HUMANITARIAN RESPONSE PLAN
SYRIAN ARAB REPUBLIC

HUMANITARIAN PROGRAMME CYCLE
2020

ISSUED DECEMBER 2020

About

The figures and findings reflected in the 2020 Humanitarian Response Plan (HRP) represent the independent analysis of the United Nations (UN) and its humanitarian partners based on information available to them. While the Humanitarian Needs Overview (HNO) aims to provide consolidated humanitarian analysis and data to help inform joint strategic planning, many of the figures provided throughout the document are estimates based on sometimes incomplete and partial data sets using the methodologies for collection that were available at the time. The Government of Syria has expressed its reservations over the data sources and methodology of assessments used to inform the HNO as well as on a number of HNO findings reflected in the HRP. This applies throughout the document.

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Syria Reference Map

- The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
- The Government of Syria does not recognize the boundaries of the maps included in the HNO and the HRP, nor does it recognize the designation of severity scales by the United Nations and its partners.

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Part 1

SYRIA

©UNOCHA/1 April 2020, Barisha IDP camp, northern Idleb Governorate

1.1

Introduction

The 2020 Humanitarian Response Plan (HRP) sets out the framework within which the humanitarian community will respond to the large-scale humanitarian and protection needs in Syria throughout 2020, on the basis of the prioritization undertaken across and within sectors. The HRP, based on United Nations' (UN) assessments and analysis, presents urgent funding requirements to address these needs. It is anchored by three strategic objectives: saving lives and alleviating suffering, enhancing protection, and increasing resilience. As these objectives are interlinked and often inter-dependent, achieving positive outcomes for affected people requires concerted action across all three. Protection and early recovery are mainstreamed across the HRP framework, adding coherence to the humanitarian response. Progress made towards attaining one objective is often dependent upon incremental steps towards achieving another. Achieving these objectives is contingent upon the availability of sufficient resources and the existence of an enabling operational environment. Humanitarian activities under the HRP are coordinated at field level and benefit from an overarching effort to harmonize assistance across response areas.[1]

At the time of drafting, the Coronavirus disease (Covid-19) had started to be reported in Syria, prompting the establishment of multi-sectoral Covid-19 preparedness and response plans. Response priorities, gaps and financial requirements presented in these hub-level plans are summarized and annexed to this HRP.

The HRP was developed by the UN on behalf of humanitarian partners[2] working in Syria, under the leadership of the Humanitarian Coordinator for Syria (HC) and the Regional Humanitarian Coordinator for the Syria Crisis (RHC), with support from the UN Office for the Coordination of Humanitarian Affairs (OCHA).

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

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

In accordance with international law, the UN renews its commitment to deliver humanitarian assistance to people affected by the crisis in Syria, and to implement the response plan with full respect of the sovereignty, territorial integrity and independence of the Syrian Arab Republic and in accordance with General Assembly resolution 46/182. The UN is committed to the implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014), 2258 (2015), 2332 (2016), 2393 (2017), 2401 (2018), 2449 (2018) and 2504 (2020). The UN and its partners will continue to advocate for greater respect for international law, international humanitarian law (IHL) and international human rights law (IHRL) with relevant stakeholders.

Humanitarian organizations working under this plan, namely: UN agencies, funds and programmes, the Syrian Arab Red Crescent (SARC) and humanitarian international and national non-governmental organizations (NGOs),[3] remain committed to providing needs-based humanitarian assistance, in accordance with the humanitarian principles of humanity, neutrality, impartiality and independence and to providing assistance without discrimination to people in need. In this capacity, they are protected under international law.

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

This HRP sets out the strategy for a principled, needs-based humanitarian response in Syria, in line with A/RES/46/182 and the principles of IHL. These activities will be carried out in consultation with Syrian state institutions in accordance with the Charter of the UN, General Assembly resolution 46/182 and relevant Security Council resolutions, and is governed by the framework of agreements between the Syrian State and UN agencies, funds and programmes.

1. The UN supports efforts to ensure a coordinated humanitarian response to all people in need in Syria, using all relevant response modalities in accordance with relevant UN Security Council resolutions on Syria.

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

3. The Government of Syria only recognizes international and national humanitarian actors as NGOs it has registered, approved, and accordingly notified the United Nations. However, in line with relevant UN Security Council and General Assembly resolutions, the UN recognizes that intergovernmental and non- governmental organizations working impartially and with strictly humanitarian motives should continue to make a significant contribution to the humanitarian response in Syria, complementing national and other international efforts (A/RES/46/182, op5 (1991), including within the framework of UN Security Council resolutions 2139 (2014), 2165 (2014), 2258 (2015), 2332 (2016), 2393 (2017), 2449 (2018) and 2504 (2020). This applies to all references to such organizations throughout the HRP.

The Humanitarian Response Plan

at a Glance [4]

People in need

11.06M

People in need of humanitarian assistance

People targeted

9.8M Direct assistance

11.4M Service delivery

Requirements (US$)

$3.4BN

6.1M

Protracted internally displaced persons (IDPs)[5]

291,000

Spontaneous IDP returnees in 2019[6]

96,253

Self-organized refugee returnees in 2019[7]

1.2M

IDPs in last resort sites[8]

0.4M

Palestinian refugees[9]

Food insecurity

7.9M people are food insecure

Health facilities

53% of hospitals and **51%** of primary health care centres are fully functional

Water, sanitation and hygiene

10.7M people require WASH assistance, **3M** of whom are considered in acute need[10]

Strategic objective 1

Save lives

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

Strategic objective 2

Enhance protection

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

Strategic objective 3

Increase resilience and access to services

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

4. *UN IDP Task Force, as of July 2019.*
5. *UN IDP Task Force, as of July 2019.*
6. *UN Partners Survey, as of December 2019.*
7. *UNHCR, as of December 2019*
8. *CCCM Cluster, as of December 2019.*
9. *UNRWA, as of January 2020.*
10. *The number of food insecure people was determined through indepth household assessments undertaken by WFP and the Food and Agriculture Sector in 2019 using a standard globally accepted methodology for assessing food insecurity.*
11. *While 10.7 million people are in need of WASH assistance overall, people also have specific WASH needs related to water quality and quantity (5 million people), sanitation (4.7 million people), solid waste management (4.7 million people), and heavy financial burdens linked to purchasing water or hygiene supplies (7.9 million people). The entire population of Syria relies on drinking water treatment chemicals provided by the humanitarian community. 1.4 million displaced persons living in last resort sites require comprehensive and continued WASH assistance to survive (2020 Syria HNO).*

1.2

Humanitarian Needs

The humanitarian context has been further challenged by an unprecedented economic downturn in Syria in 2020 that has had profound impacts on the welfare of a significant proportion of the population. These economic hardships have revealed the pre-existing and underlying fragility of the Syrian economy and have been compounded by multiple shocks over the past 12 months, including the regional financial crisis – the most significant of which has been the banking crisis in neighbouring Lebanon, Covid-19 preventive measures, and imposition of new and farther-reaching unilateral coercive measures which have further complicated procurement processes and limited the transfer of funds to partners operating from within Syria. Overall, 11.1 million people are in need of some form of humanitarian assistance in 2020. This includes 4.7 million people estimated to be in acute need.[12] As the crisis enters its tenth year, 6.1 million people remain internally displaced.[13] 5.6 million people have fled their homes, the vast majority to neighbouring countries, and over 1.8 million population movements inside Syria were reported.[14] Crucial civilian infrastructure such as schools, water supply systems, health facilities, and housing infrastructure has sustained extensive damage or contamination from explosive hazards, and much of it remains unrestored or in disrepair. In areas where hostilities[15] have subsided, life remains a daily struggle due to limited access to basic services and livelihood opportunities, increasing financial hardship and an eroding capacity to cope. More than eighty per cent of the population is estimated to live under the poverty line.[16] Recent economic shocks stand to further set back the recovery of the Syrian people and render many more vulnerable. Millions of women, children and men continue to rely on humanitarian assistance as a vital lifeline and to meet their basic needs.[17]

Humanitarian Consequences related to Physical and Mental Wellbeing

Many Syrians continue to suffer from increasingly localized, intensified hostilities which uproot families from their homes, claim civilian lives, damage and destroy basic infrastructure, and limit freedom of movement. Almost 40 per cent of internally displaced families have been displaced more than three times, with every displacement further eroding coping capacity. Repeat displacement numbers are particularly high for internally displaced persons (IDPs) in north-west and north-east Syria, where the majority of the 1.8 million displacement movements were recorded in 2019.[18] More than 400,000 people were displaced in the north-west between May and August 2019, many of these multiple times. Some of those displaced were again uprooted a few months later, forming part of the over 950,000 people who fled escalating hostilities in southern Idleb and moved mostly northwards the Turkish-Syrian border during the period 1 December 2019 to the end of February 2020.[19] In the north-east, more than 250,000 people were forced to flee their home during a two-week period in October 2019, with over 75,000 people remaining displaced after that two-week period. An additional 15,750 Syrians sought shelter and international protection in Iraq.[20]

Many of those displaced sought refuge in and added to an already high number of IDPs living in last resort sites, i.e. mainly informal settlements and collective centres in which shelter and WASH facilities are sub-standard, and health and protection risks are elevated. In total, the number of IDPs in last resort sites and camps increased by 42 per cent in 2019 compared to 2018, and as of February 2020 stands at over 1.4 million.[21]

Although proportionate morbidity of overall waterborne illness remained relatively stable in 2019, rates of total acute diarrhoea increased eight per cent since the previous year.[22] Suspected leishmaniasis cases also increased in absolute number (16,310) and proportionate morbidity (14 per cent) as compared to 2018.[23]

Based on available data, as many as 11.5 million people live in areas contaminated by explosive hazards, exposing them to significant risks.[24] 57 per cent of those who have survived contact with explosive

12 . Please see sections 1.4 and Annex for methodology on inter-sector people in need calculation.

13. UN Population Task Force, July 2019.

14. UN IDP Task Force, December 2019.

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

16. Estimations for poverty figures in Syria vary. In 2016, UN ESCWA estimated that 83.4 per cent of Syrian live below the poverty line. See UN ESCWA, Syria at War: Five Years On, 2016. In 2019, the Syrian Center for Policy Research put that figure at 93.7 per cent. See Syrian Center for Policy Research: Food Security and Conflict in Syria, June 2019.

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

18 . UN Partner's Survey, IDP's Past, Present and Future Intentions, December 2019; IDP Task Force, December 2019. Over 67 per cent of IDPs in the north-east and 71 per cent of IDPs in the north-west report multiple displacements..

19 Recent Developments in Northwestern Syria, Situation Report No. 9, 26 February 2020. Available at: https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-recent-developments-northwestern-syria-situation-11.

20. Humanitarian impact of the military operation in north-eastern Syria, Situation Report No.12, 1-19 November 2019, Available at: https://reliefweb.int/report/syrian-arab-republic/ocha-syria-situation-report-12-humanitarian-impact-military-operation

21. Camp Coordination and Camp Management (CCCM) sector, March 2020.

22. Whole of Syria Consolidated EWARS-EWARN, 2018-2019.

23. Ibid.

24. Mine Action Area of Responsibility (AoR), November 2019.

hazards in 2019 have sustained lifelong impairment.[25] 3.1 million are estimated to be living with a disability.[26] The crisis continues to impact the mental well-being of those affected by new and prolonged displacement, exposure to violence, loss of income and reduced access to basic services, touching the youngest in particular: 42 per cent of surveyed households report signs of psychosocial distress in children – nightmares, lasting sadness and anxiety, amongst others – in the last 30 days, suggesting that many girls and boys are in a situation of prolonged distress.[27]

Half a million children are chronically malnourished and an additional 137,000 children under five years of age are suffering from acute malnutrition, heightening their exposure to preventable morbidity and mortality.[28] Maternal malnutrition rates have increased five-fold compared to 2019, particularly in north-west Syria where acute malnutrition was prevalent in 21 per cent of displaced pregnant and breastfeeding women at the time of drafting.[29] Anaemia is also on the rise. One out of every three pregnant and lactating women is anaemic, leading to poor intrauterine growth, high-risk pregnancies, and childbirth complications. One out of every four children 6-59 months are anaemic, and the youngest are most affected with 42 per cent of children 6-23 months suffering from anaemia.[30] In 2020, the number of food insecure people has increased by 22 per cent, from 6.5 million in 2019 to 7.9 million people in 2020.[31]

Humanitarian Consequences related to Protection

Multiple grave and often inter-connected protection risks persist. These include actions leading to civilian casualties (death and injuries) which point to violations of international humanitarian law (IHL), specifically a disregard for the principles of proportionality, distinction and precaution. Attacks on civilian infrastructure such as health, water supply and education facilities, and on personnel, continue unabated and reduce the population's access to critical services. In 2019, 85 attacks on healthcare facilities and personnel and 157 attacks on schools were recorded.

