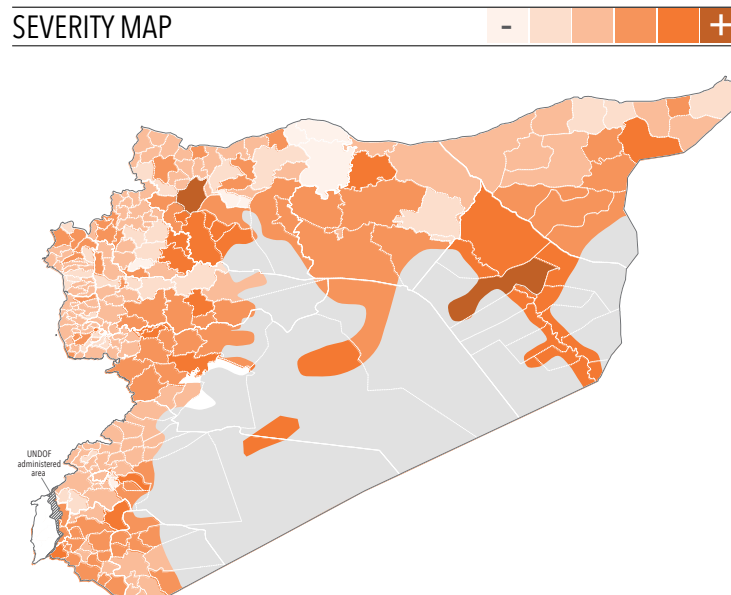
## Response strategy

## Infrastructures

The WASH sector will continue to support the WASH systems, aiming to stabilize and reduce the decline in efficiency of existing infrastructure. Critical activities include the rehabilitation of infrastructure; the distribution of supplies and consumables, WASH NFIs, and water treatment products; the provision of alternate power supply/generators; improvements of water supply and sanitation systems in schools and hospitals; support for staffing; and ongoing operation and maintenance of water and sanitation systems. In the absence of electric power supply from the national grid, standby generators and fuel are urgently needed to provide alternative power, but are typically able to satisfy only part of the power requirements. The introduction of renewable energy sources such as solar and wind power will be pioneered in small scale water supply



## SEVERITY MAP



systems as an attempt towards technological advancements to provide economically viable and technically sound feasible solutions. Modifications or expansion may be possible if existing water systems cannot meet increased demands. The sector will continue to support water quality monitoring assurance mechanisms. Also, maximum effort will be made to ensure continuous access to water disinfection products, as in previous years. In addition, water quality laboratories will be supported to ensure systematic and regular water quality monitoring to the extent possible. This intervention has been critical over the past years, as the chemicals needed are subject to unilateral coercive measures. The importation of supplies from abroad will be complemented with efforts to support local production of such chemicals in-country. Additionally, waste water infrastructure and solid waste management systems will be supported through rehabilitation of sewage system and wastewater treatment plants in addition to solid waste infrastructure along with provision of required materials to reduce overall public health risk and environmental pollution caused by the degradation of the systems

#### Quality assurance

The sector will scale up efforts in quality assurance of water systems and services. While the private sector is complementing water supply, fragmentation of service providers is contributing to diminished water sector management in contested areas. This has created water markets which are largely unregulated, with the associated risk of unsafe water being distributed to a large portion of the population. The introduction of water safety planning, made through intensive community mobilization of both consumers and service providers, has proven successful in pilot areas, and will be scaled up. Concerned authorities will be involved when feasible, with efforts to support, and build their capacity to act as regulators. The sector will also step up ongoing efforts to understand and monitor market dynamics, availability of goods and services.

#### Hygiene

Alongside distributions of NFIs in kind, the sector will consider cash assistance, including cash vouchers, as a viable option to mitigate the decreased purchasing capacity of families. Pilot initiatives delivered promising results, and it is expected that in-kind assistance, especially for hygiene items, can be progressively scaled down in those areas where the markets are proving functional, in favour of cash assistance.

#### Humanitarian life-saving WASH

Humanitarian Assistance to IDPs in camps and temporary shelters will continue, with the provision of humanitarian life-saving WASH goods and services provided as promptly as possible for the newly displaced. Particular efforts will be made to improve the quality of sanitation facilities in collective centers, with the sector aiming to reach and respect Sphere standards in both the quality of services and gender considerations. Inter-sector contingency planning will continue to be updated in the hubs, and specific interventions are being developed for each identified scenario. Cholera

contingency planning in particular is also being kept up to date, in collaboration with the health sector. Contingency supplies continue to be maintained at sufficient levels.

The sector will increase efforts to scale up humanitarian assistance in UN-declared besieged and hard-to-reach areas, with mainly in-kind interventions, as part of multi-sector efforts.

#### Sanitation

The general situation of sanitation and solid waste is less severe on a national scale. However, available data indicates that existing sewage treatment plants require improvement/rehabilitation to prevent the discharge of raw sewage and contamination of water bodies and soil and to promote hygienic living conditions of IDPs and host populations across the country. WASH infrastructures in schools and in health facilities also needs to be addressed, either as a component of general rehabilitation of infrastructure, or as dedicated interventions. Also, health education within school curricula should be emphasized.

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

The sector will continue a solid monitoring of the response based on an agreed result framework and standard sector indicators, via the WoS 3W, and promote strong monitoring tools for cross border- joint planning in all humanitarian interventions. The water infrastructure survey initiated in 2016 will also be continued, and repeated as a monitoring tool in collaboration with Government of Syria when feasible. It will be used to measure the impact of interventions which aim to repair and rehabilitate water and sanitation infrastructure in contested areas and to inform the planning of ongoing response activities. All hubs will be encouraged to continue their ongoing or carry out new specific assessments/surveys to measure impact and promote bottom-up informed planning process to meet the expectations of the most vulnerable communities/segment of the population in their respected areas of presence and responsibilities. The WoS WASH coordination actors will also organize a new WoS sector assessment, building on the successful model of the present year.

#### Protection risk analysis and mitigating measures

The WASH Sector will ensure a Do No Harm approach by carrying out a protection risk analysis as part of its sectoral strategy development. The potential protection risks that may arise from the implementation of the WASH sector strategy,

along with a description of the relevant mitigation measures and resources required for monitoring of those risks have been identified.

Support limited to only selected water supply systems present the risk of inequitable distribution of services. To minimize this risk the sector will establish strong links with concerned authorities and operators for joint planning, and include them in targeting. For the humanitarian component of service delivery, the sector will ensure that Sphere standards are strictly followed during each part of implementation, especially emergency sanitation where the risk of GBV is higher. Women and adolescent girls will be consulted, in cooperation with Government of Syria authorities, when feasible, during design, implementation and monitoring efforts, and accountability mechanisms will be put in place to receive feedback from users and ensure adequate follow up.

## Prioritization

When the sector focuses on supporting restoration of existing systems as part of support to resilience, the support to restoration of infrastructure will be prioritized based on the overall level of need and technical parameters, and depending on accessibility and security. This approach benefits the entire population living within targeted catchment areas, regardless of status and needs, and makes a meaningful contribution towards resilience.

Humanitarian WASH activities will prioritize those in need of humanitarian life-saving assistance, including IDPs, returnees, and host communities in key areas, including those living in camps, informal settlements, unfinished buildings, and UN-declared besieged, hard to reach and over-populated communities, as well as communities and areas where the quality of the water is unsafe for drinking.

### BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY COHORTS				BY SEX AND AGE			
	IDPs	Returnees	Host Communities	Refugees	% Female	% Children (1-17)	% Adults	% Elderly
<b>PEOPLE IN NEED</b>	6,317,978	611,198	7,537,566	430,000	53%	43%	51%	6%
<b>PEOPLE TARGETED</b>	6,317,978	611,198	7,537,566	430,000	53%	43%	51%	6%

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## EARLY RECOVERY AND LIVELIHOODS

### PEOPLE IN NEED



### PEOPLE TARGETED



### REQUIREMENTS (US\$)



### # OF PARTNERS



### EARLY RECOVERY OBJECTIVE 1

**1** Improve safe access to basic and essential social services and infrastructure for affected people and institutions

RELATES TO SO3

### EARLY RECOVERY OBJECTIVE 2

**2** Restore disrupted livelihoods for strengthened social protection and positive coping mechanisms of affected people and vulnerable groups

RELATES TO SO3

### EARLY RECOVERY OBJECTIVE 3

**3** Promote social cohesion and local participation for more resilient communities

RELATES TO SO2

### Analysis

As the crisis has grown protracted, living standards have deteriorated significantly throughout Syria, with varied levels of severity according to the intensity of hostilities. As livelihoods have broken down, millions of people have been thrust into poverty, while recurrent displacement, loss of assets, the impact of unilateral coercive measures, and weakened social protection schemes have further compounded vulnerabilities across the country. This is severely limiting livelihood opportunities for the most vulnerable categories of the Syrian population such as youth, female-headed households and people living with disabilities. Further, an estimated 5.8 million Syrian adolescents and youth,<sup>44</sup> in particular, have been left with minimal opportunities for employment and engagement in society. IDPs returning to areas of origin face difficulties reviving their businesses due to loss or damage of productive assets, among other factors. As people have run out of options, they have increasingly resorted to negative coping mechanisms, exposing women, children, and other vulnerable groups to significant protection risks.