An estimated 2.5 million children aged five to seventeen are out of school[32] and face elevated protection risks related to, among others, child marriage and engagement in child labour including in its worst forms such as recruitment.[33] One in three school children are displaced, with the physical and mental impact of displacement affecting individual growth and learning. In 2019, 23 per cent of victims of explosive hazards accidents were children, of whom 42 per cent were injured or killed while playing.[34]

Missing or absent civilian documentation frequently represents a barrier to exercising housing, land and property rights, and freedom of movement and is referenced by affected populations as the top concern for accessing assistance and services. Insecure shelter/housing tenure due to the lack of civil documentation generates additional physical and mental consequences for communities, often leaving them with little choice but to reside in unsafe, sub-standard buildings or in other sites of last resort. Fuelled also by increasing economic hardship and a dramatic loss of purchasing power due to the devaluation of the Syrian pound, affected population have little choice but to increasingly resort to harmful coping mechanisms, many of which disproportionately affect women and girls, including child/forced marriage and various forms of gender-based violence.

Meanwhile, 95 per cent of the 438,000 Palestinian refugees in Syria continue to be disproportionally affected by the above factors and will continue to experience extreme vulnerability in 2020.

Humanitarian Consequences related to Living Standards

Years of crisis have exacerbated living conditions for most Syrians due to significant reductions in the availability of, and access to essential services, destructions of housing infrastructure, loss of livelihoods and reduced purchasing power as a result of economic decline. Only 53 per cent of hospitals and 51 per cent of primary healthcare centres (PHCs) across Syria are estimated to be fully functional.[35] Over eight million people have to rely on alternative and often unsafe water sources to meet or complement their water needs, increasing public health risk, with indicators on water availability and quality being worst for IDPs in north-west and north-east Syria.[36] The number of people requiring shelter assistance has increased by 20 per cent, from 4.7 million in 2019 to over 5.5 million in 2020. This rise is driven by loss of capital, the destruction of housing infrastructure and the deterioration of shelter conditions in 238 out of 272 sub-districts, and compounded by the scale of new displacement in 2019, protracted displacement, return movements and a very limited shelter response.[37]

25. Ibid.

26. UN Partner's Survey: Disability, Prevalence and Impact, 2019

27. MSNA Household Survey, 2019. Population breakdown: 34 per cent women, 27 per cent men, 11 per cent girls and 9 per cent boys

28. Nutrition Sector, November 2019

29. Nutrition Cluster Turkey, February 2020. 2,005 PLW were screened, the survey was based on Mid-Upper Arm Circumference (MUAC).

30. Standardized Monitoring and Assessment of Relief and Transitions (SMART) Survey, 2019.

31. Food Security and Agriculture Sector, December 2019.

32. As per a study conducted by the Ministry of Education, an estimated 1.1 million children aged 6-14 are out of school.

33. UNICEF, Syria Crisis Fast Facts. Available at: https://www.unicef.org/mena/reports/syria-crisis-fast-facts

34. Mine Action AoR, December 2019

35. World Health Organization (WHO), Whole of Syria consolidated Health Resources and Services Availability Monitoring System (HeRAMS), Q4 2019.

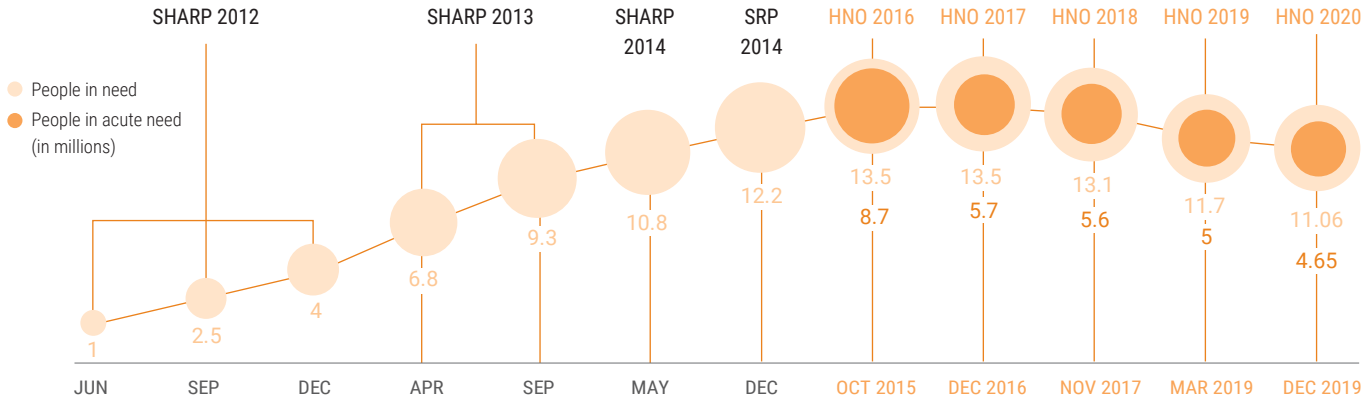
36. WASH Household Surbey (countrywide), 2019; WASH Household IDP Survey in IDP sites in north-west and north-east, 2019.

37. Shelter/NFI Sector, November 2019.

Over half of all IDPs have now been displaced for over five years,[38] many requiring sustained basic service delivery and livelihood support. A deteriorating economic situation, caused chiefly by the protracted crisis and hostility-induced loss of economic assets, underinvestment, pressure resulting from unilateral coercive measures, and exacerbated by the fiscal crisis in neighbouring Lebanon, has contributed to the continued loss of livelihoods and reduction in household purchasing power.[39] The ongoing devaluation of the Syrian Pound (SYP), which since October 2019 has lost over half of its value on the informal market and reached a low of 1,250 SYP per US dollar (US$) in January 2020, has further reduced families' purchasing power. These factors combined have contributed, amongst others, to the increase in the number of food insecure people and are likely to lead to further increases in poverty, inflation and price levels for basic food and non-food items in 2020.[40]

People in need by year

2012 - 2020



38 . UN Partner's Survey, IDPs: Past, Present and Future Intentions, December 2019.

39 . Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights on his mission to the Syrian Arab Republic (A/HRC/39/54/Add.2), 11 September 2018. Available at: https://reliefweb.int/report/syrian-arab-republic/report-special-rapporteur-negative-impact-unilateral-coercive-measures.

40 . World Food Programme (WFP), Syria Market Price Watch Bulletin Issue 60, November 2019. Available at: https://reliefweb.int/report/syrian-arab-republic/syria-country-office-market-price-watch-bulletin-issue-60-november-2019. In 2019, families were exposed to exponential price increases for bread and fuel. In October alone, the national average price of public bread increased by 14 per cent, reaching 67 SYP/bundle. Between April 2018 and April 2019, the price of fuel in the informal market increased from 225 SYP/liter to 600 SYP / liter.

1.3

2019 Humanitarian Response Achievements and Gaps

Syrians themselves, through family and community support structures, local humanitarian NGOs, and state institutions at central and local level, continue to be the main responders to the humanitarian crisis in Syria. Complementing their efforts, international humanitarian organizations have mounted one of the largest humanitarian responses in the world. As the crisis endures, people's resourcefulness and national efforts alone remain insufficient to address needs which can only be mitigated through humanitarian assistance. Sufficient investments in more dignified and sustainable solutions to reduce dependency and increase resilience remained a key gap in the response due to inadequate resourcing.

International support to Syria during 2019 was significant, with $2.1 billion raised (64.1 per cent)[41] of HRP requirements by the end of the year. Thanks to this support, humanitarian organizations in Syria continued to deliver a massive humanitarian response to people in need. On average, 6 million people were reached with some form of assistance each month – almost 10 per cent more than in 2018. Of these, 50 per cent were women and girls. About 55 per cent of the response was delivered in communities where needs were considered major or severe as per the inter-sector severity classification.[42] This was only possible by flexibly leveraging the various response modalities. Reaching people most in need with sustained needs-based assistance, however, remained challenging for some humanitarian actors, including in areas where state control had been re-exerted during the year.[43]

Inter-sector reach (2018 - 2019)

In millions

Humanitarian efforts continue to constitute a necessity for many and have so far contributed to alleviating critical effects of the crisis. The scale and severity of needs, combined with resource and access constraints, have, however, meant that significant response gaps remain. As an example, while nutritional surveys and surveillance conducted throughout Syria in 2019 generally showed that global acute malnutrition (GAM) remained outside of critical levels, acute malnutrition of internally displaced pregnant and breastfeeding women as well as in children aged 6-59 months has increased significantly, such as in Idleb Governorate.[45] In addition, the proportion of people assessed to be food insecure increased by over 20 per cent compared to 2019, with households ultimately having to resort to harmful coping mechanisms, such as reducing the quantity and diversity of food intake.[46]

Sustainably reducing the number of people in need and preventing further deterioration of the humanitarian situation in the country will require continued humanitarian assistance as well as concerted efforts to address the underlying causes and systemic drivers of need, restore basic services and ensure a protective environment.

Satisfaction with Assistance Received[44]

August 2019

41 . OCHA Financial Tracking System (FTS), as of 3 March 2020. OCHA manages FTS which records all humanitarian contributions, (cash, in-kind, multilateral and bilateral) to emergencies. FTS reflects funding flows received against the HRP as reported by donors and/or partners. In some cases, funding received is under-reported. Please report your contributions to fts@un.org or through the on-line contribution report form at http://fts.unocha.org

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

43 . People reached is the number of people provided with humanitarian assistance by one or more sectors (Food Security, Shelter and NFI, WASH (direct beneficiaries), ERL (direct beneficiaries), Education and Nutrition) for the month, taking the highest sector per community. People reached does not necessarily mean that all of their humanitarian needs are fully covered, nor does it convey the type and quality of assistance people have received.

44 . UN Partner Survey, 2019. Assistance provided to infrastructure and service systems – such as water supply, sewage or electrical networks – might not be captured, as the survey was conducted at household level. The survey was done based on the Multi-sector Needs Assessment (MSNA) conducted at Household level of random sampling

45 . SMART Survey 2019; Nutrition Sector, Nutrition Rapid Needs Assessment, October 2019; and Nutrition Cluster Turkey, Nutrition Survey, February 2020.

46 . Food Security and Agriculture Sector, December 2019.

Achievements in 2019[47]

Food Security and Agriculture

- An average of **4.5 million vulnerable people** received food assistance on a monthly basis across Syria.
- A further **1.8 million people** benefited from agricultural assistance during 2019

Water, Sanitation and Hygiene

Almost **7.6 million people** received direct water, sanitation and hygiene emergency assistance. Up to **15.3 million people** benefited from water, sanitation and solid waste management systems support

Health

25.7 million medical procedures were supported by humanitarian actors during the year – including more than **1 million trauma consultations; 257,000 deliveries** that were attended by skilled birth attendants and **86,000 C-sections** that were conducted throughout the year. Additionally, DPT3[48] coverage reached 91per cent across Syria with more than **498,000 children vaccinated** and **15.2 million treatment courses** were provided.

Education

4.7 million children and youth, teachers, and education personnel benefited from quality education programmes.

Early Recovery and Livelihoods

2 million people benefited from early recovery and livelihood interventions, including through the restoration of access to essential social services and support to community initiatives.

Nutrition

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

47 . These reflect cumulative sector reach for January to November/December 2019.

48 . Diphtheria-tetanus-pertussis (DTP3) immunization

Shelter and non-food items

2.9 million people had their core and essential NFI needs met, and **900,000 million people** received shelter assistance.

Protection

- **648,000 girls and boys** benefited from structured and sustained child protection programmes, including psychosocial support
- **416,557 people** received legal assistance, including on civil documentation and housing, land and property issues
- **600 communities** have at least one type of specialized gender-based violence service.
- **3.3 million people** benefited from explosive hazard risk education

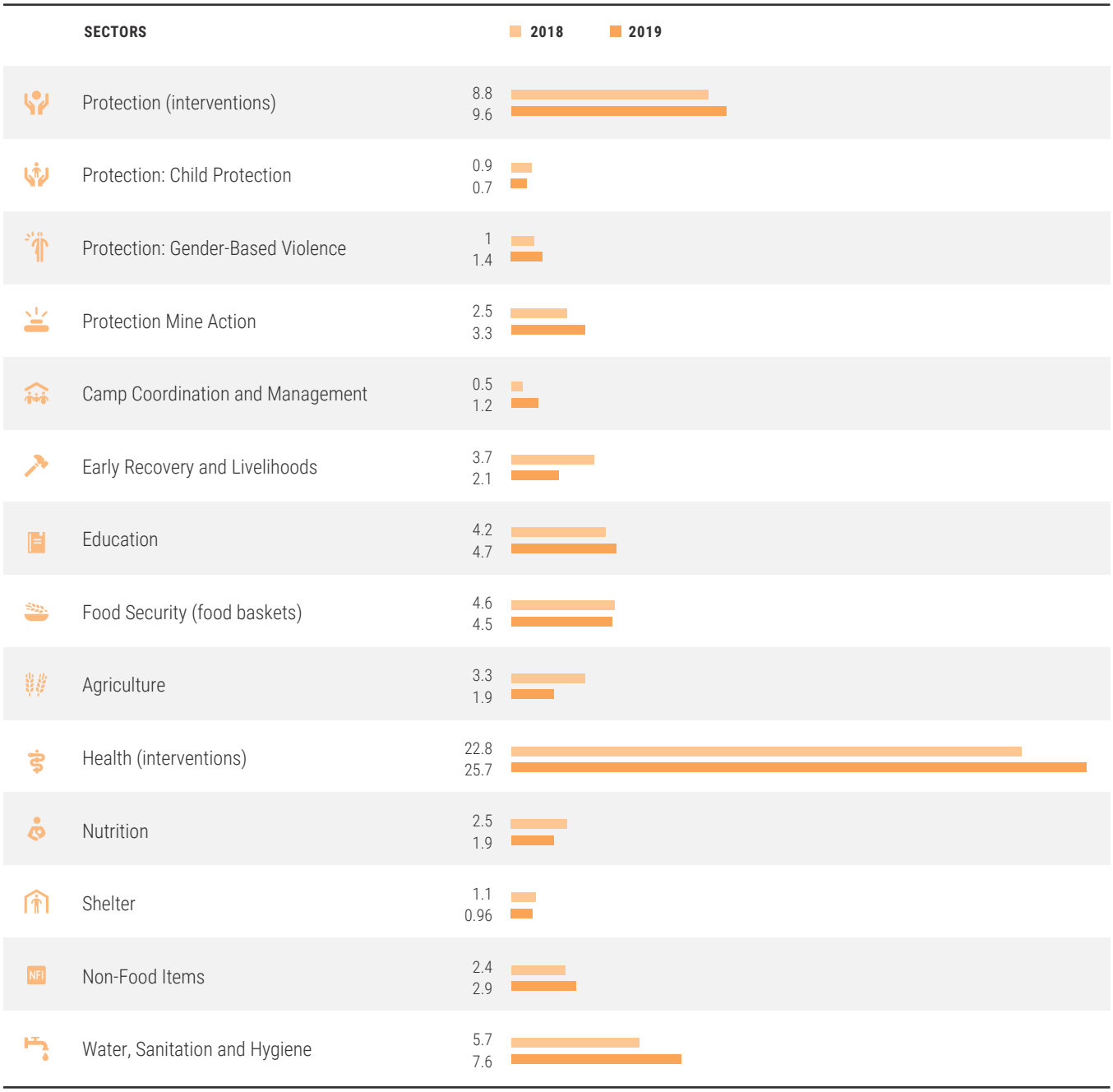
Logistics

- More than **16,500 m³** of inter-agency humanitarian goods were received into storage in various locations inside Syria to respond to critical needs
- **8,070 trucks** transported UN humanitarian assistance into north-west Syria from January to December 2019, the highest number since cross-border operation began.[49]

49 . United Nations Cross-Border Operations Interactive Dashboard: https://app.powerbi.com/view?r=eyJrIjoiN2UxNmJkYjUtODU0Zi00Mzk2LThmODYtMmJmZmJiMWExZjNhIiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTVlYTQxNmU2ZGM3MCIsImMiOjh9 (accessed on 2 April 2020).

Sector reach (2018 - 2019)

In millions of people reached



1.4

Response Objectives and Strategy

The humanitarian community will strive to contribute to the achievement of three key objectives in the 2020 HRP: 1) Save lives and alleviate the suffering of the most vulnerable people; 2) Enhance the prevention, mitigation and response to protection needs; and 3) Increase resilience, livelihoods and access to basic services. These objectives are interlinked and interdependent, with progress on each being essential towards positive outcomes against the others.

Strategic objectives

2020

Strategic objective 1

Save lives

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

Strategic objective 2

Enhance protection

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

Strategic objective 3

Increase resilience and access to services

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

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

The UN is committed to the implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014), 2258 (2015),2332 (2016),2393 (2017), 2449 (2018) and 2504 (2020). The UN and its partners will continue to advocate for greater respect for international law, IHL and IHRL with relevant stakeholders.

The 2020 HRP complements the humanitarian response undertaken by the Government of Syria, as well as efforts of the Syrian Arab Red Crescent (SARC) and other humanitarian actors. Other international organizations such as the International Committee of the Red Cross (ICRC) and the International Federation of the Red Cross (IFRC) are contributing to meet the needs of affected people.

The strategic objectives articulated in the HRP for 2020 build upon the humanitarian community's efforts in 2019 and previous years, and reflect the current complexity of the humanitarian situation in Syria. Under the framework of the 2020 HRP, the humanitarian community aims to provide life-saving and life-sustaining humanitarian assistance to people in need across the country while seeking to strengthen delivery models for greater resilience. Sectoral and inter-sectoral coordination will be key to ensuring that humanitarian assistance reaches those most in need with a focus on the most vulnerable communities, households, and groups across the country – with particular emphasis on children, women, youth and adolescents, older people, people living with disabilities or who are chronically ill or injured.

Defining Protection in Humanitarian Action[50]

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

The Inter-Agency Standing Committee's (IASC) Policy on Protection in Humanitarian Action (2016) is used as a frame of reference. The IASC defines protection as "all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. IHRL, IHL, international refugee law).[51]

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

51 . IASC IDP Protection Policy 1999.

Response strategy

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

The 2020 response strategy has been developed based on a sector and inter-sector analysis of the varying humanitarian needs that people currently experience in different parts of the country and the priorities expressed by people in need, particularly women and girls and other vulnerable groups. It takes into account the fluidity of the context, ongoing hostilities in north-west and parts of north-east Syria; and the relative stability, albeit still characterized by significant needs related to the lack of access to basic services and livelihoods, in other areas of the country, including areas of spontaneous return by IDP and refugees; the emergence of new needs related to population movements, as well as the access opportunities that humanitarian actors may have to reach households and communities experiencing dire need. The strategy underlines the necessity for flexible operational approaches, enhanced coordination among humanitarian actors within and across sectors and response areas,[52] and continuous advocacy to reach those most in need.

The context is likely to remain complex and dynamic in 2020. In the event of further hostilities, additional threats to the safety of the civilian population will be generated, including potentially forced displacement and acute humanitarian needs. Humanitarian readiness and response plans are in place and will continue to be updated to respond to the needs of up to 1.2 million newly displaced during 2019, particularly in areas of north-west and north-east Syria where hostilities have recently taken place. Operational priorities and financial requirements contained in these area response plans have been included in this HRP, including those reflected in the Northwest Syria Readiness and Response Plan issued in early February 2020. Additionally, deepening humanitarian needs resulting from limited access to, and availability of basic services due to damaged infrastructure, explosive hazard contamination, and a reduced technical work force, as well as growing levels of vulnerability resulting from loss of livelihoods and reduced purchasing power, also need to be addressed in order to mitigate any further deterioration of the humanitarian situation, including in overburdened communities[53] with high levels of protracted displacement and/or spontaneous returns. Compared to 2019, the 2020 HRP therefore reflects increased efforts to strengthen response programming related to more sustained service delivery and livelihood interventions, as well as cost-effective modalities.

At the time of drafting, the Coronavirus disease (Covid-19) had started to be reported in Syria, prompting the establishment of multi-sectoral Covid-19 preparedness and response plans in the different hubs. Response priorities, gaps and financial requirements presented in these hub-level plans are summarized and annexed to this HRP.

2020 Planning Assumptions

The situation in some areas in Syria is likely to remain complex and unpredictable throughout 2020, with severe humanitarian needs at the time of drafting. In Idleb and surrounding areas, where 2.8 million people in need are currently hosted, proximity to frontlines, widespread explosive hazard contamination, the destruction of infrastructure and services, and interruptions to humanitarian assistance and services will likely continue to pose significant safety risks to the affected population. Between 1 December and 23 February, an estimated 950,000 people were displaced in north-west Syria; hundreds of thousands of people in Idleb city and in other areas north of the M4 and M5 highways are at further risk of displacement. In north-east Syria, the situation is also expected to remain fluid; there has been a notable increase in attacks using improvised explosive devices, particularly in the Ras Al-Ain-Tell Abyad corridor and in Deir-ez-Zor Governorate. The number of persons newly displaced throughout 2020 is likely to remain high. On the basis of current trends and contextual developments, the UN estimates that up to 1.2 million population movements might take place in Syria in 2020 and will have to be covered under the 2020 HRP.

Central and southern areas are likely to see less acute, survival-related needs, although significant gaps in access to basic services, including water, health and electricity, are observed in some southern regions in particular. This situation could lead to an increase in the number of spontaneous returns of IDPs and refugees. The inter-sector and sector responses, many of which are community-based, factor in modalities to respond to the needs of up to 900,000 potential spontaneous returns (from among the internally displaced population) in 2020. Self-organized refugee returns from neighbouring host countries will remain relatively low compared to the overall number of refugees but are expected to exceed previous years, with an estimated 250,000 refugees projected to return from Egypt, Iraq, Jordan, Lebanon and Turkey. At present, the humanitarian community continues to support the displaced and refugees to make a voluntary and informed decision at the time of their choosing, including by contributing to efforts to overcoming barriers to return for those who would like to do so and by supporting the right of IDPs and refugees to opt for the preferred durable solution. However, the eventual sustainability of these returns remains challenging and presents significant information and resource gaps. The scale of humanitarian needs is expected to remain significant, particularly in areas of displacement as well as in areas where significant spontaneous returns take place. In areas of relative stability, opportunities to reduce the level of humanitarian needs through more sustained service delivery and livelihoods activities are expected to emerge.

Taking into account the growing funding challenges the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)** is experiencing, the situation of the 438,000 Palestinian refugees living in Syria remains a grave concern. Sectors are including Palestinian Refugees in their sector strategies and assistance efforts in collaboration/coordination with UNRWA.

52 . 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.

53 . Overburdened communities are locations where more than 30 per cent of the population are displaced persons or returnees.

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

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

Scope and Priorities of the Humanitarian Response

Against this backdrop, the 2020 Syria HRP sets out a strategy to address humanitarian needs identified across the country at sector and inter-sectoral levels. According to a recent sector and inter-sector humanitarian analysis, the humanitarian needs in Syria remain similar in scale and severity to those of 2019, with sectoral variations. Consequently, the 2020 response strategy builds on 2019 response efforts and aims to increase the capacity to respond to humanitarian emergencies; enhance approaches to multi-sectoral delivery and response prioritization, improve the quality of various programming aspects, and capitalize on opportunities to enhance the dignity of affected populations and reduce their overall level of needs through more sustainable programming modalities.

Response Targets

Intended programming under the 2020 HRP recognizes that the scale, scope and severity of all humanitarian needs in Syria continue to exceed the response capacity of the humanitarian community.

Taking into account assessed inter-sector and sector-specific needs identified across the country as well as operational capacities and constraints, humanitarian partners in 2020 aim to assist 9.8 million people in need with direct humanitarian assistance (target) and carry out 11.4 million service delivery interventions to persons in need by leveraging all response modalities and assets. This is equivalent to approximately 88.6 per cent of those in need and represents an 8.9 per cent increase compared to 2019.

A changing operating environment may challenge the ability of humanitarian actors to fully meet these targets and quality programming objectives. Limiting factors may include: insecurity related to hostilities, particularly in the north-east and north-west; explosive hazard contamination; limited or unpredictable humanitarian access; insufficient funding; administrative regulations by all parties; capacity constraints and lack of partners on the ground; potential interference in humanitarian operations; the negative impact of unilateral coercive measures imposed on Syria, on the import of goods – by humanitarian actors – required for basic service delivery; as well as the impact of the economic crisis, including reduced purchasing power, issues related to local procurement and the possibly reduced viability of market based programming.

Strategic Objective 1: Save Lives

Efforts under this objective will focus on people living in areas with a high severity of need and where access to basic goods and services is most limited, as well as on particularly vulnerable people who live in areas with lower severity of need. Priority areas will include areas affected by hostilities, areas hosting high numbers of displaced persons, especially vulnerable IDPs in "last resort" sites and open spaces.[54] Overburdened communities – i.e. communities with a large proportion of IDPs or spontaneous returnees relative to the host population – will also be prioritized.[55]

While recognizing the distinct profiles and needs of these groups, there is likely to be a general cross-cutting need for life-saving multi-sectoral interventions in these areas, including explosive hazard risk reduction interventions and sustained basic services provision. People facing life-threatening humanitarian needs will be prioritized, including children with acute and chronic malnutrition, acutely malnourished pregnant and lactating women, as well as those presenting micronutrient deficiencies, people identified as being severely food insecure, as well as people with injuries resulting from hostilities and with respiratory and infectious diseases which are exacerbated by overcrowding, including poor water and sanitary conditions and limited access to health care. The proportion of people presenting these needs tends to be higher in areas experiencing hostilities and significant displacement, specifically in overcrowded IDP camps of last resort as well as in densely populated areas and overburdened host communities, where access to basic service is frequently severely curtailed. Conditions in these areas also tend to exacerbate needs by other generally vulnerable population groups, including people living with a disability, people with non-communicable diseases as well as Palestinian refugees. These areas and population groups will therefore be prioritized under Strategic Objective 1.