The protracted crisis, including shifting front-lines and active fighting, have continued to generate large IDP movements to relatively

stable areas, which in turn struggle to cope with the additional pressure on resources and infrastructure. Damage to infrastructure and lack of physical and human resources further limit the availability of adequate basic and social support services. This has sometimes led to tensions over access to services and opportunities.

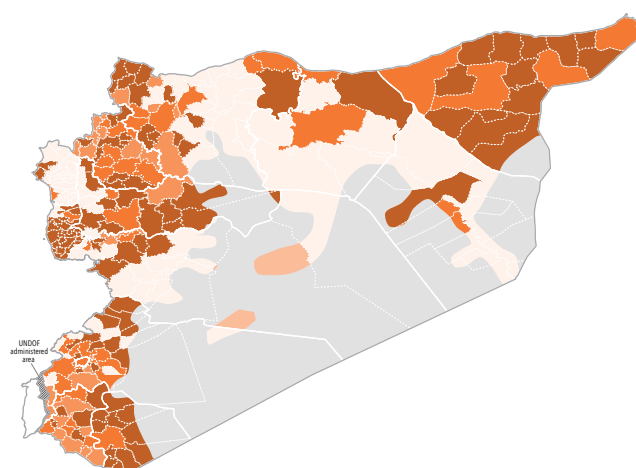
The Early Recovery and Livelihood (ERL) Sector now estimates that, within the sector, some 13.8 million people are in need, including 450,000 Palestine refugees. In the current context, Palestine refugees are considered extremely vulnerable to the effects of the crisis, including unemployment, decreased purchasing power, and the inability to afford basic commodities.

### Response strategy

In 2017, the Early Recovery and Livelihood Sector will continue to follow its main objectives of supporting resilience building efforts for Syrians and their communities to overcome the negative consequences of the crisis and to ensure decent living conditions for affected Syrians across the country.

The strategic response of the sector focuses on affected populations, including IDPs and host communities, as well as the communities

### SEVERITY MAP



44. 33 per cent of the population in Syria are estimated to be young people (10-24 years old) and 23 per cent are adolescents (10-19 years old). UN estimates show that of 6 million Syrian adolescents and youth, more than 2 million are internally displaced. Population data – OCHA, 2016.



of origin, should they return, through: (i) ensuring the provision of sustainable and efficient service delivery and basic community infrastructure; (ii) establishing adequate livelihoods as part of socio-economic recovery, and; (iii.) promoting social cohesion and communities' engagement in early recovery efforts to strengthen the resilience of affected people in coping with the effects of the protracted crisis. The sector response strategy is composed of:

#### **Enabling better and safe access to essential services**

Empowering affected communities and individuals including adolescents and youth through enabling better and safe access to essential services through restoration of basic infrastructure and socio-economic infrastructure adopting labour-intensive schemes: given the continuing instability in certain areas and service disruption, the ERL sector will maintain its work on the rehabilitation of damaged basic infrastructure and civil establishments aiming at providing better services to affected populations, including IDPs and host communities or communities of origin should IDPs return. Programme concentrated efforts will be to restore and reconstruct damaged infrastructure in the areas of solid waste, sewage networks, electricity infrastructure, water networks, markets, health centres, educational centres and production inputs in the fields of agriculture, handicrafts and production workshops. The ERL sector will be innovative in areas of alternative power solutions such as renewable energy, biogas, fuel briquettes, solar lighting and heating equipment. Using a labour-intensive approach, more job opportunities will be created, less dependency on aid will follow, better local engagement will be achieved as well the empowerment of partners and local capacities to provide adequate and dignified means of living.

#### **Rehabilitating disrupted livelihoods and social protection schemes**

Enhanced resilience through the provision of better opportunities will enable less harmful coping mechanisms for affected people and vulnerable groups (especially female headed households, adolescents and youth) through the rehabilitation and restoration of disrupted livelihoods in parallel to social protection schemes. Based on HNO findings, a high unemployment rate is a common phenomenon across the country. One of the first priorities for the ERL sector will be to work on socio-economic recovery to ensure sustained livelihood for the affected population. Grants including seed funding for social and business entrepreneurial startups, business revival, Small and Medium Enterprises (SME) support through mentoring and financing, and providing assistance to production workshops for agriculture value-added products and textile workshops will be the main activities to refresh the Micro Small Medium Enterprises (MSMEs). The focus will be on fragile segments including Persons with Disabilities (PwDs), females, youth and returnees. Other vulnerable groups such as

children and the elderly will be the centre of attention for social protection programmes aiming at minimizing the pressures due to the socio-economic situation, and focusing both on their social and economic vulnerabilities.

#### **Foster social cohesion and local participation for more resilient communities**

The sector strategy is to empower people in their communities through capacity building and ensuring local engagement in emergency response activities. Adolescent and youth inclusion is a key element of the programme's design. Through social and civic engagement initiatives led by adolescents and youth, they will identify and address issues affecting their and their communities' well-being. Evidence shows that when adolescents and youth are empowered to play meaningful roles in their communities and given a sense of purpose, they make positive choices and support resilience building within their communities. The target group for such activities will be IDPs and host communities or their communities of origin, should the programme be to create the conditions for a sustainable return. In collaboration with partners in the field, activities will ensure maximum returns to all targeted communities and aim to avoid any negative impact on them. This approach is crucial for the success of any programming and should be mainstreamed in all sectors activities.

#### **Protection risk analysis and mitigating measures**

The ERL sector adopts an area-based, conflict-sensitive planning approach relying on participatory measures where both local communities' representatives and IDPs contribute to the development of the early recovery response strategy and related activities at the local level. Some major risks can undermine the effective and efficient implementation of the ERL Sector strategy and are identified as follows:

Inadequate programme compatibility between conflict risk analysis and proposed projects<sup>45</sup>;

- Deterioration of the security situation in areas targeted by ERL programme operations;
- Unintentional inequality of services distribution and lack of engagement with all community representatives.

#### **Response Priorities**

The ERL sector priority will be to target the affected population of IDPs and host communities including areas with a high concentration of IDPs. The ERL sector relies on an area-based, conflict-sensitive planning approach to ensure equal early recovery efforts are put in place to avoid further destitution. Areas will be chosen based on severity of needs criteria, People in Need (PIN) and likelihood of stability and the feasibility of operations. The ERL sector will work towards

45. Conflict analysis is "a practical tool to better understand the linkages between development and conflict, with a view to increasing the impact of development on conflict." [http://www.undp.org/content/dam/undp/documents/cpr/documents/prevention/CDA\\_complete.pdf](http://www.undp.org/content/dam/undp/documents/cpr/documents/prevention/CDA_complete.pdf)

greater disaggregation of data (within PIN and Reach) to assess and address specific needs of adolescents and youth, women and persons with disabilities.

Another priority will be to target the areas of relative peace and stability, contributing to the voluntary return of IDPs, through socio-economic recovery programmes that will enable return to areas of origin, supporting self-reliance for remaining inhabitants and avoid resorting to negative

coping mechanisms or further displacement to areas where humanitarian assistance is available. Targeting the most vulnerable groups is a priority of the ERL sector through both mainstreaming activities and targeted, well-designed programmes for persons with disabilities, female-headed households, adolescents and youth so that better protection schemes are ensured.

#### BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY COHORTS				BY SEX AND AGE			
	IDPs	Returnees	Host Communities	Refugees	% Female	% Children (1-17)	% Adults	% Elderly
<b>PEOPLE IN NEED</b>	NA	NA	NA	NA	NA	NA	NA	NA
<b>PEOPLE TARGETED</b>	1,858,265	182,015	3,640,109		53%	37%	37%	6%

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## PEOPLE IN NEED


**6.1M**

## PEOPLE TARGETED


**4.6M**

## REQUIREMENTS (US\$)


**265M**

## # OF PARTNERS


**40**

## EDUCATION OBJECTIVE 1

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

RELATES TO SO3 

## EDUCATION OBJECTIVE 2

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

RELATES TO SO3 

## EDUCATION OBJECTIVE 3

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

RELATES TO SO3 

## EDUCATION

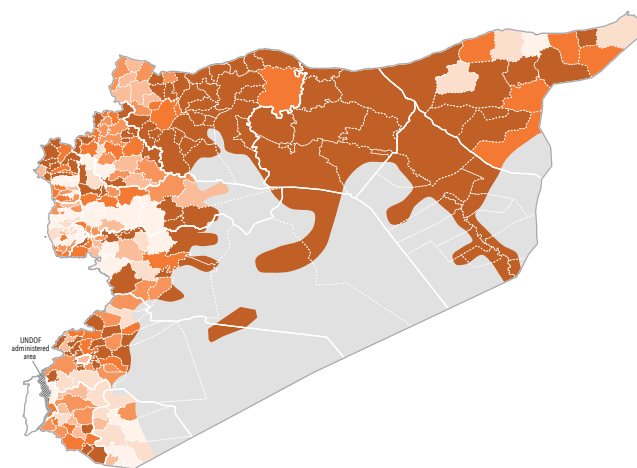


## Analysis

With the crisis entering its sixth year, 5.82 million children and youth from pre-school to secondary school age (in and out of school) are in need of education assistance, including over 118,000 Palestine refugee children and an additional 270,000 education personnel. An estimated 1.75 million children and youth (aged 5-17 years) were out of school in the 2015/16 school-year (a 17 per cent decrease from the 2014/15 school-year), and 1.35 million are at risk of dropping out. Nearly 2 million school-age children are displaced, many repeatedly. The total economic loss due to dropout from basic and secondary education is estimated to be around US\$11 billion, equivalent to about 18 per cent of the 2010 Syrian gross domestic product.