54 . Last resort camps, informal settlements, transit centres and collective centres refer to those sites used only as a measure of last resort, after IDPs have exhausted all other financial and social assets. Open spaces refer to IDPs living without shelter.

55 . The HNO inter-sector severity categorization sets the threshold at 31 per cent and above, for the percentage of IDPs and returnees vis-à-vis host population, for severity categories 4, 5 and 6.

Humanitarian partners have undertaken efforts to closely coordinate their activities to achieve the following Specific Objectives:

- **Access to quality life-saving and sustaining services and assistance, including health, water and food security.**

Outcome indicators:

- Ratio of essential health workers (doctors, midwives, nurses) to 10,000 population.
- Ratio of fully functional health facilities providing primary health care services per 10,000 population.
- Percentage of targeted households with improved food consumption score.
- Number of medical procedures per person in need per year.
- Percentage of disease alerts investigated within 72 hours of identification.

Output indicators:

- People reached on average each month in communities in acute need (severity four and above in the inter-sector severity classification).
- Estimated number of people with improved access to WASH services as a result of repair, rehabilitation and operational support to WASH systems and establishment of water safety plans
- Number of people with access to safe water as a result of provision of water disinfectants.
- Targeted crisis-affected households are provided with timely life-saving and life-sustaining shelter support (medium-term/temporary shelter), including those in protracted displacement, returnees, Palestinian refugees.

- **IDPs in camps, last resort sites and open spaces regularly access quality life-saving and life-sustaining basic services and humanitarian assistance.**

Output indicator:

- Number of IDPs living in IDP sites provided with humanitarian life-saving, multi-sectoral assistance.

- **The health, nutrition and food security status of pregnant and lactating women (PLW) and children under 5 years of age is improved.**

Outcome indicators:

- Average number of Ante-Natal Care (ANC) visits per pregnant woman.

Output indicators:

- Number of girls and boys under five and pregnant and lactating women receiving life-saving preventive maternal and child nutrition support services.
- Number of boys and girls (6–59 months) screened for malnutrition.
- Number of PLWs screened for malnutrition.

Strategic Objective 2: Enhance Protection

Efforts under this objective aim to enhance the prevention and mitigation of protection risks and respond to protection needs related to the protracted nature of the crisis, including through promoting the respect of international law, IHL and IHRL, and the provision of quality, principled, needs-based assistance. This objective recognizes that some individuals and families severely affected by the crisis are resorting to harmful coping mechanisms which particularly impact women, adolescent girls, and children as well as older people and persons with disabilities. The economic hardship endured by crisis-affected communities and the heavy reliance on humanitarian assistance heightens the vulnerability of these populations to protection risks, including sexual exploitation and abuse (SEA).

This objective will guide efforts to improve protection analysis through assessing protection needs; continue to mainstream protection across all sectors – including protection risk mitigation; inclusion of people with disabilities; addressing specific protection needs through the provision of quality and integrated community-based protection services across services; reduce the impact of explosive hazards on civilians and humanitarian access; prevent against sexual exploitation and abuse; and improving the overall protection environment, including through advocacy with duty bearers and other interlocutors. The objective will aim to mitigate a number of key concerns such as child labour and recruitment, child marriage and the lack of civil status documentation.

Growing needs relating to civil status documentation, housing, land and property issues will also be addressed through technical support by UN agencies and humanitarian actors. These activities will be carried out in consultation with Syrian state institutions in accordance with the Charter of the UN and as per General Assembly resolution 46/182 and governed by the framework of agreements between the Syrian state and the UN agencies, funds and programmes, as well as relevant Security Council resolutions.

Humanitarian partners have undertaken efforts to closely coordinate their activities to achieve the following specific objectives:

- **Specific protection needs are mitigated through the provision of quality and integrated protection services.**

Output indicators:

- Number of GBV response services provided to survivors and/or women and girls at risk.
- Number of girls and boys engaging in structured, sustained child protection programmes, including psychosocial support.
- Number of women and men engaging in parenting programmes.

- **The impact of explosive hazards on civilians and on humanitarian access is reduced.**

Indicators:

- Number of men, women, boys and girls reached by specialized services, including emergency and continuing medical care, physical rehabilitation, MHPSS.
- Number of communities where contaminaton survey has been conducted.
- Number of men, women, boys and girls who receive risk education from humanitarian risk-education actors.
- Number of men, women, boys and girls who receive risk education from public service providers.

Achieving Protection Outcomes: Holistic Responses

Nine years of the crisis has resulted in the continued lack of regular and meaningful access to basic services and economic and livelihood opportunities has had an increasingly complex humanitarian impact. The risk of resorting to harmful coping mechanisms such as reduced food consumption, deferment or delay in seeking medical care, reduced hygiene practices, children engaged in harmful labour and early/forced marriage, increase the need for humanitarian intervention.

Insufficient availability of, and access to, quality education, regular medical care, and large unemployed populations makes sustainably resolving this humanitarian crisis a long-term challenge. The most vulnerable segments of the population – including woman and child-headed households, adolescent girls, older people and persons with disabilities – are particularly affected. Addressing immediate needs while failing to pay sufficient attention to medium- and longer-term dynamics of this nature undermines humanitarian and protection outcomes for affected people and further exacerbates existing challenges to effectively respond to needs while reducing risk of further harm and exploitation. The 2020 HRP reflects the increasing importance of a more holistic approach, with life-saving assistance being provided alongside carefully targeted support for the expansion of basic services and livelihood opportunities, with a focus on the most vulnerable in the short to long term. Aside from contributing to an improved overall protective environment, such interventions are also more cost-effective in the long-run and reduce dependency on aid over time.

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

Protection Risk Analysis[56]

Building on the practice established since 2018 and after positive reviews of the practice, compliance, impact and monitoring opportunities across all sectors, a protection risk analysis (PRA) continues to be an integral and mandatory part of the development and review process of each sector's strategy and projects for UN agencies and humanitarian organizations that are part of the 2020 HRP. The PRA remains part of a broader strategy to enhance protection standards and mainstream protection across the humanitarian response and to promote mitigating the risks of exposing people to harms that may arise as a result of humanitarian response efforts in Syria.

Strategic Objective 3: Increase Resilience and Access to Services

Compared to 2019, the 2020 HRP reflects increased efforts to improve living standards and resilience through enhanced livelihood and income generation programming for the most vulnerable people, as well as improved sustained and equitable access to basic services and infrastructure – such as quality education, health, water and sanitation, waste management, etc. – particularly in areas with a high severity of needs. This objective will also aim to ensure access of Palestinian refugees to basic services and livelihood opportunities.

This objective reflects the need to scale-up actions aimed at preventing a further deterioration of living conditions and reduce aid dependency amongst the most vulnerable individuals and communities. Activities under this objective also seek to strengthen early prevention mechanisms; contribute to enhancing social cohesion and an overall protective environment; as well as restore dignified living conditions for affected people.

Humanitarian partners have undertaken efforts to closely coordinate their activities to achieve the following specific objectives:

- **People live in improved housing and have improved access to quality basic service delivery, including through the light rehabilitation of key infrastructure.**

Output indicators:

- Number of children (3-17 years, girls/boys) benefitting from classrooms constructed, established or rehabilitated.
- Number of people assisted by rehabilitated damaged houses.
- Number of people assisted by repaired/rehabilitated community/public infrastructure and facilities.
- Number of health facilities refurbished or rehabilitated.
- Estimated number of people with improved access to water as a result of repair and rehabilitation of water systems.

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

- **Households have improved livelihoods and generate income, based on productive assets, short-term work opportunities or regular employment.**

Outcome indicators:

- Percentage of targeted households with improved reduced coping strategy.
- Percentage of targeted households with reduced expenditure on food.
- Percentage of targeted households with Negative Livelihoods Coping Strategy.

Output indicators:

- Number of short-term work opportunities created including through market-based modalities.
- Number of people obtaining or accessing regular employment, as a result of sector support.
- Number of people supported to rehabilitate, develop or start a social or business entrepreneurship initiative

Resilience Programming in the HRP

Resilience programming and early recovery are included in the 2020 HRP.[57] They will inform a quality programming approach by all partners, seeking to reduce the degree and frequency with which communities depend on humanitarian assistance to cover their most basic needs, wherever possible. To determine the extent to which interventions under the HRP contribute to resilience, a self-assessed "resilience tag" option was included for each response project associated with the 2020 HRP. This approach requires partners to identify the extent to which the proposed intervention meets the needs of affected communities; supports self-reliance and/or early recovery efforts of households and communities, (e.g. by improving access to livelihoods, community infrastructure, basic social services); and contributes to enhancing the quality of humanitarian goods and services provided.

Existing experience and good practice on resilience-oriented programming in Syria will inform the 2020 response. All resilience activities will adhere to humanitarian principles, age and gender considerations. Development and reconstruction interventions remain complementary to the HRP and outside of its scope.

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

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

Support for Refugee Returns in 2020

The Syria crisis has resulted in the displacement of over 5.6 million Syrian refugees to neighbouring countries. Based on UNHCR's database, an estimated 230,000 Syrian refugee returns have been verified since 2016, including more than 96,000 in 2019[58] – a 74 per cent increase compared to 2018. Additionally, over 494,000 IDP return movements were recorded in 2019. The current reported trends suggest that some 250,000 refugees may return in the self-organized return phase in 2020. The current significant number of returning internally displaced people will likely continue along with an increasing number of self-organized returns of refugees compared to previous years. This makes it imperative to respond to the needs of those who have returned or who have decided to return. As in previous years a needs-based[59] rather than a status-based policy will be pursued in responding to the needs of returnees.

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

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

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

58 . The numbers reported are only those verified or monitored by UNHCR and do not reflect the entire number of returns, which may be significantly higher.

59 . A status-based humanitarian response refers to one in which by virtue of designated status – that is, whether one is an IDP, a returnee or a refugee –automatically considered eligible for assistance, regardless of whether this have been assessed as in need of assistance. In contrast, a needs-based response is one in which a person is assessed as in need by virtue of their living conditions or inability to meet their basic needs, meaning that just because they are an IDP, refugee or returnees does not necessarily qualify them to receive assistance.

Prioritization Approach

The 2020 HRP sets out a holistic response, reflecting the complexity of the humanitarian situation in Syria where people's needs are multiple and interrelated, encompassing humanitarian life-saving, protection, livelihood, and basic service domains. It therefore requires full funding to ensure that humanitarian actors can deliver the entirety of sectoral and multi-sectoral responses which they have planned for. At the same time, the 2020 HRP includes a strengthened approach to prioritization which aims to ensure that people's most urgent needs are addressed first, or at certain key stages during implementation. This prioritization approach is guided by two main considerations: 1) severity of needs, at both inter-sectoral and sectoral levels, and 2) identified vulnerable groups.

Severity of Need

The response will be guided by geographical analysis of need severity, at both the sectoral and inter-sectoral levels (see map below for inter-sector severity and refer to the 2020 HNO for sector-specific severity scales[60]). The analysis identifies levels of severity, ranging from the most critically affected areas where people generally face more immediate survival needs, to areas where there are significant needs for service delivery, livelihood and resilience interventions. These categorizations are based on several sector-based and multi-sectoral indicators considered to be particularly reflective of living conditions and humanitarian needs, including the intensity of hostilities, the number of new displaced people, the ratio of displaced people and returnees to host communities, access to basic services, as well as the level of price increases for basic commodities. Indicators for the inter-sector severity have been developed through a collaborative and consultative inter-agency process.

Areas with the highest severity levels typically indicate situations where the scope and depth of needs are greater and more urgent. However, inter-sector severity categorization is not intended to exclude areas from being assisted. People in lower severity areas also require humanitarian assistance, mainly related to basic services and livelihoods, to prevent these areas from slipping into more severe need. Severity of need also needs to be interpreted in conjunction with magnitude, i.e. some areas might show slightly lower severity but have a high concentration of people in need and hence need to be assisted. Some key service delivery infrastructure such as hospitals, water and sanitation systems, or facilities delivering protection services are located in lower severity level areas and provide critical services to population groups that may partially reside in high severity areas. Sector severity analyses indicate the severity of needs across the country according to sector-specific indicators, such as malnutrition, food insecurity, access to health services, water, sanitation and waste management, access to education and protection related issues. Sector severity models highlight areas where sector-specific interventions are required; these locations are not always the same as those with the highest inter-sector severity and still require a focused sector-specific response.[61]

Response efforts under the 2020 HRP, specifically the development of sector strategies and corresponding response projects, have been guided by the severity and types of needs, and will use the most appropriate response modalities, contingent on access opportunities. As mapped out below, intended response across sectors in the 2020 HRP shows a high correlation with areas for which need severity was assessed as high across sectors in the HNO. Given the constantly evolving situation in Syria, partners will continue to require flexibility and adjust their response according to changes in context, needs and access.