By October 2016, with half of the required 2016 HRP funding, the sector has reached around 3.8 million children. Schools and learning environments are unsafe, overcrowded and under-resourced. One in three schools is damaged, destroyed, inaccessible or used as a collective shelter or for other purposes. This not only puts the lives of children and education staff at risk but reduces the availability of schools and classrooms and wipes out investments made by communities and humanitarian actors. The formal education system has lost a total of 150,000 education personnel, including teachers. Indiscriminate attacks on schools continue to take place, especially in areas affected by hostilities, where many children are in need of psychosocial support, care and protection. A large number of children remain out of

## SEVERITY MAP



school in order to meet household needs. This pushes children into the workplace, early marriage and child recruitment.

## Response strategy

Education cannot wait in times of crisis because it offers hope, stability and protection. The main objective of the Education sector is to provide crisis-affected girls and boys with a relevant and quality education, averting a lost generation and enhancing the capacity of the education system to manage and maintain a

meaningful, timely, coherent and coordinated education response inside Syria.

The 2017 Education sector strategy will focus on three areas: (i) scaling up equitable access to learning opportunities, (ii) enhancing the quality of teaching and learning, and (iii) strengthening systems at national and community levels and providing policy support. These upstream and downstream responses are designed to enable those who are out of school to return to schools, and those who are in school and at risk of dropping out to continue their learning. The Education sector response is aligned with

the Syria Crisis Education Strategic Paper, the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards for Education, the No Lost Generation initiative and the fourth Sustainable Development Goal on education.

Scaling up access to learning opportunities will be undertaken by expanding the implementation of the Self-Learning Programme (a WoS flagship initiative) and Curriculum B for out-of-school children, including those in UN-declared besieged and hard-to-reach areas. Access to education will be further advanced for the most vulnerable children and youth through early childhood care and education (ECCE), remedial education, catch-up classes, technical vocational education and training (TVET), inclusive education, structured recreational activities in collaboration with the child protection sub-sector, school feeding and cash transfers. Priority will also be placed on back-to-learning campaigns with the distribution of school supplies, the expansion and rehabilitation of protective and safe learning environments (including gender-sensitive WASH facilities) and school inclusiveness for children with disabilities.

The Education sector will continue investing in quality of learning and teaching. This will be done through increased professional development for teachers in areas of child-centred pedagogy, active learning, psychosocial support and risk education. Life skills and citizenship education will be furthered in formal, non-formal and informal settings through curricular, extra-curricular and co-curricular modalities. Interventions will ensure a transformative notion of life skills and citizenship education that adopts experiential learning methods to teach students citizenship through their involvement in civic activities and decision making inside and outside the school, through their engagement in local, national and global issues and initiatives, and by equipping them with values and the disposition to participate actively in society. These approaches aim at turning classrooms into safe and critical spaces and actively engage with surrounding communities, providing students with opportunities to engage in discussion of even the most sensitive topics while educating against situations of abuse that can often lead to resentment and frustration of disenfranchised youth. To increase the positive impact on children's lives, the WoS response will adopt an integrated approach towards education and child protection by offering psychological support to vulnerable children in both formal and non-formal settings. The provision of textbooks, recreational and supplementary learning materials will continue to remain central to the education response.

**System strengthening** will focus on enhancing institutional capacity development for emergency preparedness and the formulation of response plans at different levels as per INEE Minimum Standards for education. The coordination capacity of Education Sector partners will be reinforced to deliver timely and quality services especially through cross-line and cross-border operations. Technical support to the Education Management Information System (EMIS) and other monitoring mechanisms will be prioritized to provide real-time school data collection and analysis to inform evidence-based programming, planning and advocacy. Policy support will be

undertaken at all levels to ensure out-of-school children have equitable access to learning opportunities, regardless of their geographical and socio-economic status. Advocacy efforts will also be made to ensure that children can access examination and certification upon completion of the Self-Learning Programme. Advocacy will focus on ending attacks on education, improving the safety and protection of schools, and the need for increased predictable, longer-term and multi-year investments in education.

In line with the 2016 response strategy and building on last year's best practices, the education response will target vulnerable children and youth including those with special needs, IDPs, host communities and refugees in accessible, UN-declared besieged and hard-to-reach areas. Programmes will be designed to be flexible so that they can be adjusted to changing needs and shifts in access. The sector will continue piloting and scaling up innovative approaches to provide quality education opportunities to Syrian children. Updated severity mapping and other reliable data sources will be used to inform the prioritization and execution of the education response.

### Protection risk analysis and mitigating measures

Education sector partners have assessed risks and threats for the core education interventions in 2017 to be of an acceptable level. Risks and threats have been identified in three strategic areas: (i) access to education; (ii) quality of education, and; (iii) education systems strengthening. Risks for children, teachers and community members receiving education assistance have been analyzed along different lines. In line with the "Do No Harm" principle, comprehensive measures to mitigate these risks and threats have been identified, together with monitoring mechanisms and the resources required.

### Response Priorities

An estimated 1.75 million school-age children (aged 5-17) were out of school in the 2015/16 school year. In addition, approximately 1.35 million children remain at risk of dropping out. There are over 1.3 million children in hard-to-reach locations and over 300,000 in UN-declared besieged areas. Nearly 2 million school-age children are displaced as a result of the hostilities, many repeatedly. Over 600,000 children are living under the control of ISIL and 150,000 are living in contested areas with active hostilities. ISIL and other entities designated as terrorist by the UNSC continue to use education to indoctrinate and recruit children.

The priority of the Education sector is to provide relevant and quality education to children and youth affected by the crisis, including in UN-declared besieged and hard-to-reach areas. Areas of intervention will be prioritized based on the severity mapping and taking access into consideration. A special focus will be placed on areas where schools are overcrowded with a large influx of IDPs, leading sometimes to tensions over access to services and opportunities.

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY COHORTS				BY SEX AND AGE			
	IDPs	Returnees	Host Communities	Refugees	% Female	% Children (1-17)	% Adults	% Elderly
<b>PEOPLE IN NEED</b>	1,677,526	191,304	118,000	4,106,574	50%	96%	4%	NA
<b>PEOPLE TARGETED</b>	1,273,252	145,201	89,563	3,116,914	50%	96%	4%	NA

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**HEALTH**

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



# OF PARTNERS



HEALTH OBJECTIVE 1

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

RELATES TO SO1

HEALTH OBJECTIVE 2

**2** Strengthen health sector coordination and health information systems to improve the effectiveness of life-saving health response for people in need, with an emphasis on enhancing protection and increasing access for health

RELATES TO SO2

HEALTH OBJECTIVE 3

**3** Improve access to basic services and livelihoods by supporting community resilience, institutional and response capacity

RELATES TO SO3

**Analysis**

In 2016, the health situation in Syria continued to deteriorate. Over 12.6 million people throughout the country required life-saving health assistance. At the same time, critical shortages in the availability of staff, medical supplies, and damaged infrastructure have seriously disrupted the provision of life-saving healthcare.

People most at risk in the health sector include survivors of trauma, including the war-wounded, with a heavy burden of associated mortality, disability and mental health morbidity, this being overly critical for those who go untreated (30 per cent of trauma is reported as linked with a permanent disability outcome; all survivors of trauma suffer temporary physical impairment); people living with chronic diseases; children who are not vaccinated; pregnant women and neonates who have no access to life-saving obstetric care; girls and women with poor access to essential reproductive health care; and those in need of mental health and psychosocial support. One in five people living in Syria is at risk of developing moderate mental health issues, and 1 in 30 is at risk of developing severe or acute mental health problems. Over the course of 2017, 3.5 million people are expected to need surgical and trauma services, including 3.2 million emergency consultations, 300,000 surgeries and 180,000 war-wounded cases. Local health services

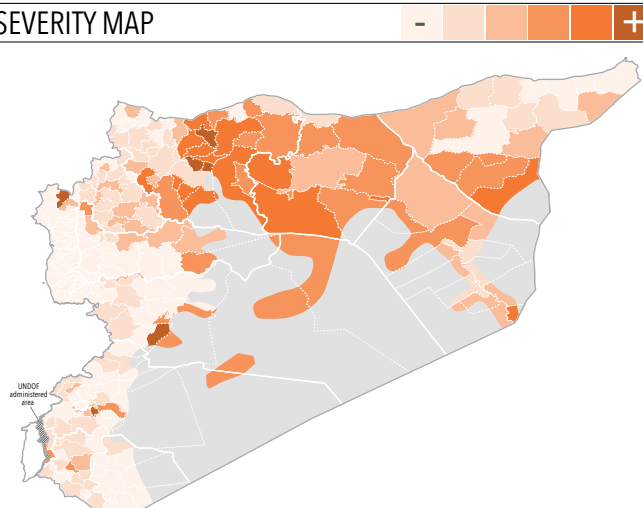
are highly fragmented with no clear referral pathways for those in need of specialized medical care.