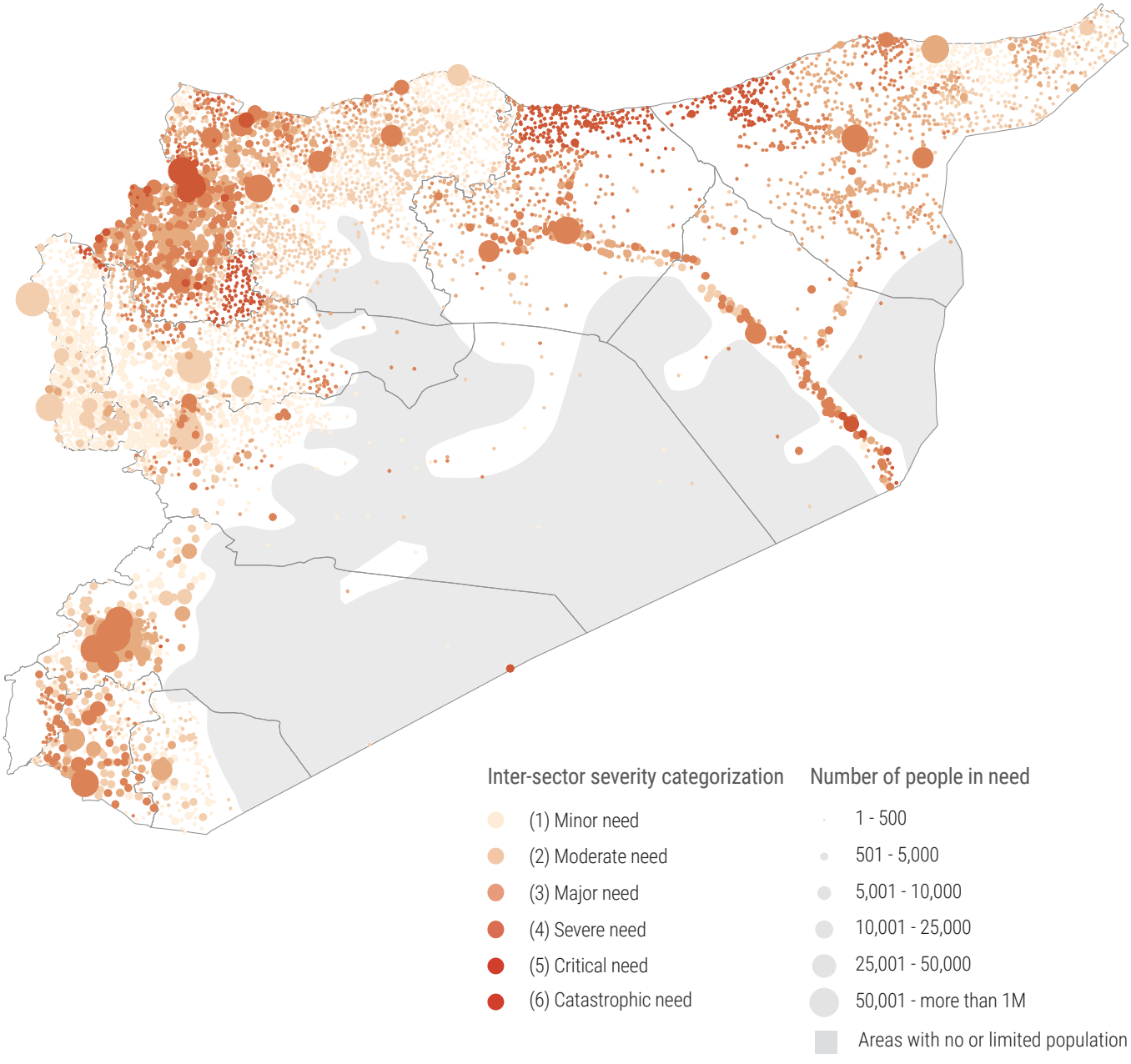
60 . The Government of Syria does not recognize the boundaries of the maps included in the HRP and the HNO, nor does it recognize the designation of severity scales by the United Nations and its partners.

61 . Details of sector severity analysis are provided in the sector chapters included in this document as well as in the 2020 HNO. The 2020 HNO is available through the following website: https://hno-syria.org/

2020 Inter-Sector Need Severity Classification

at community level

PEOPLE IN NEED	MINOR NEED	MODERATE NEED	MAJOR NEED	SEVERE NEED	CRITICAL NEED
11.06M	6%	20%	32%	35%	7%



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

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

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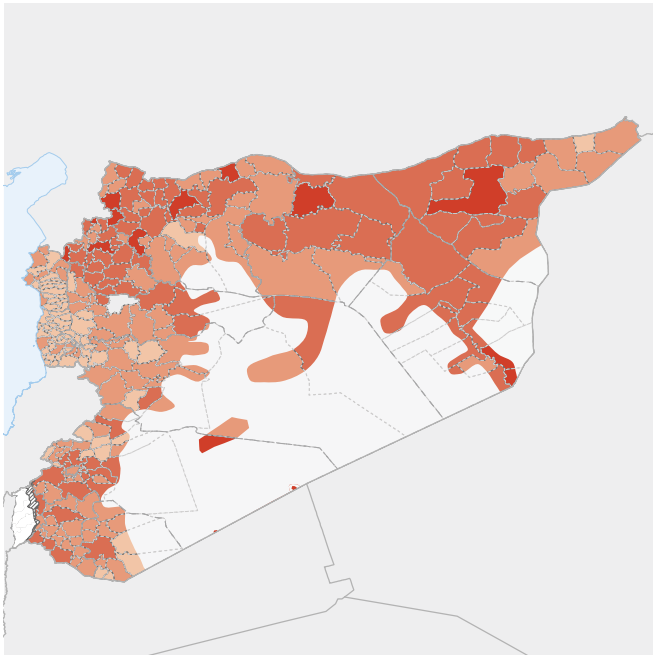
Source: OCHA – based on inter-sector severity data. https://hno-syria.org/#severity-of-needs

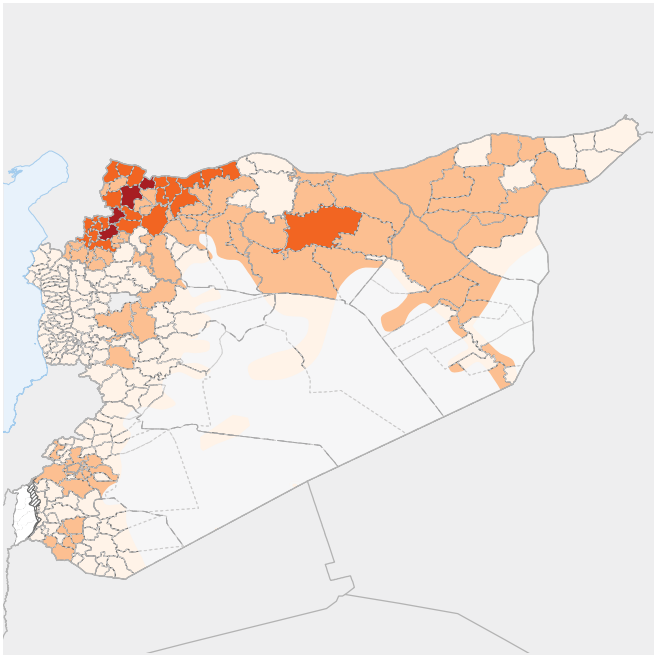
Cross-sectoral severity of needs

at sub-district level[62]



Number of HRP projects

by sub-district[63]



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

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

Source: OCHA – based on inter-sector severity data.

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

62 . This map indicates convergence of sector severity classifications by sub-district across all sectors.

63 . This map indicates the number of response projects (intended programming) in the 2020 HRP by sub-district.

Vulnerable Groups

Acknowledging that there are people in need of humanitarian assistance across Syria – and taking into account sector-specific considerations – humanitarian actors in Syria have identified multiple vulnerability characteristics and acute needs which tend to be present and compound each other in the following six vulnerable groups. In addition to severity analysis outlined above, needs and vulnerability analysis pertaining to each of these groups will be used to further prioritize assistance:

- People living in areas with limited access, or in areas where control has changed, where freedom of movement and access to services have been significantly interrupted or remain extremely limited and challenging, including due to the reduced presence of humanitarian actors or administrative regulations on humanitarian actors.
- People currently living in areas that have seen high intensity hostilities or have high levels of contamination with explosive hazards.
- IDPs living in last resort sites, collective centres, and/or living in open areas, who have limited/or no access to core services and where freedom of movement might be limited – open areas are locations where displaced people are staying without covered shelter for a period of longer than one week.
- Populations that are newly displaced due to hostilities or natural hazards, and are therefore likely to face immediate and acute needs during their initial stages of displacement.
- Spontaneous/self-organized returnees, requiring specific and dedicated assistance to avoid secondary displacement or resorting to harmful coping strategies as a foundation for their return, including in newly accessible areas.
- Over-burdened communities, where, due to the large number of IDPs and/or spontaneous returnees and/or prolonged interruption of basic services, the entire population (including both host communities and IDPs) is exposed to increased challenges in accessing services, livelihoods, and economic opportunities.

NB: Palestinian refugees and people who face extreme economic hardship who fall into all the above groups of vulnerability deserve particular attention in multi-sectoral assistance efforts, given the acuteness of their needs. People lacking personal documentation who fall into any the above groups of vulnerability deserve particular attention in multi-sectoral assistance efforts, given their reduced access to services and assistance.

The six priority groups outlined above are broad categories of people who present need across all sectors. At sector level, each sector has also developed household targeting criteria that takes into account sector specific-indicators for assessing vulnerability by activity aligned with sector objectives. The analysis recognizes that, at a more granular level, individual/household vulnerability within these priority population groups are likely to vary, with children, youth, older people, women and girls as well as people with chronic illnesses, disabilities and injuries or people with varying levels of self-reliance, requiring specific consideration when planning and prioritizing the response.

Coordinated Multi-Sectoral Responses

In view of promoting a coordinated multi-sectoral response for people considered most in need or vulnerable in areas with "high" or "major" severity of needs, a series of joint and multi-sector response approaches have been elaborated (see below). These do not provide a complete picture of the anticipated response, but highlight areas where coordinated implementation across sectors will be particularly important to reduce the most immediate protection, life-saving and life-sustaining needs. Consultation with Syrian state institutions shall be in accordance with the Charter of the UN and as per General Assembly resolution 46/182 and relevant Security Council resolutions, and be governed by the framework of agreements between the Syrian state and the UN agencies, funds and programmes.

Summary of multi-sector response approaches:

- **Humanitarian response to people living in areas with limited access, or in newly accessible areas, including due to the necessity to (re)-establish the presence of humanitarian actors:**

Access permitting, response efforts will focus on the provision of life-saving humanitarian supplies including food assistance, nutrition and health supplies, as well as core relief items for shelter, cooking, hygiene and clothing. Support to trauma and emergency healthcare; re-establishing cold-chain and vaccination activities; system repairs or operational support to increase the availability of safe water, sanitation and solid waste management, as well as the distribution of education learning materials are also planned. These efforts will be complemented by the provision of protection services in line with the protection sector strategy, including the provision of GBV emergency responses, child protection interventions, humanitarian mine action, and supporting people to obtain civil status documentation in accordance with national legislation in areas where some governmental services are available but not sufficient to cover the needs.[64] Livelihood activities and appropriate livestock inputs will be implemented, to enhance the self-sufficiency of affected populations.

- **Humanitarian response to IDPs in last resort camps, settlements, transit centres and collective centres:**[65]

Depending on the location and the situation, response efforts to IDPs living in last resort sites depend on whether people transit through sites or may be compelled to remain in sites for prolonged periods of time.

64 . Unless otherwise noted, 'protection' includes GBV, CP and MA interventions.

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

For those in transit, response efforts will remain limited, focusing on life-saving humanitarian activities such as the distribution of basic goods at household level, including ready to eat rations, micro-nutrients, emergency shelter and core relief items, including light hygiene and dignity kits, psychosocial first aid in situation of emergency, measures to enhance a protective environment for children (e.g. avoiding family separation), and measures to mainstream GBV during site set-up. Basic service provision through emergency water-trucking, sanitation and solid waste management services, health surveillance and emergency health support through mobile clinics will also be priorities. Response efforts will also include the verification of, and reporting on, population movements as well as conditions in sites. Overall response efforts will be complemented largely by mobile protection presence and activities, with interventions tailored to the situation and the fluidity of movements. In cases of prolonged stay, these efforts will be expanded to include the repeat distribution of food baskets and livelihood interventions for the most vulnerable, as well as more sustained service delivery, including more comprehensive protection services through static facilities for all displaced populations remaining in the sites, integrated protection services and education.