Lack of basic utility services, including electricity, fuel, safe drinking water and basic sanitation services, have increased the vulnerability to disease outbreaks such as diarrheal diseases, typhoid, hepatitis A, as well as other vaccine-preventable diseases.

Attacks on health facilities and services continued unabated throughout 2016. During this year, there have been reports of up to 105 verified attacks on hospitals and healthcare centres across Syria, with 14 health care workers killed and 40 injured. Attacks on healthcare risk the lives of health care workers and their patients, causing major disruption, resulting in the closure of services, affecting the entire population in the area.

During 2016 access to UN-declared besieged areas for delivery of health assistance was sporadic. The removal of essential medical supplies from cross-line convoys and blockage of medical evacuations continued. Access for cross-border actors was further restricted, with humanitarian partners facing increasing challenges in transporting supplies and staff across the border and witnessing interruption of medical evacuations. In areas under the influence of entities designated as terrorist by the UNSC, health care provision ranged from extremely limited to nonexistent.

SEVERITY MAP



## Response strategy

The first priority in the Health sector is to provide life-saving and life-sustaining humanitarian health assistance with an emphasis on those most at risk and in need. This will be done through specific interventions focusing on:

- Strengthening provision of essential primary and secondary health care services, including the piloting, validation and scale-up of an Essential Primary Health Care Package;
- Strengthening provision of essential medicines and medical supplies and equipment; reinforcing comprehensive care for trauma and injuries through provision of phased trauma management and care for associated disability and mental health issues; scaling up provision of physical rehabilitation services at facility level; strengthening provision of Emergency Obstetric and Newborn Care (EmONC) Services and of the medical referral system;
- Consolidating and expanding the communicable disease surveillance and response system;
- Scaling up and supporting provision of mental health services at the community and health facility level;
- Strengthening management and primary and secondary prevention of non-communicable diseases;
- Implementing the Expanded Programme of Immunization routine for all children under five and supplementary immunization activities (SIA) in hard-to-reach areas.

The Health sector will also seek to strengthen health sector coordination and health information systems to improve the effectiveness of the life-saving health response for people in need, with an emphasis on enhancing protection and increasing access for health services. Activities will include: continued health information systems (HIS) roll-out at the sector/working group level; and support for improved reporting of health humanitarian partners into 4W database. In 2017, health information systems (HIS) at the sector/working group level will be further strengthened to track essential morbidity and mortality data, creating an evidence base to drive forward health programming.

Strengthened coordination within and across hubs will be achieved through: joint contingency and preparedness planning for disease outbreaks, as well as in response to changing dynamics in the way hostilities are carried out; and regular coordination meetings at hub and WoS level to enable continuous assessment, harmonization in areas of overlap, gap identification, and a more harmonized response between humanitarian partners and across hubs. The Health sector will also continue to advocate for the protection of healthcare staff and patients at health facilities; develop a sector advocacy strategy; mainstream protection efforts throughout health programming through coordination fora and training/workshops with health humanitarian partners, with a focus on increasing access to hard-to-reach, UN-declared besieged areas; and register, report and

conduct advocacy on verified attacks on healthcare. Gender mainstreaming efforts will continue throughout health programming and will include support for provision of proper care for survivors of GBV.

In view of the protracted nature of the crisis, the Health sector will work to improve access to basic services and livelihoods by supporting community resilience, institutional and response capacity; training, retaining and increasing the capacity of healthcare providers and community healthcare workers; rehabilitating and reinforcing health facilities, including physical structure, equipment/supplies to provide safe and secure environments for health service delivery. Critical activities will focus on: the capacity building of Syrian NGOs and health institutions to strengthen Syrian leadership of the Health sector response as per identified needs; promoting mobile medical units for emergency response; and continued emphasis on rapid health assessments in emergency situations.

## Protection risk analysis and mitigating measures

Life-saving humanitarian activities foreseen by the sector carry the following associated protection risks: targeting of health facilities and health care workers; inequitable access to healthcare which could increase tensions within communities; being forced into challenging ethical dilemmas and triage scenarios that healthcare providers are confronted with due to limited resources. These risks will be mitigated through: the implementation of standard essential services package across the sector interventions; increased capacity strengthening of healthcare providers, with a particular focus on female providers; increased availability of community-based care; provisioning healthcare workers with practical ethical frameworks that can be used as tools to guide them through difficult decision making (ongoing study).

Activities related to strengthening the Health sector's coordination and health information systems carry the following protection risks: Sharing the GPS locations of Healthcare Facilities (HCFs) creates a risk of deliberate targeting of HCFs if the coordinates ends up with armed actors. Not sharing the GPS locations of HCFs creates a risk of indiscriminate targeting since armed actors are not aware of the locations of the HCFs. These risks can be mitigated by: reviewing relevant information-sharing protocol with humanitarian partners; sustaining dialogue with HCFs around their concerns on sharing identification and location information; pursuing advocacy efforts to engage armed actors on health protection issues.

Regarding activities aimed at improving access to basic services and livelihoods by supporting community resilience, institutional and response capacity, the protection risk landscape includes: the risk of exposing patients to harm when responsibilities of health personnel increase without proper capacity building; the reinforcement of health facilities does not provide sufficient protection for

patients, exposing them to physical harm. These can be mitigated by: putting in place task-shifting guidelines as part of care protocols; providing training and post training adequate follow-up with trainees; decentralizing services, clear messaging to communities around risks associated with healthcare facilities and underground care.

### Response Priorities

The Health sector will prioritize: (i) people in need in UN-declared besieged and hard-to-reach areas; (ii) integrated service provision activities based on identified needs through a package of essential services with a focus on integrated healthcare activities within a local/regional network approach; (iii) the implementation of integrated care pathways; (iv) the provision of comprehensive care for trauma and associated disability and mental health issues and; (v) services meant for groups with special vulnerabilities

### BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY COHORTS				BY SEX AND AGE			
	IDPs	Returnees	Host Communities	Refugees	% Female	% Children (under 5)	% Adults	% Elderly
<b>PEOPLE IN NEED</b>	4,370,208	-	8,479,811	NA	36%**	25%	NA	9%
<b>PEOPLE TARGETED</b>	4,370,208	-	8,479,811	NA	36%**	25%	NA	9%

\*\* Females include women of reproductive age and woman aged 50-59

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## PEOPLE IN NEED



60  
humanitarian  
partners

## PEOPLE TARGETED



60  
humanitarian  
partners

## REQUIREMENTS (US\$)



16.4M

## # OF PARTNERS



60

## LOGISTICS OBJECTIVE 1

**1** To provide logistics services (inclusive of surface transportation, transshipment, emergency fuel provision, emergency air transport and warehousing) to humanitarian organisations responding to the Syria crisis

RELATES TO SO1

## LOGISTICS OBJECTIVE 2

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

RELATES TO SO1

## LOGISTICS OBJECTIVE 3

**3** To enhance capacity of humanitarian actors via dedicated logistics trainings and purchase of necessary equipment

RELATES TO SO1

## LOGISTICS



## Analysis

As severe access and security constraints persist, key logistic needs identified in support to the Syria humanitarian response are common storage and transport services, including the continuation and possible enhancement of Inter-Agency Humanitarian Convoys to UN-declared besieged and hard-to-reach areas; cross-border coordination and transshipment services and emergency airlift operations. Fuel scarcity is expected during the coming winter, and the maintenance of a contingency fuel reserve is needed. Common warehousing across Syria continues to be required.

Coordination and circulation of logistics information, as well as capacity-enhancement trainings are required so as to mitigate the effects of reduced logistics expertise and to augment existing capacity.

The sector has enhanced its focus on preparedness and its ability to promptly and effectively respond to sudden onset emergencies and population movements, in order to be able to support other sectors in providing a rapid response. The Logistics sector can adapt its activities to take 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

As in previous years, 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 sectoral 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 services, including storage, surface transportation, emergency fuel provision, cross-border trans-shipment services and emergency airlift transport.

Common transport services will continue to be offered on a cost-recovery basis in 2017.

Around 14,000 m<sup>2</sup> of free-to-user common warehousing continue to be available to the humanitarian community in Tartous, Lattakia, Qamishly, Rural Damascus, and Homs. An additional 2,200 m<sup>2</sup> of free common warehouse space is also available in Gazientep for the humanitarian organizations active in northern Syria common storage will be increased in additional locations if needed.

Organizing critical humanitarian convoys - both cross-border and within Syria to UN-declared besieged/hard-to-reach areas - will remain a key focus in 2017, in order to deliver life-saving assistance. These convoys are organized at the inter-agency level, with prioritization of items/locations taking place through the Inter-sector Coordination (ISC) mechanisms in Damascus. Support for cross-border operations into Syria from Jordan and Turkey will continue.

Scarcity and rising costs of fuel require the maintenance of contingency fuel reserves, which will be especially critical during the winter months.

Emergency airlift operations to reach the most isolated locations in the country will continue and might need to be scaled up, depending on the prevailing security and access situation.

A logistics coordination and information platform will be maintained in 2017, with meetings organized across the region (Turkey, Jordan, and Syria).

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 training will be continued in 2017 in Syria and in neighboring countries, focusing on more diverse areas within logistics (including warehouse management, fleet management, and shipping). Required logistics equipment will be purchased to bolster humanitarian partners' response capacity.

## Preparedness

The sector plans to enhance its preparedness and stands ready to respond to ad-hoc scenarios with both cross-line and/or cross-border logistics support as required.

Increased coordination with neighboring Logistics sector operations (i.e. Iraq) will enable the sector to prepare for different crisis scenarios, finalize contingency response plans and be able to promptly and effectively provide logistics support to the humanitarian community implementing response operations to sudden onset emergencies or population influxes.

## 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.

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

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## PEOPLE IN NEED



60M

Response  
communities

## PEOPLE TARGETED



60M

Response  
communities

## REQUIREMENTS (US\$)



870k

## 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

## ETC OBJECTIVE 4

**4** Provide targeted assistance to national NGOs that demonstrate a need for telecommunications assistance beyond their organizational capacity

## EMERGENCY TELECOMMUNICATIONS



## Analysis

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

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

Coordination and delivery of common telecommunications services in Syria and the neighbouring countries is vital to ensuring that the humanitarian community can perform essential life-saving humanitarian work whilst maintaining the safety of staff and assets in the field.

Contingency human and financial resources are needed to run ad hoc projects based on ongoing assessments, in line with ETC2020 strategy.

## Response strategy

The overarching goal of the Emergency Telecommunications 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. It is also important that communications systems are in place to enhance the safety and security of the humanitarian community.

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

ensuring the availability of services to UN, humanitarian agencies and Syrian Arab Red Crescent (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 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 2017:

- Implement common Communications Centres (COMCEN) in UN operational hubs in Homs and Qamishli. Deploy two radio operators in each site;
- Reapply for permission to establish a COMCEN in Tartous;
- Install repeaters in Homs and Qamishli;
- Provide ETC connectivity/voice services in Aleppo, Tartous and Qamishli;
- An ETC 'Let's Comm Train the Trainers' session is planned for the end of 2016 – early 2017. while training for staff and users has been scheduled to start from November;
- Continue to provide support services to other UN agencies and SARC, namely radio programming and radio troubleshooting;
- Expand VHF/UHF radio network in common operational areas in accordance to Syrian Law.

## Prioritization

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

- Installations of radio repeaters and fully manned radio rooms to increase emergency telecommunication services in all UN operational areas and to enhance the safety and security of the UN, humanitarian agencies and SARC;
- Deployment of UN common satellite services in common UN operational areas

to provide data connectivity to UN Agencies only, due to the fact that telecommunication infrastructure in Syria has been seriously damaged, including damaged power lines, resulting in regular power outages;

- Provide regular maintenance/trainings in order to keep the service fully functional. 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.

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## PEOPLE IN NEED



Humanitarian partners

## PEOPLE TARGETED



Humanitarian partners

## REQUIREMENTS (US\$)



58M

## # OF PARTNERS



17

## COORDINATION OBJECTIVE 1

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

RELATES TO SO1 , SO3 

## COORDINATION OBJECTIVE 2

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

RELATES TO SO1 , SO3 

## COORDINATION OBJECTIVE 3

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

RELATES TO SO1 , SO2 , SO3 

## COORDINATION &amp; COMMON SERVICES



## Analysis

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

## Response strategy

In 2017, coordination/common service efforts will build on the 2016 strategy, including the following components:

## Supporting more effective sector and inter-sector coordination at hub and WoS level

Through a more harmonized response strategy, more effective advocacy, and streamlined information sharing and analysis of needs and response. Over the last 12 months, further progress has been made in information management and operational coordination. These efforts will be continued. NGO fora will continue to be important in supporting the articulation

and implementation of the WoS approach, by facilitating coordination, representation and participation of the NGO community in coordination structures.

## Maintaining a common and in-depth understanding of needs across the country

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

## Maintaining country based pool funds

Country-based pooled funds will remain valuable as flexible funding instruments to enable humanitarian organizations (particularly national NGOs) to deliver assistance. In 2017, the Syria Humanitarian Fund (SHF), the Turkey-based Humanitarian Fund (HF) and a portion of the Jordan Humanitarian Fund (JHF) will continue to disburse funds in line with the programmatic framework of the Humanitarian Response Plan (HRP).

## Support humanitarian security requirements

With an increasingly complex security situation and heightened risks for UN staff and assets, there is need for adequate security support for UN hubs and sub-offices inside Syria. UNDSS is responsible for providing oversight and operational support for the security management system in Syria, and plays a crucial role in supporting UN operations. In parallel, with its common service support function in line with the evolving needs of the UN Country Team in Syria, UNDSS will continue to undertake awareness and training sessions (SSAFE,

Defensive Driving, ETB, etc.) for UN agencies' staff and humanitarian actors. Furthermore, it is crucial that UNDSS establish a Security Information Operations Center (SIOC) project, medical emergency response team, and security project training. UNDSS performs similar functions for the UN and other humanitarian actors supporting activities in Syria from neighboring countries. These include essential security and safety awareness trainings (SSAFE) to all UN and associated personnel operating in areas of high risk, monitoring the security situation and advising the humanitarian community on mitigating security risks, and maintaining day-to-day security systems such as security clearances and the radio contact room.

Support UNRWA operations: Staffing, emergency repair of UNRWA's facilities, as well as security investments, are a prerequisite for UNRWA to continue operating in Syria, especially in high-risk areas, and delivering vital assistance to 430,000 Palestine refugees affected by the crisis. Security constraints are expected to remain significantly challenging in 2017, and will require constant investments in equipment and training to mitigate security risks for UNRWA staff and Palestine refugees. Dedicated staff deployed in all UNRWA premises, both at the central and regional levels, and regular repair of UNRWA's facilities, are essential to enable UNRWA to deliver timely and effective humanitarian assistance as well as ensuring efficient coordination with all stakeholders.

### Protection risk analysis and mitigating measures

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

### Response Priorities

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

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

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

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# PART III: ANNEXES



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## PROTECTION, VULNERABILITY, AND PRIORITIZING THE MOST IN NEED

### WHAT IS THIS ANNEX ABOUT?

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

### DEFINITION OF VULNERABILITY

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

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

1) People are, or become more vulnerable due to a combination of physical, social, environmental and political factors, and vulnerability is not a fixed category. Not everyone with the same characteristics will experience the same level of vulnerability.

2) Responding to specific needs of the elderly, chronically ill, persons with disabilities, lactating or pregnant women, and the displaced to meet their human rights to shelter, food, health and education often requires humanitarian actors to have a stronger analysis on these groups or individuals considering the circumstances which make them more vulnerable to rights violations and protection risks.

### IDENTIFYING AND PRIORITISING THE MOST IN NEED BASED ON VULNERABILITY

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

### CRITICAL ASPECTS

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

**AGE:** Children, adolescents and older persons are often excluded from formal decision-making structures and, consequently, the specific risks that they face are often not taken into account.

**GENDER:** This refers to the socially constructed and assigned characteristics, roles and responsibilities of women and men.

**DIVERSITY:** Members of some communities can face specific protection risks.

**LOCATION SPECIFIC NEEDS:** People living in UN-declared besieged and hard-to-reach areas, contested areas, those living in camps, collective centres, and stranded at borders.

**DISPLACEMENT STATUS:** IDPs, Refugees, and Returnees are disproportionately affected due to their profiles, status, and disrupted support networks.

**HEALTH CONDITIONS:** Those with chronic illnesses, disabilities, injuries, and mental health conditions have specific needs making them more vulnerable to exclusion.

### ASPECTS TO CONSIDER WHEN LOOKING TO ASSIST PEOPLE MOST IN NEED

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

Community participation must be broad based (**men/women/disabled/elderly/children**) in all phases of the program:

- (i) assessment phase of who to support
- (ii) in deciding what type of assistance
- (iii) when and how information is shared with beneficiaries
- (iv) during implementation



The below highlights some key factors, risks, and groups to consider when planning and prioritizing (the list is in no specific order and is by no means exhaustive).

## CHILDREN



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

## YOUTH



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

## ELDERLY



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

## WOMEN AND GIRLS



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

## PEOPLE WITH CHRONIC ILLNESS, DISABILITIES AND INJURIES



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

## DISPLACED PERSONS



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

## POPULATION HOSTING DISPLACED PERSONS



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

## PEOPLE IN ACCESS-RESTRICTED AREAS



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

## PEOPLE LIVING IN AREAS CONTAMINATED WITH EXPLOSIVE HAZARDS



- Men and adolescent boys involved in rubble clearance and reconstruction work.
- Children are at particular risk of explosive hazards.