- Humanitarian response to newly displaced populations (other than in sites):

Newly displaced populations are considered particularly vulnerable within the first stages of displacement. Similar to IDPs staying in last resort sites, response efforts will focus on the immediate provision of quality life-saving humanitarian supplies, including ready-to-eat rations and food baskets, basic relief items for the most vulnerable households, including light hygiene and dignity kits, and a series of initial – and largely mobile - emergency protection interventions. Delivery of basic services will be supported through the reinforcement of available service providers relating to sectors including health, WASH, shelter, protection and education in the areas hosting those newly displaced.

- Humanitarian response to spontaneous / self-organized returnees:

Return movements generate a variety of needs (including shelter, access to basic services and self-reliance opportunities, civil documentation and housing, land and property-related issues) that often outstrip the response capacity of duty- bearers. As with other persons in need who remain displaced or otherwise affected by the crisis, humanitarian actors will continue to address the needs of those who choose to return spontaneously and of the communities where they attempt to reintegrate, which are often destroyed and impoverished.

Humanitarian partners considering support to self-organized IDP and refugee returns will be guided by conditions on the ground and the relevant international instruments.[66] Within these parameters, support to returnees (self-organized IDP and refugee returnees alike) will mostly focus on a community-based approach to facilitate the restoration of critical social and basic services, and – where necessary – address specific needs based on individual/household level vulnerability and profiles.[67]

Support will be provided through activities aimed at restoring housing, providing water and basic services (particularly health and education), re-establishing livelihoods, providing specialized support (including in GBV, child protection, psychosocial support to persons with specific protection needs), supporting the reactivation of critical social services (with particular reference to those issuing civil status documentation) in support of national authorities and providing legal advice on housing, land and property issues in line with the national legal framework and international standards. Risk education, clearance of explosive hazards and victim assistance will also be provided where needed. Attention to individuals with specific needs and vulnerabilities will inform household level assistance as necessary.

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

- Humanitarian response in overburdened communities:

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

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

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

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

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

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

Humanitarian Response to Affected Palestinian Refugees

Palestinian refugees continue to be among the communities most affected by the crisis in Syria. In 2020, UNRWA will continue to prioritize the provision of life-saving assistance, with a focus on meeting the needs of the most vulnerable Palestinian refugees. Cash assistance will remain a priority, and the Agency will use a targeted approach to assistance, based on which households assessed as extremely vulnerable will be prioritized. Food assistance will also be limited to the most vulnerable Palestinian refugees.

UNRWA – in coordination with the Government of Syria – remains the main provider of assistance to Palestinian refugees. Primary healthcare will continue to be provided through 25 medical facilities and mobile points, while referral to secondary and tertiary healthcare services will be subsidized. UNRWA will continue to provide quality education to about 51,000 students attending 103 UNRWA managed schools across the country, as well as psycho-social support. A focus on livelihoods, including support for vocational training and microfinance, will be enhanced depending on availability of funds. UNRWA will continue to strengthen water and sanitation services, with a particular focus on newly accessible camps. Many UNRWA installations, including 40 per cent of schools and 29 per cent of clinics, are currently unusable due to damage or destruction. UNRWA plans to conduct vital emergency repairs to its facilities in accessible areas to ensure a consistent provision of services, including for returnees.

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

UNRWA plans to serve 438,000 Palestinian refugees located in Syria in 2020. This figure takes into account a small increase in population due to possible returns from outside Syria (mainly from Jordan and Lebanon). Out of those, 418,000 are considered vulnerable, of whom around 126,000 have been identified as extremely vulnerable. An estimated two-thirds of Palestinian refugees have been displaced from their district of origin at least once since the beginning of the crisis. Around 40 per cent of those refugees remain displaced within Syria as of the end of 2019, with the three Palestine refugee camps of Yarmouk, Dera'a and Ein El Tal (Aleppo) largely destroyed by hostilities.

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

Underpinning the Response

Key principles

Engagement with Syrian state institutions is in accordance with the Charter of the UN and as per A/RES/46/182 and governed by the framework of agreements between the Syrian state and the UN agencies, funds and programmes, as well as S/RES/2393.

The following key principles[68] are prioritized by the IASC in all humanitarian activities:

"Do no harm":[69] i.e. preventing and minimizing any unintended negative effects of activities that can increase people's vulnerability to physical and psychosocial risks.

Equity: ensuring affected civilians have meaningful access to impartial assistance and services in proportion to need and without any barriers or discrimination, paying special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services. Accountability to Affected Populations: ensuring affected populations have information on assistance to be provided, can share feedback on assistance received, including through appropriate feedback and complaints mechanisms, and are able to participate in the provision of adequate assistance, in a manner consistent with IASC guidelines.[70] Affected people were consulted during the 2020 needs identification and planning process through individual and household consultations as well as focus group discussions. These were carried out across the country in the context of numerous inter-sector and sector assessments, as well as through routine field missions and post-distribution monitoring. Feedback and complaint mechanisms are activated at both agency and inter-sector levels for affected populations to provide feedback on the quality of the humanitarian assistance received.

Feedback obtained through these consultations and mechanisms reveal varied perspectives on humanitarian needs and expected response outcomes for targeted populations living in different parts of the country, and offers an invaluable source of information to relief partners in developing more effective, efficient and accountable response modalities and programmes. Mechanisms to generate regular feedback from affected people and communities and take corrective action as necessary, in coordination with the Government of Syria while fully respecting the humanitarian principle of independence, have been mainstreamed across the various projects and activities planned in the HRP and will continue to be pursued and reinforced.

Prevention of Sexual Exploitation and Abuse by humanitarian actors (PSEA):[71] in line with the Secretary-General's bulletin "Special measures for protection from sexual exploitation and sexual abuse" (October 2003), humanitarian partners remain committed to pursue efforts to improve the way they prevent and respond to sexual exploitation and abuse.[72]

Unequal power dynamics between humanitarian aid workers and affected populations can generate risks of exploitation and abuse of affected populations, including sexual exploitation and abuse, with women and girls being particularly vulnerable. Sexual exploitation and abuse, like all forms of Gender-Based Violence (GBV), remains chronically under-reported in all crises.

Findings of a survey conducted in Syria in 2019 suggest that sexual exploitation and abuse is an issue of concern for communities, with respondents indicating that they have been exposed to exploitation and abuse when accessing humanitarian assistance. Data gathered suggests that groups such as female-headed households, especially older, with disabilities, and divorced or widowed women are vulnerable to discrimination which could lead to exploitation and abuse, with the situation likely to be exacerbated as the crisis continues and affected people resort to increasingly harmful coping mechanisms.

The humanitarian community operating in Syria will continue dialogue, coordination and joint work with GoS to identify the best practices to address the concerns related to sexual exploitation and abuse and to strengthen the prevention and response across all areas of the response. This includes reporting mechanism, referral pathways, awareness raising and supporting the capacity of specialized centre and caregivers., which allow beneficiaries to safely and confidentially report sexual exploitation and abuse concerns using a wide variety of channels. 32 per cent of surveyed community respondents in Syria reported that they were aware of complaint mechanisms in

68 . 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.

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

70 . This section is completely related to internal processes of the UN and its humanitarian partners. In this document, the concept of "Accountability to Affected Populations" as per IASC guidelines is referred to. The Government of Syria does not consider these guidelines as binding or extending to their authority in any way.

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

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

the community to report requests for sexual favours in return for humanitarian aid.[73] An important focus of humanitarian responders therefore is on strengthening local level prevention and response measures through enhancing awareness, including through distribution of awareness materials, use of social media and television to disseminate information, and through building capacity among frontline humanitarian organizations.

- **Response planning under the 2020 HRP continued to build on needs and vulnerability analysis related to:**

Gender and Age: conditions for women and girls have deteriorated significantly in many areas of Syria since the start of the crisis. Factors such as high exposure to violence, including gender-based violence; displacement; restrictions on access to healthcare; including access to sexual and reproductive healthcare; poverty; as well as growing unemployment, including related to the impact of unilateral coercive measures; are rendering women and girls increasingly vulnerable. Women are shouldering much of the economic burden and many are struggling to ensure livelihoods for themselves and their families.

Ensuring humanitarian assistance responds to the distinct needs and concerns of women, girls, boys, and men, of different ages and abilities, is vital in order to ensure access to assistance and services, as well as to have a more meaningful impact on their lives, including promoting the empowerment of women and girls where opportunities exist. Programming should adapt to the particular vulnerabilities and access opportunities of individuals and communities, including persons with disabilities, to reduce exposure to violence and strengthen resilience.

As a matter of principle, humanitarian actors are committed to fully incorporating gender in assessments, strategic and operational planning as well as response and monitoring efforts. All projects included in the HRP were reviewed according to the Inter-Agency Standing Committee (IASC) Gender with Age Marker and the IASC GBV guidelines. Building on progress in disaggregating data by sex and age since 2015, there will be increased efforts to collect, use and analyse such data and incorporate it into planning and response programming in 2020. The particular needs of older people were given enhanced attention in projects under the 2020 HRP.

Disability: persons with disabilities are considered to be disproportionately affected by the crisis.[74] They face physical, attitudinal and institutional barriers when accessing support and life-saving services in addition to multiple and intersecting forms of discrimination and marginalization related to their age, gender, ethnicity, location and race.[75] This leads to increased levels of functional difficulty, psychosocial distress, and worsening health outcomes. While a comprehensive, crisis-wide survey has not yet been conducted in Syria, one assessment amongst persons older than 12 years of age indicated that up to 27 per cent of people might live with some form of disability.[76]

Disability not only impacts the individual but also significantly impedes the socio-economic wellbeing of the family unit. Households in Syria including persons with disabilities report a lower ability to generate sufficient income to meet their needs when compared to households with no members with disabilities. The situation is significantly worse for IDP households with members living with disabilities.[77]

Women and girls with disabilities are particularly vulnerable to discrimination, exploitation and violence, including gender-based violence. They are far more likely to experience difficulty in accessing support and services that could reduce their risk and vulnerability.[78] At the same time, older persons with disabilities in Syria face increased barriers in accessing information and services, and they are more likely to be affected psychologically by the crisis.[79]

As a matter of principle and in line with the IASC Guidelines, humanitarian actors are committed to fully incorporating age and disability considerations in assessment, strategic and operational planning as well as response and monitoring efforts. Efforts will be pursued to ensure consultation with persons with specific age and disability related vulnerabilities, so that their needs and concerns are articulated and addressed in the response.

- **Finally, the response under the 2020 HRP will continue to:**

Incorporate readiness measures: given the fluidity of the situation and the specificities of different geographical areas, the 2020 HRP will continue to be supplemented – when needed – with area-based readiness and response plans, that focus on areas of high risk/ substantial need which require a more specific, detailed and tailored planning approach. These area-based preparedness and response

73 . UN Partner Survey, 2019, with limited geographical coverage (1,509 communities) and 60 per cent female respondents.

74 . The Washington Group on Disability Statistics question guidelines defines persons with disabilities as persons who reported 'a lot of difficulty' or 'cannot do at all' due to a health problem in any of the following functional domains: vision, hearing, mobility, cognitive processing, self-care and communication.

75 . Inter-Agency Standing Committee. Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019 (https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines).

76 . UN Partner Survey, 2019.

77 . Ibid.

78 . Women's Refugee Commission. Disability and Gender Based Violence, 2019

79 . United Nations Convention on the Rights of Persons with Disabilities, 2006

plans will continue to be framed by the overall strategic objectives of the HRP. Preparedness plans covering potential developments in north-east and north-west Syria currently exist. As indicated earlier in this Section, response priorities, gaps and financial requirements in relation to the spread of Covid-19 in Syria will be summarized and annexed to this HRP in the course of April 2020. This Covid-19 Annex to the HRP will be continuously updated as the situation evolves.

Build capacity: national humanitarian organizations are essential service providers in Syria, and their capacities have developed significantly over the past years. The HRP underscores the humanitarian community's continuous commitment to the localization of aid, including the development of institutional and NGO capacity through training, mentoring, financial support through the country-based pooled funds, and other initiatives. International partners will also increasingly work to learn from the 'on-the-ground' expertise and contextual knowledge of national partners to apply international standards to the Syrian context.

Seek to address access constraints: access challenges in some areas remain a significant impediment to the sustained delivery of quality humanitarian assistance. To address access challenges, humanitarian partners will further engage in advocacy on regulatory frameworks and humanitarian principles; undertake access analysis and risk management across the response; ensure the strategic use of humanitarian funding; and adopt measures to reinforce the response and monitoring capacities of national partners, who typically operate more flexibly in areas which are difficult to access. Efforts to preserve and expand humanitarian access will require increased acceptance of humanitarian action, in line with the relevant provisions of General Assembly resolution 46/182, as well as effective engagement with the Syrian authorities and other relevant entities, and international and national NGOs.

SYRIA

©OCHA - April 2020, Al-Tah IDP camp in Idleb Governorate

The No Lost Generation Initiative[80]

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

In Syria, an estimated 2.5 million children aged 5-17 years – one-third of the school-age population – are out-of-school, many of them adolescents.

In 2020, efforts under the education pillar will continue to focus on ensuring access to quality and relevant learning opportunities of all Syrian children. An inclusive national education system, as well as multiple and flexible pathways to learning will remain more crucial than ever. To ensure access for all, multiple pathways are available, such as accelerated learning, self-learning and skill development programmes, linking in with the work under the youth pillar. Access of returnees (IDPs and refugees) is facilitated by a placement test to ensure that prior learning is recognised and additional efforts will be made to ensure recognition of certifications. To improve learning outcomes, teacher development programmes are being rolled out to respond to the urgent training needs of teachers. Given the increasing rate of disability and mental health needs among children as a result of hostilities, special consideration is given to accessibility to educational programmes to ensure all children can access learning.

In 2020, efforts under the child protection pillar will address the needs of 5.7 million children requiring protection across Syria, including in response to grave violations as recorded under the Monitoring and Reporting Mechanism related to UN Security Council Resolution 1612. Building upon the investment of previous years, a key objective will be to expand the reach and improve the quality of specialized child protection services for children most at-risk and survivors of violence, exploitation and abuse. This will include unaccompanied children requiring family tracing and reunification services, reintegration services for children who have been recruited and used by armed groups and support to recovery and wellbeing of children through community-based psychosocial support programmes.

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

1.5

Response Monitoring

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

The humanitarian community across Syria continues to work towards a common in-depth understanding of the needs to guide response efforts and mitigate gaps on a continuous basis across Syria. Analysis of needs and priorities, based on field presence, assessments and monitoring efforts throughout the year have been continuously refined and strengthened to support decision making at the operational and strategic level. Further analysis of quality of access and response dynamics was enhanced in 2019 and these systems will continue to be refined in 2020.

Sectors will also continue to fine tune their monitoring and information management activities to ensure that assistance goes to those who need it most when they need it and that critical gaps are promptly identified. Humanitarian leadership forums across response areas will retain accountability for monitoring the agreed principles underpinning the HRP.

Monitoring Framework

Inter-Sector Results Framework

Progress against HRP objectives and outcomes will be monitored using the inter-sector results framework as well as sector-specific monitoring frameworks (see annex). Sector objectives and underpinning outputs link to the HRP's Strategic Objectives, including a number of specific objectives under each Strategic Objective. Regular monitoring of the response and resources allocated, as well as of changes in needs, risks and the response context, is essential to improving transparency and accountability to all stakeholders, identifying gaps and adjusting the response, as necessary.

Sector Monitoring

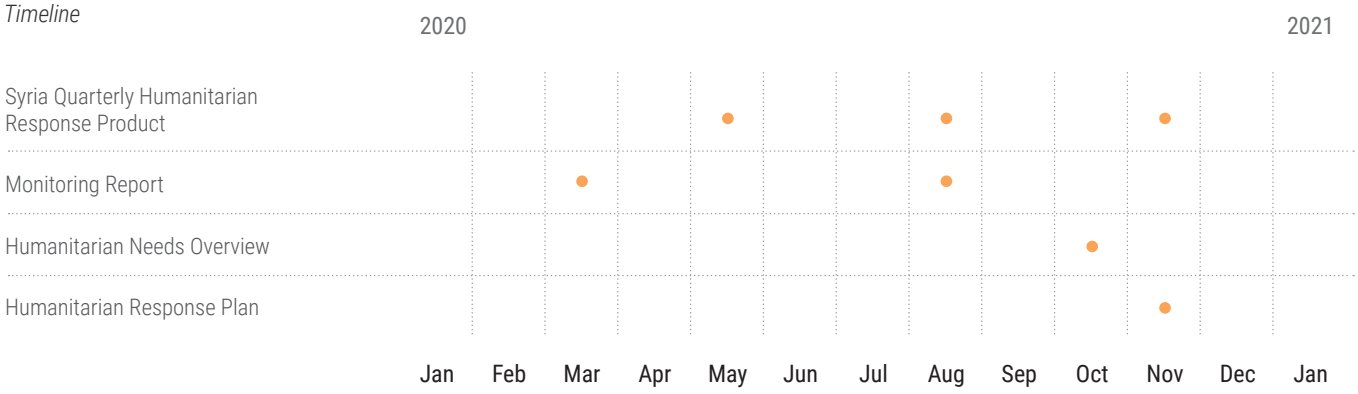
Monitoring against sectoral output indicators will aggregate contributions from sector members to core activities, providing an indication whether the sector is on track to meet its targets and ensure reach in different geographical areas. Indicators from sectoral monitoring frameworks will be used to monitor sectoral reach on a monthly basis (4Ws).

Reporting

Monitoring data will be made publicly available on the Humanitarian Response website[81] on a monthly basis, complementing sector-specific products (maps, interactive dashboards, etc.). A Periodic Monitoring Report (PMR) will be issued, including revised data and analysis, in order to identify response gaps and potential areas for response adjustments. The UN will discuss the findings of the PMR with the Government of Syria and review progress on a quarterly basis. An End of Year Report will be issued in March 2021 to report on response achievements in 2020.

Humanitarian Programme Cycle

Timeline



Risk Mitigation and Monitoring

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

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

81 . https://www.humanitarianresponse.info/en/operations/whole-of-syria

Summary of Needs, Targets and Requirements

by sector

People in need

11.06M

People in need of humanitarian assistance

People targeted

9.8M Direct Assistance

11.4M Service Delivery

Requirements (US$)

$3.4BN

SECTORS	REQUIREMENTS (US$)	PARTNERS	PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED
Protection	**$377.0M**	88	111	13.6 M	**12**
Camp Coordination and Camp Management	**$25.1M**	21	21	6.15 M	**0.9**
Early Recovery and Livelihoods	**$174.4M**	64	74	9.9 M	**1.9**
Education	**$264.4M**	65	72	6.8 M	**4.2**
Food Security and Agriculture	**$1.1BN**	80	124	9.8 M	**9.8**
Health	**$443.2M**	58	94	12 M	**11.4**
Nutrition	**$79.3M**	28	29	4.6 M	**3**
Shelter and Non Food Items	**$569.9M**	66	79	5.65 M 4.33 M	**2.54** **3.42**
Water, Sanitation and Hygiene	**$314.4M**	71	87	10.7 M	**10.7**
Logistics	**$11.8M**	1	1	NA	**NA**
Emergency Telecommunications	**$0.9M**	1	1	NA	**NA**
Coordination	**$55.6M**	13	15	NA	**NA**
Total	**$3.4BN**	**160***	**691**		

** Total number of HRP partners; some partners have projects in multiple sectors*

- NB: Projects included under the 2020 HRP are limited to a one-year implementation timeframe or reflect the 12-month component of larger multi-year projects. Only the costs associated with implementation in 2020 are reflected in the above financial requirements. Donors are encouraged to continue supporting flexible and multi-year funding for humanitarian projects in Syria.

Key Highlights: 2020 HRP Project Catalogue

Summary analysis of projects in the 2020 HRP shows the following:

- 100 per cent of projects include a protection risk analysis and mitigating measures.
- Over 77 per cent of projects contribute significantly to gender equality.
- Approximately 53 per cent of projects submitted are strongly resilience oriented.
- 86 per cent of projects target youth with 31 per cent of projects targeting over 50 per cent of youth as beneficiaries.
- 22 per cent of projects submitted include market-based interventions. Within these projects, approximately 43 per cent of the requirements will be used for market-based interventions.
- 39 per cent of projects were submitted by Syrian NGOs and 43 per cent by international NGO.

1.6

What if We Fail to Respond?

Achieving response targets set out in this HRP will require adequate funding, humanitarian access and the ability to flexibly leverage the various response modalities to reach people in need. A reduction in funding to the HRP in particular would likely interrupt life-saving and life-sustaining humanitarian activities, and curtail investments in more sustainable and dignified approaches to addressing needs. This would likely increase existing vulnerability levels and the risk of some population groups developing more severe needs.

While donors have been generous in sustaining support for the Syria crisis year after year, including a record $2.1 billion raised in 2019,[82] the humanitarian response has remained underfunded. 2019 funding covered 64.1 per cent of the 2019 HRP's funding requirements. Frequently, a lack of funding has resulted in prioritizing response efforts for those in most acute need, in the highest need severity areas. This has in part contributed to high levels of vulnerability amongst the entire population in need, especially if emergency interventions had to be undertaken at the expense of more sustained programming related to basic service delivery and livelihoods.

A decrease in food consumption brought on by reduced reach would have particularly severe consequences for the most vulnerable, including pregnant and lactating women, children, older people, and those living below the poverty line.

500,000 children affected by stunting due to low dietary diversity and nutritional inadequacy will not reach their productive and cognitive potential; disabilities will affect them for the rest of their lives. 137,000 children affected by acute malnutrition would face deteriorating health, and even death. Without the appropriate treatment, a child with acute malnutrition is between 4 and 11 times more likely to die than a well-nourished child.

Disease outbreaks would risk spreading undetected. 2,030 or 87 per cent of early warning alerts for epidemic-prone diseases were investigated within 72 hours[83] across the country in 2019. This rapid response capacity was possible because of the support provided by humanitarian programmes. 575,000 children under one year of age would not receive the routine immunization they require. Vaccination programmes are a critical public health intervention in Syria, considering the high movement of people and potential for the spread of diseases. 630 deliveries supported by humanitarian actors on a daily basis – including more than 230 c-sections – would be placed at risk. In addition, the life-saving and life-sustaining activities provided by health facilities requiring restoration to ensure basic functionality would be at risk.

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

The underfunding of activities aimed at increasing the availability of adequate shelters would have severe implications on people's health, protection, social and economic situation and personal safety, effects witnessed in north-west Syria in 2019 due to the lack of sufficient funding for shelter. The absence of essential requirements, including water, food and shelter, would lead to additional displacements and prevent displaced persons from returning home or moving to safer areas. A reduction of services in last resort IDP sites that solely rely on humanitarian aid, such as WASH and health services, would lead to an increase in water-borne diseases that could cause potential outbreaks.

The underfunding of humanitarian programmes would also lead to an increased reliance on harmful coping mechanisms, including the sale of productive assets and undertaking exploitative or high-risk work. People living in areas where state control has been re-exerted or areas facing new emergencies would be particularly affected, due to insufficient capacity of partners to rapidly expand humanitarian programmes. Funding gaps have already severely affected the scaling up of the education response in Syria, particularly in areas where state control was re-exerted. The failure to ensure sufficient funding for education negatively impacts the future of Syrian children and jeopardizes previous investments in education, which in turn affects the ability of Syrian society to recover from the crisis. Out-of-school children are more vulnerable and exposed to protection risks, including gender-based violence, early marriage, early pregnancy, child labour and forced recruitment.

Without the mine action response, explosive hazards will continue to pose a threat to civilians and prevent the use of key infrastructure and land. Raising awareness on the dangers posed by the presence of explosive hazards, clearance and victim assistance are paramount to protect civilians from the threat posed by explosive hazards. Insufficient funding for humanitarian mine action would leave millions of people at risk, particularly those most at risk, such as children, farmers/herders, returnees, humanitarian workers, IDPs and rubble removal workers. Child survivors would not receive individual support to cope and recover from their experiences. Adverse childhood experiences may lead to negative health and wellbeing outcomes in the long- term. Psychological support for people exposed to intense violence and/or experiencing lasting distress would also be unavailable, reducing people's ability to cope and recover. The underfunding will compel the curtailing of the maintenance or expansion of protection, child protection and GBV facilities and

82 . OCHA FTS, as of 3 March 2020. OCHA manages FTS which records all humanitarian contributions, (cash, in-kind, multilateral and bilateral) to emergencies. FTS reflects funding flows received against the HRP as reported by donors and/or partners. In some cases, funding received is under-reported. Please report your contributions to fts@un.org or through the on-line contribution report form at http://fts.unocha.org.

83 . Whole of Syria consolidated EWARS-EWARN, 2019.

outreach activities, thus leaving populations underserved and unable to access interventions to mitigate risks, address vulnerabilities, and deter harmful coping mechanisms. A decrease of support in legal assistance, or the restriction in the number of partners able to provide such assistance in line with the national legislation, may leave people in need undocumented, and negatively impact their freedom of movement, access to services, access to employment, family and property rights. This may also increase the occurrence of people with no documentation, particularly for children.