## PEOPLE WITH NO DOCUMENTATION



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


## PEOPLE WITH SOCIO-ECONOMIC HARDSHIP



- Lack of means to meet basic needs.
- More susceptible to exposing family members to protection risks to make ends meet (e.g. child labour, sexual exploitation).

## OBJECTIVES, INDICATORS & TARGETS

### 2017 HRP STRATEGIC OBJECTIVES, INDICATORS AND TARGETS


 **Strategic Objective 1 (SO1): Provide life-saving humanitarian assistance to the most vulnerable people, with emphasis on areas with high severity of needs, including those in UN-declared besieged and hard-to-reach areas.**

INTER-SECTOR OUTCOMES	INDICATORS	SOURCE SECTOR AND CLA	IN NEED	BASELINE	TARGET	SECTOR ACTIVITY INDICATORS (SELECTIVE - NOT COMPREHENSIVE)	SOURCE
1.1 Unmet humanitarian needs in areas of high severity of need, including in UN-declared besieged and hard-to-reach (HTR) areas mitigated through increased multi-sectoral life-saving humanitarian assistance	% of PIN reached with multi-sector humanitarian assistance in severe access category locations (disaggregated)	Coordination (OCHA) Based on 4Ws and sector reports	4.8 m	1.3 m	100% UN-declared Besieged 50 % other HTR areas	# of people receiving food assistance by modality # of people receiving WASH assistance by modality # of people whose essential NFI needs are met # of medical procedures provided in Bsg/HTR Areas <sup>1</sup> # of inter-agency convoys to Bsg/HTR locations	Food security WASH Shelter/NFI Health OCHA
	% of severe access category locations reached by more than two sectors						
1.2. Life-saving health and nutrition services available in severe access category locations	% of sentinel sites submitting weekly surveillance reports or % of all outbreaks investigated in a timely manner [within 72 hrs]	Health (WHO)	12.8 m		100%	# of trauma cases supported # of medical interventions # of treatment courses distributed % of children under 5 immunized # of boys, girls and PLW <sup>2</sup> screened for malnutrition	Health
	% nutrition service coverage	Nutrition (UNICEF)	4.4 m			# of boys and girls 6-59 months with SAM <sup>3</sup> and MAM <sup>4</sup> treated # of boys, girls and PLW receiving micro-nutrients	Nutrition
1.3. Vulnerable IDPs and host communities receive sustained multi-sectoral humanitarian assistance	# of rapid on-set IDPs assisted with basic survival goods (food, water, Shelter/NFI)	CCCM (HCR)	1 m (projection)		100%	# of IDPs identified during sudden displacements % of newly affected people receiving food assistance in recommended response time (72h) # of IDPs living in sites and collective centers provided with life-saving assistance	CCCM/OCHA Food security CCCM
	% of IDPs in in camps, informal settlements, collective shelters and stranded at borders receive multi-sectoral assistance receiving multi-sectoral assistance	Coordination (OCHA) (based on 4Ws)	1 m  3.1 m		50%	# of IDPs with improved access to life-saving/ emergency WASH facilities and services # of people whose emergency shelter assistance needs are met. # of people whose needs for seasonal and supplementary NFIs and shelter assistance are met	WASH Shelter/NFI
1.4 Food consumption, dietary diversity and coping strategies of food insecure people improved	% of food insecure people with improved food consumption, dietary diversity and coping strategies	FSA (WFP/FAO)	9 m	6.3 m	9 m	% of targeted food insecure people receiving regular food assistance by modality ( min 8 months covered % of targeted households receiving livelihood support # of Number of boys and girls aged 6-36 months reached with LNS or HEB	Food security and agriculture (WFP/FAO) Nutrition
					150,000		

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

2. Pregnant and lactating women    3. Severe acute malnutrition    4. Moderate acute malnutrition

INTER-SECTOR OUTCOMES	INDICATORS	SOURCE SECTOR AND CLA	IN NEED	BASELINE	TARGET	SECTOR ACTIVITY INDICATORS (SELECTIVE - NOT COMPREHENSIVE)	SOURCE
1.5. Local actors have enhanced capacity to address life-threatening needs	% of national actors reporting activities to 4Ws (proxy) % of country-based pooled funds disbursements allocated to national humanitarian actors (OCHA)	Coordination (OCHA)				# of humanitarian actors' capacity built to implement protection interventions # of SNGOs personnel trained	Protection (HCR) Coordination (OCHA)

 **Strategic Objective 2 (SO2): 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, HRL and through quality principled assistance.**

INTER-SECTOR OUTCOMES	INDICATORS	SOURCE SECTOR AND CLA	IN NEED	BASELINE	TARGET	SECTOR ACTIVITY INDICATORS (SELECTIVE - NOT COMPREHENSIVE)	SOURCE
2.1. Survivors or people at risk of violence, exploitation and abuse receive adequate protection services	% of locations that provide community based services % of locations that provide specialized services % of SSG / RCG meetings which use AAP outcomes to inform decision making	Protection (HCR) OCHA	13.5 m	4.6m	9.7 m	# of communities reached with protection monitoring initiatives # of community-based services supported # of people reached through community-based protection services # of locations that provide at least one specialized gender-based violence (GBV) service # of girls and boys receiving specialized child protection services through case management # of girls and boys engaging in structured sustained child protection programmes # of people receiving legal counseling or assistance including civil documentation and HLP issues # of people reached with risk awareness activities	Protection (HCR, UNICEF, FPA, UNMAS)
2.2. Impact of explosive hazards reduced	% of affected communities, free from explosive hazards	Protection (HCR)		2.4 m	2.9 m	# of communities, where contamination survey has been conducted. # of explosive hazard tasks completed # of people reached with victim assistance services	Protection (UNMAS)
2.3. Protection of health care staff and patients in health facilities enhanced	% of incidents against health care infrastructure reported	Health (WHO)				Advocacy strategy developed # of advocacy initiatives conducted	Health Protection

 **Strategic Objective 3 (SO3): Increase resilience and livelihood opportunities and affected people's access to basic services**

INTER-SECTOR OUTCOMES	INDICATORS	SOURCE SECTOR AND CLA	IN NEED	BASELINE	TARGET	SECTOR ACTIVITY INDICATORS (SELECTIVE - NOT COMPREHENSIVE)	SOURCE
3.1. Access to health and water and sanitation improved	% of water supply provided by municipal services Or # people benefitting from repairs of water systems % of functional health centers # of EmONC facilities available per 500,000 people # of facilities providing rehabilitation services	WASH (UNICEF) Health (WHO)	14.9 m	14.7 m	50%	# of joint outbreak preparedness plans at Hub level related to waterborne diseases prepared # of systems repaired or rehabilitated, # of support to operation and maintenance of water facilities # of joint outbreak preparedness plans at hub-level related to waterborne diseases prepared # of EmONC facilities supported # of facilities providing rehabilitation services supported # of health care workers trained	WASH (UNICEF) Health (WHO)

INTER-SECTOR OUTCOMES	INDICATORS	SOURCE SECTOR AND CLA	IN NEED	BASELINE	TARGET	SECTOR ACTIVITY INDICATORS (SELECTIVE - NOT COMPREHENSIVE)	SOURCE
3.2. Children and youth access quality formal and non-formal education	% of children (5-17 years, g/b) enrolled in formal and non-formal education	Education (UNICEF)	5.8 M	70%	75%	# of children (3-17 years, g/b) receiving school supplies # of children (5-17 years, g/b) benefiting from school feeding programmes # of classrooms established, expanded or rehabilitated # of children (5-17 years, g/b) supported by cash transfers # of teachers and education personnel trained (f/m)	Education (UNICEF)
	% of youth (15-17 years, g/b) benefitting from formal and non-formal TVET and informal vocational education	Education (UNICEF)	789,000	10%	13%	# of youth (15-17 years, g/b) benefitting from informal vocational education # of youth supported with income generation activities. # of youth benefitting from livelihoods support (business, self-employment and see funding for social and business entrepreneurship initiatives).	Education (UNICEF)  ERL (UNDP)
3.3. Vulnerable communities and specific groups (elderly, disabled, single headed households, adolescents and youth, etc) benefit from resilience-building and livelihood support	% of specific vulnerable people benefitting from livelihood support  % of targeted economic infrastructures rehabilitated.  % of targeted households/communities served by the rehabilitated infrastructure  % of host communities receiving support waste management systems	ERL (UNDP)  FSA (WFP/FAO)  ERL (UNDP)				# of special group HHS benefitting from food security, agriculture and livestock services # of vulnerable people assisted with durable shelter solutions. # of people with disabilities benefitting from rehabilitation programmes # of women singled header households receiving livelihoods support (loans, grants, assets, vocational training...) # of adolescents and youth (10-17 yrs; 18 - 24 yrs) involved in or leading civic engagement or social cohesion initiatives # of communities served by community structures related to food security, agriculture and livestock # of communities served by community structures related to canals, irrigation systems, markets, storage facilities, bakeries, etc. # of people benefitting from the improvement of community/public services, infrastructure, and facilities # of people employed in the restoration of local businesses, shops, markets and workshops # of people employed in debris and solid waste management and rehabilitation of affected neighbourhoods and host communities.	FSA (WFP/FAO)  Shelter NFIs (HCR)  FSA (WFP/FAO)  Shelter/NFI (HCR)  ERL (UNDP) ERL (UNDP)
3.4. Community capacities to provide essential services including early warning and DRR systems strengthened	% of communities with early warning and DRR systems	FSA (WFP/FAO)				% of IDP settlements with self-run emergency response capabilities (first aid, fire response...) # of communities served by early warning and DRR services as % planned	CCCM (UNHCR)  FSA (WFP/FAO)




## SECTOR OBJECTIVES, INDICATORS AND TARGETS

## PROTECTION SECTOR

 **Protection Objective 1: Increase the protection of populations at risk from the consequences of the crisis through tailored protection activities to prevent, respond to, and advocate against rights violations.**

Relates to SO1 , SO2 , SO3 

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

 **Protection Objective 2: Strengthen the capacity of humanitarian actors and duty bearers, with a focus on national and community-based actors, to assess, analyse, prevent, and respond to protection needs.**

Relates to SO1 , SO2 , SO3 

ACTIVITY	INDICATOR	IN NEED	BASELINE	TARGET
Activity 2.1: Capacity-building activities on risk mitigation and response interventions targeting humanitarian actors and national authorities implementing protection activities to mainstream protection and Do-No-Harm.	2.1.a No. of persons' who receive capacity building to implement protection interventions for prevention and response and ensure Do-No-Harm.	NA	3,900	6,450
Activity 2.2: Protection monitoring and periodic needs identification conducted by sector members	2.2.a. No. of communities reached with protection monitoring	All communities identified as in need	80	380
	2.2.b. No. of communities reached with periodic needs assessment by sector members	N	30	640

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

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

**Protection Objective 4: Reduce the impact of explosive hazards. Relates to SO2**

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



**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**

ACTIVITY	INDICATOR	IN NEED	BASELINE	TARGET
Activity 5.1: Community-based child protection is available for girls and boys in prioritized locations.	5.1.1 # of girls and boys engaging in structured, sustained child protection programmes, including psychosocial support.	5.8 million	665,000	915,000
	5.1.2 # of women and men engaging in parenting programmes.	380,000 (*)	NA	80,000
	5.1.3. # of individuals benefiting from child protection awareness raising and community events.	13.5 million	825,000	1.6 million
	5.1.4 # of adults and children groups/committees supported to ensure the community's active participation to prevent and respond to child protection issues.	NA	NA	150
Activity 5.2: Specialised child protection services (case management) for girls and boys are available in prioritized locations.	Activity 5.2: Specialised child protection services (case management) for girls and boys are available in prioritized locations.	290,000 (**)	18,500	44,000
Activity 5.3: Strengthen human resource capacity to respond to child protection concerns in Syria.	5.3.1. # of men and women trained on child protection in line with child protection minimum standards.	NA	9,200	11,500

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

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

## CAMP COORDINATION &amp; CAMP MANAGEMENT SECTOR

 **CCCM Objective 1: Provide coordinated life-saving humanitarian multi-sectoral assistance to people living in IDP sites. Relates to SO1** 

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

 **CCCM Objective 2: Disseminate operational information on sudden mass displacements on a timely basis. Relates to SO1** 

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

 **CCCM Objective 3: Improve the physical quality in and accountability of IDP sites. Relates to SO1**  **, SO2** 

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



### CCCM Objective 4: Strengthen household and communal coping mechanisms in IDP sites. Relates to SO3

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

## EARLY RECOVERY & LIVELIHOODS SECTOR

### Early Recovery & Livelihoods Objective 1: Improve safe access to basic and social essential services and infrastructure for affected people and institutions. Relates to SO3

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

 **Early Recovery & Livelihoods Objective 2: Restore disrupted livelihoods for strengthened social protection and positive coping mechanisms of affected people and vulnerable groups. Relates to SO3** 

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

 **Early Recovery & Livelihoods Objective 3: Promote social cohesion and local participation for more resilient communities. Relates to SO2** 

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



## COORDINATION AND COMMON SERVICES SECTOR

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

ACTIVITY	INDICATOR	SOURCE	IN NEED	BASELINE	TARGET
1.1) Provision of support to enhance coordination, leadership and humanitarian financing mechanisms at the national and Whole of Syria levels	% of partners satisfied with OCHA country offices' support to enhance the effectiveness of coordination mechanisms	OCHA	N/A	41%	80%
	% of Humanitarian Fund resources disbursed to national partners aligned to priorities outlined in the 2017 HRP	OCHA	N/A		100%
1.2) Provision of tools and resources to enhance common situational awareness of humanitarian needs and enable more informed decision making	% of partners indicating satisfaction with information management materials	OCHA	N/A	TBC	80%
	# of IDP updates produced during the year – including rapid onset displacements and long-term IDPs.	OCHA	200,000		20 neighbourhood profiles in 6 cities

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

ACTIVITY	INDICATOR	SOURCE	IN NEED	BASELINE	TARGET
2.1) Provision of enhanced operational support for effective response to Palestine refugees	# and % of UNRWA facilities with adequate security, equipment, personnel and services?	UNRWA	N/A	60%	100%

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

ACTIVITY	INDICATOR	SOURCE	IN NEED	BASELINE	TARGET
3.1) Provision of a comprehensive security risk management package to the UN and INGOs	% of areas of operation reached with safe access.	UNDSS	n/a	All areas of UN operations	All areas of UN operations
	Number of incident reports produced, regular reports, advisories		n/a	200	365 reports
	Number of missions facilitated		n/a	20	80 missions
	Number of UN/INGO staff trained or provided with awareness-raising sessions		400	100	200 people

## EDUCATION SECTOR

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

SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET
Provide children with ECCE (Early Childhood Care and Education) or pre-primary education	# of children (3- 5 years, g/b) enrolled in ECCE and pre-primary education	1.3M	31,027	30,020
Provide children with non-formal education programs (catch-up classes, remedial education, literacy and numeracy classes, Curriculum B)	# of children (5-17 years, g/b) enrolled in non-formal education	1.7M	429,461	1,266,399
Provide children with Self-learning Programme (SLP)	# of children (5-17 years, g/b) enrolled in SLP	1.7M	332,876	299,081
Provide youth with informal vocational education opportunities	# of youth (15-17 years, g/b) benefiting from informal vocational education	789,000	20,868	17,875
Establish, expand and rehabilitate classrooms	# of classrooms established, expanded or rehabilitated	N/A	4,500	17,547
Provide students with learning materials	# of children (5-17 years, g/b) receiving school supplies	5.8 M	3,337,738	1,736,935
Provide children with school feeding programmes in formal or non-formal/informal settings	# of children (5-17 years, g/b) benefitting from school feeding programmes	3.7M	460,046	846,957
Provide support to children through cash-transfers	# of children (5-17 years, g/b) supported by cash-transfers	444.000	N/A	40,321

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

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

**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**

SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	TARGET	TARGET
Build the capacity of education personnel at all levels in crisis-sensitive data collection and analysis and dissemination	# of programmes implemented to improve crisis-sensitive data collection	150	N/A	54
Train education actors and education authorities on sector coordination, national standards, EiE, INEE MS and advocacy.	# of education actors (f/m) trained on policy, planning, data collection, sector coordination and INEE MS	9,426	1,918	5,209

## EMERGENCY TELECOMMUNICATIONS SECTOR

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

ACTIVITY	INDICATOR	TARGET
Provide emergency telecommunication services (eg. Radio programming, radio coverage, data connectivity) to humanitarian partners in common UN operational areas.	Number of UN operational areas where common security telecommunications (radio) networks have been upgraded.	Provide services in Damascus, Aleppo, Tartous, Homs and Qamishli. Aleppo and Damascus are already operational.
Increase data connectivity in UN operational hubs	Number of UN operational areas where common VSAT services have been deployed	Install shared VSAT services in Aleppo, Qamishli and Tartous. Increase capacity in Damascus
Implement UN Business continuity plan in Syria	Provide alternative means of data/voice provisioning in major Hubs - Damascus and Aleppo	Implement Business continuity in Damascus and Aleppo



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

ACTIVITY	INDICATOR	TARGET
Provide an online platform for information sharing and coordination.	ETC web portal operational with secure member access and regular updates posted.	Dedicated online portal
Prepare Information Management (IM) products and convene coordination meetings across the WoS region.	Number of IM products (maps, situation reports, etc.) produced and shared via email, task forces, OPweb, Reliefweb and on the ETC platform.	30
Lead coordination amongst humanitarian partners to ensure the delivery of data and security telecommunications services.	Number of global and local ETC coordination meetings conducted.	18

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




ACTIVITY	INDICATOR	TARGET
Provide basic and advanced technical training to humanitarian personnel e.g. radio communications training.	Number of humanitarian personnel who receive training.	Provide 2 technical trainings a year and 1 user orientated training.
Deploy UN radio operators at inter-agency radio rooms to improve the safety of staff and assets in the field.	Number of UN radio operators deployed in common operational areas.	Deploy 2 radio operators in each hub in order to complement DSS radio room staff
Fully equip UN radio rooms and train radio operators	Develop SoP for the UN radio room operations in Syria, including convoy and vehicle tracking	Fully equipped radio rooms and standardize operational procedures
Perform regular maintenance of the UN radio communication infrastructure including mobile communication systems	Optimesed emergency communication services, minimized service interruptions	Quarterly based maintenance missions

## LOGISTICS SECTOR





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

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

## FOOD SECURITY &amp; AGRICULTURE SECTOR

 **FSA Objective 1: Improve the food security status of assessed food insecure people by emergency humanitarian life-saving and regular life sustaining food assistance. Relates to SO1 , SO2 **




SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET
Targeted crisis affected people meet their immediate food needs within 72 hours of population displacement.	1.1. Emergency response to crisis affected vulnerable people with short term food assistance through appropriate modalities. 1.2. Supplementary food assistance to Persons with Specific Needs (PSN) through appropriate modalities (complementary to 1.1 and inter linkage with nutrition sector).	% of newly affected people assisted in recommended response time by emergency response by modality.	2 million (projected caseload) for short term food assistance	1.2 million people in 2016	2 million people (projected caseload - 2017)  400,000 estimated PSN within the 2 million for supplementary food assistance
Targeted people have improved food consumption, dietary diversity and coping strategy.	1.3. Monthly food assistance for the assessed <sup>3</sup> food insecure people through appropriate modalities. 1.4. Support to bakeries (wheat flour, yeast, etc.) through appropriate modalities.  1.5. Supplementary food assistance to Persons with Specific Needs (PSN) through appropriate modalities (complementary to 1.3 and inter linkage with nutrition sector).	% of targeted people receiving regular food assistance by modality ( min 8 months covered )	9 million people (and 2 million projected new caseload for 2017)	6.3 million people in 2016	8 million people <sup>4</sup>  1.5 million people (within 8 million)  1.6 million PSN (within 8 million)

 **FSA Objective 2: Support the life-saving livelihoods of affected households by increasing agricultural production, protecting and building productive assets and restoring or creating income generating opportunities. Relates to SO1 , SO2 , SO3 **





SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET
Objective outcome for all activities:  Targeted households have improved livelihoods related coping strategy.	2.1 Distribution of agricultural inputs, such as seeds, fertilizer, pesticide and equipment	% of households targeted received agricultural Inputs and trainings as % of planned by modality  Quantity (Kgs) of seed distributed by crop (cereal, tuber, legume, vegetable)	9 million people	230,000 HH	350,000 HH
	2.2. Support to small-scale food production (horticulture, poultry-egg laying hens, market gardens)	% of households targeted received small scale food production kit by modality.		100,000 HH	200,000 HH
	2.3. Support to asset building and asset protection (small livestock and animal feed distribution) including winterization activities	% of households targeted received livestock by modality.  % of animals targeted distributed by modality		90,000 HH	200,000 HH  10 million sheep
	2.4 Emergency livestock treatment, and training for veterinary services ( including community animal health worker)	% of targeted herders assisted and animals treated/ vaccinated by modality.		200,000 HH	200,000 HH (complementary to other activities)
	2.5 Support Income generating activities including vocational training;	% of targeted households supported with income generation activities and trainings as % of planned by appropriate modality.		100,000 HH	100,000 HH

3. Refer to sector guidelines on selection criteria

4. 7 million food insecure as per HNO 2017 and 50% of projected new caseload in need to graduate from short term to sustained food assistance

 **FSA Objective 3: Improve the capacity to deliver essential services for improved linkages with value chain through the rehabilitation/ building of productive infrastructure as well as supporting services, early warning and DRR systems. Relates to SO2 , SO3 **

SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET
Targeted communities have strengthened and/or established capacity for early warning and/or provision of services	3.1 Establish/strengthen the capacity for the provision of essential services for local communities including early warning and DRR systems	Number of technicians trained as % planned	9 million people		200.000 HH
		Number of essential services supported as % planned			
Targeted communities have re-established structures	3.2 Support rehabilitation of relevant economic/productive infrastructures through appropriate modalities. (Canals, irrigation systems, markets, stor-age facilities, bakeries, etc.)	% of targeted economic infrastructures rehabilitated.			200.000 HH

 **FSA Objective 4: Strengthen the effectiveness and quality of the WoS response based on evidence, capacity building and strong coordination within the Food Security and Agriculture Sector and cross-sectors. Relates to SO1 , SO2 , SO3 **

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



## NUTRITION SECTOR

**Nutrition Objective 1: Strengthen 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**

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

**Nutrition Objective 2: Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases for boys and girls under five and PLWs. Relates to SO1, SO3**

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

**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**

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

**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**



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

## SHELTER AND NFI SECTOR

**Shelter/NFI Objective 1: Provide humanitarian life-saving and life-sustaining shelter and NFI support. Relates to SO1**

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

### Shelter/NFI Objective 2: Contribute towards the resilience and cohesion of communities and households by improving housing, and related community/public services, infrastructures, and facilities.

Relates to SO2 , SO3 

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



## WATER, SANITATION AND HYGIENE SECTOR

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

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INTER-SECTOR OUTCOME INDICATOR	SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET
Increased morbidity is prevented in highest-need communities  Decline of vital socio-economic infrastructure in most affected areas mitigated	Sustainable Water and sanitation systems are maintained and/or restored	repair, rehabilitation, augmentation of water systems	Estimated number of people served	14,896,742	0	8,937,582
		support to operation and maintenance of water facilities	Estimated number of people served	14,896,742	14,754,693	14,896,742
		support to sewage and solid waste management systems	Estimated number of people served	7,000,000	4,432,151	5,500,000
		Establishment of water safety plans	Estimated number of people served	8,937,582	470,257	3,500,000

### WASH Objective 2: Life-saving humanitarian WASH services provided to most vulnerable groups.



Relates to SO1 , SO3 

INTER-SECTOR OUTCOME INDICATOR	SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET
Increased morbidity is prevented in highest-need communities  Rapid response mechanisms in place to respond to needs of rapid on-set IDPs  Mitigate increased morbidity rates in UN-declared besieged and HTR areas due to unmet humanitarian needs.  Vulnerable IDPs receive sustained multi-sectoral humanitarian assistance Livelihood-based coping mechanisms improved	Most vulnerable groups receive life-saving humanitarian assistance	Distribution of essential WASH NFIs	People reached	8,226,224	0	8,226,224
		Hygiene promotion	People reached	6,317,978	0	5,000,000
		Improved access to lifesaving/ emergency WASH facilities and services	People reached	8,226,224	0	1,000,000
		Cash assistance	People reached	8,226,224	0	1,000,000

## HEALTH SECTOR

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

SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET
health services available for PIN in severe access category locations	1.1 Strengthening provision of essential primary and secondary health care services	1) # of medical procedures		11,320,585	15,906,292
	1.11 Piloting, validation and scale-up of an Essential Primary Health Care Package	2) # of treatment courses distributed		9,790,137	13,188,733
	1.12 Strengthening provision of essential medicines and medical supplies and equipment	3) Number of trauma cases supported		231,949	309,265
	1.13 Strengthening comprehensive care for trauma and injuries through provision of phased trauma management and care for associated disability				
	1.14 Scaling up provision of physical rehabilitation services at facility level				
	1.2 Strengthening provision of EMONC Services	4) % of children under 5 immunized		55%	70%
	1.3 Strengthening of medical referral system				
	1.4 Strengthening and expanding the communicable disease surveillance and response system				
	1.5 Scaling up and supporting provision of mental health services at the community and health facility level				
	1.6 Strengthening management and primary and secondary prevention of non-communicable diseases (the proxies currently reported on for this activity are indicators 1.1 & 1.3)		5) % of sentinel sites submitting weekly surveillance reports or Percentage of all outbreaks investigated in a timely manner		
1.7 Implement the Expanded Program of Immunization routine for all children under five <sup>1</sup>					
1.8 Implement Supplementary immunization activities (SIA) in hard to reach areas.					
	6) Amount of EMONC facilities available per 500,000 people			90%	

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

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

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

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



# 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 2017 SYRIA HUMANITARIAN RESPONSE PLAN



To learn more about the 2017 Syria Humanitarian Needs Overview and donate directly to the 2017 Syria Humanitarian Response Plan, visit OCHA's Syria web page at:

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

## DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



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

[www.unocha.org/cerf/our-donors/how-donate](http://www.unocha.org/cerf/our-donors/how-donate)

## DONATING THROUGH COUNTRY-BASED POOLED FUNDS FOR THE SYRIA CRISIS



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

For more information please visit the OCHA Syria web page:

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

## IN-KIND RELIEF AID



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

[logik@un.org](mailto:logik@un.org)

## REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS



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

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

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

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



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