Inadequate funding for activities aimed at increasing the resilience of communities by improving access to livelihood opportunities and basic services would prevent a gradual shift towards self-reliance for people in need across the country. Over- burdened communities would become more dependent on aid and engage in harmful coping mechanisms to survive. Furthermore, displaced persons that are able to return home may be prevented from doing so due to damaged infrastructure and shelter that have not been rehabilitated. This would further increase overall vulnerability to future shocks resulting from hostilities, displacement and economic instability. Investments in all sectors are highly inter-dependant. Insufficient funding to one sector sets in motion a cascade of effects that lessen the impact of existing investments in other sectors. For example, an inadequate WASH response will lead to increased demand on health and nutrition services; poor shelter conditions will result in increased demand on health services and protection concerns. In Syria, reduced access to basic services and livelihoods for newly displaced persons have created an environment prone to leishmaniasis – suspected cases have increased considerably in absolute number and proportionate morbidity as compared to 2018.[84]

84 . Whole of Syria Consolidated EWARS-EWARN, 2018-2019, and REACH, Skin Diseases Situation Overview: Idleb and Surrounding Areas Northwest Syria, February 2019: https://reliefweb.int/sites/reliefweb.int/files/resources/reach_syr_situation_overview_hsos_leishmaniasis_february_2019.pdf

Part 2

Operational Response Plans

SYRIA

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2.1

Protection

PEOPLE IN NEED	TARGET	REQUIREMENTS (US$)	PARTNERS	PROJECTS
13.6M	12M	$377M	88	111

Needs Analysis

Diverse and interlinked protection needs are widespread throughout Syria.[85] These are driven by the cumulative long-term consequences of active hostilities, multiple and continuing displacements, eroding resources, and dynamics linked to spontaneous IDP and refugee returns, increasing the stress on already overburdened communities.

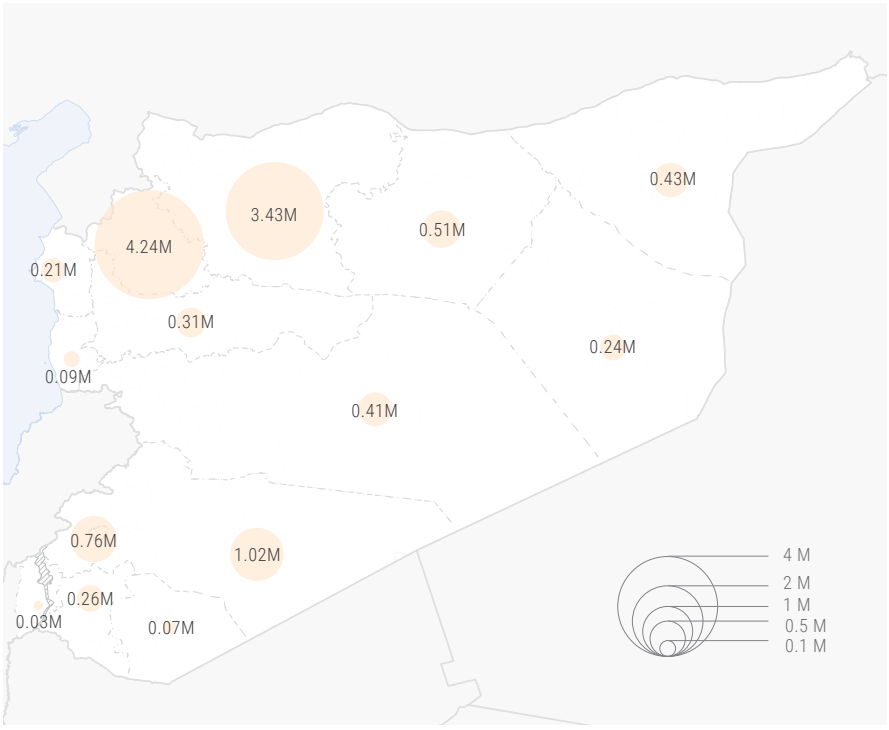
Inadequate living conditions in makeshift settlements or overcrowded sites, particularly in north-west and north-east Syria, as well as the loss of livelihoods, property and assets compound protection risks, including risks of gender-based violence (GBV) and child protection concerns.[86]

85 . In the absence of a sector-specific assessment, the Protection Sector has relied on multiple initiatives to detect and analyze needs, including the collective Multi-Sector Needs Assessment (MSNA), dedicated initiatives of protection monitoring, qualitative methods (Focus Group Discussions), empirical evidence based on consultations with affected population during field missions, and UNSC-mandated Monitoring and Reporting Mechanism (MRM) for grave violation of children's rights. In 48 per cent of assessed communities, the concurrent occurrence of four protection issues was detected (MSNA); this were also routinely highlighted during the interaction with the affected population during field missions.

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

Protection interventions

by governorate



The protracted crisis has disrupted social services and public service delivery, straining family coping mechanisms and community safety nets, and resulting in psychological distress. 2019 witnessed several disruptions in operations of protection actors particularly in the north-east and north-west due to an increase in hostilities and changes in control. In many of these locations, protection actors continue to face challenges in returning to areas close to ongoing hostilities.

Civil status documentation continues to be a major need to ensure and facilitate movement and ensure access to services and rights.

Children continue to be exposed to multiple protection risks and severe abuses and grave rights violations. Child labour, including in its most hazardous forms such as recruitment and use of children in combat and support roles, is a persistent concern in some areas.[87] Separation from caregivers reflects patterns of both voluntary and involuntary separation,[88] and underscores the need to prevent separation, and strengthen family tracing and reunification. Girls and boys, including adolescents and children with disabilities, face the risk of other forms of violence, abuse, neglect and exploitation. The psychosocial needs of many girls and boys are left unmet.

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

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

GBV remains a major protection risk and pervades the lives of women and girls, particularly as domestic and family violence, child/forced marriage and sexual violence and harassment. The need for GBV services remains high, including increasing the availability and supporting existing specialized GBV services, strengthening GBV awareness, caring for child survivors of GBV, improving referral pathways, and expanding outreach and prevention activities. Disruption of traditional safety nets and of livelihood opportunities, in addition to sudden displacement, increase GBV risks for women and girls, aggravating psychosocial stress, limiting movements, and increasing exposure to harmful coping mechanisms such as early/forced marriage and exploitation.

Years of hostilities have resulted in increased explosive hazards[89] contamination. An estimated 11.5 million civilians live in the 2,562 communities reporting contamination by explosive hazards.[90] Escalations in hostilities, including in areas around Idleb, added yet additional layers of contamination. Following hostilities in late 2019, areas in the north-east, notably in Raqqa, Deir-ez-Zor and Al-Hasakeh Governorates remain difficult to access due to contamination and recontamination of areas previously cleared by humanitarian mine action operators. Contamination by explosive hazards is a major protection risk that poses threats to the safety of civilians, exacerbates vulnerabilities and hampers safe access to humanitarian support, basic services, livelihoods, and prevent safe returns.

Response Strategy

In 2020, the Protection Sector and its areas of responsibility (AoRs)[91] will maintain a community-based approach; continue adapting to the evolving situation; maintain capacity to respond to emergencies, largely carried out through the rapid deployment of mobile teams[92] to address urgent protection needs arising from renewed hostilities or sudden displacement, and providing initial measures to ensure basic protection and risk mitigation, with a focus on women, adolescent girls and children.

The Sector will expand its regular coverage to areas of severe needs characterized by new and protracted displacement, reception of spontaneous return movements, a large number of displaced persons or returnees in relation to the host population, and exposure to hostilities. The Sector will continue provision of integrated protection services through community-based facilities[93] and specialized centres. Types of services offered at these facilities will include: 1) psychosocial support; 2) individual case management; 3) referrals to specialized services; 4) targeted in-kind or market-based assistance to address specific needs, and prevent further exposure to protection risks; 5) legal assistance activities, which may be coupled with targeted technical support to restore the functionality of the Directorate of Civil Affairs, civil affairs courts and other relevant state institutions; 6) community–based initiatives to foster social cohesion and community participation and inclusion; 7) support to vulnerable children.

Outreach capacity (e.g. through mobile teams and community volunteers) will be integrated, in order to maximize coverage and extend presence to rural communities with information on available services, aiming to reduce susceptibility to risks, strengthen referrals, and build stronger relations with beneficiaries for needs identification. The Sector will ensure the inclusion of Palestinian refugees into the response.

Protection needs assessments and monitoring will be pursued to better identify needs and inform a strategic response in coordination with state institutions. Technical capacity-building of protection actors, including duty bearers, to improve quality of interventions; and on protection, gender, child protection, mine action, and GBV mainstreaming will continue. The Sector will promote inter-sectoral synergies, aimed at a more holistic approach to addressing the multiple effects of the protracted crisis for groups with specific needs. Considering the widespread high level of explosive hazards contamination, humanitarian mine action activities will be more strongly integrated into other sectors.

The Sector will continue advocacy with all stakeholders, notably national authorities, to draw attention to protection issues, the need for regular and meaningful access to all humanitarian actors across Syria, inform the response, and enhance the protective environment. Regular access for protection actors, to communities will be vital to assess the needs and inform the response, as well as to provide evidence-based advocacy, swiftly respond to emergencies, and expand activities to areas with high levels of needs, including through specialised centres and facilities.

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

90 . HNO 2019 Protection chapter.

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

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

93 . Such as community centers, and safe spaces for women and children, aimed at responding to protection needs, promoting inclusion and community participation and providing a safe space for community interaction. Community Centers / Community Well-being Centers are safe public places where women, men, boys and girls can meet for social and recreational purposes and obtain integrated protection services ranging from legal aid, non-formal learning opportunities, psychosocial support, GBV prevention and response, child protection interventions primary medical care services, vocational training in accordance to their need. Community Centers / Community Wellbeing Centers reach out to population through mobile units and outreach volunteers to carry out risk awareness and referral. The engagement of community members in the design and implementation of and feedback on humanitarian activities.

GBV Response

The GBV response will aim to ensure that survivors of GBV can access specialized/response services and that the risks of GBV are prevented and mitigated through: 1) providing psychosocial support and case management; 2) strengthening referral pathways; 3) establishing and maintaining women and girl safe spaces, community centres/community well-being centres and safe spaces within health facilities; 4) enhancing integrated GBV/reproductive health (RH) services and access for GBV survivors to health services; and 5) distributing life-saving dignity kits. Strategies will be further developed to contribute to the prevention of GBV with a focus on changing harmful social practices through community participation[94], including with men and boys. Mobile responses will be strengthened to help overcome movement restrictions imposed on women and girls where they occur, provide services in remote areas and emergency response during displacements or where services have been disrupted. Services will be inclusive and consider the specific needs, priorities and vulnerabilities of people with disabilities, older people, women, adolescent girls and girl children, child labourers, children survivors of violence, juveniles, female-headed households, vulnerable returnees and women who have experienced divorce or widowhood.

Mine Action Response

Governed by the framework of agreements between the Syrian State and UN agencies, funds and programmes, as well as Security Council resolution 2504 (S/RES/2504, 2020) the mine action AoR response includes all pillars of humanitarian mine action.[95] Risk education tailored by age, gender, localized threats, and specific activity patterns, will remain essential to providing civilians, including humanitarian workers, with the knowledge and awareness to reduce exposure and the risk of accidents.

Explosive hazards survey will be a priority, to inform at-risk communities of local threats, enable tailored risk education messaging, and assist in the delivery of humanitarian aid. Surveys will provide a more granular view of the scope and scale of contamination and lay the foundation for clearance operations. Comprehensive explosive hazard clearance is also critical to reduce the impact of explosive hazards, render areas safe for the civilian population, and enable delivery of humanitarian services.

The AoR will seek to expand the availability and provision of specialized services for persons with disabilities, including survivors of explosive hazards and their families; and promote the inclusion of persons with disabilities in its response and other relevant services, such as education and socio-economic assistance.

Child Protection Response

The Child Protection AoR – in line with the "No Lost Generation" framework[96] – will enhance equitable access to quality child protection services, including for children with disabilities, through two main priorities: 1) improving the quality of community-based child protection through behaviour change and awareness raising on specific risks and psychosocial support; and 2) improving the reach and quality of specialized services for child survivors of violence, exploitation, neglect and abuse (including child recruits, labourers, GBV survivors, and unaccompanied or separated children).

Optimizing child protection outcomes through multi-sector responses, strengthening the capacities of child protection workforce, improving the evidence base of child protection issues to inform programming and advocacy, and promoting the use of Minimum Standards of Child Protection in Humanitarian Action across the response are key strategies. The AoR will increase engagement with the Early Recovery and Livelihoods and Education sectors on multi-sectoral and comprehensive responses to the needs of vulnerable children, especially in relation to child labour.

Protection Risk Analysis and mitigating measures [97] [98] [99]

In community-based protection services, protection actors need to avoid perceptions of discriminations in relation to choice of locations and targeting of beneficiaries. Partners should be guided by the sector severity analysis;[100] analysis of existing services through mapping tools; transparent, participatory, and inclusive communication with communities on available services; and consultation with communities and duty bearers in the planning, implementing, and feedback stages of service provision. The Protection Sector will guide partners in prioritization of services to groups considered particularly vulnerable.

Centre and mobile approaches shall continue to be utilized with the aim to improve access to safe group-based activities for children, to promote wellbeing, multi-sectoral and integrated child protection response, as well as to identify and support children in need of more specialised child protection responses.

GBV actors may need to overcome resistance from parts of the community to accept the direct engagement in the provision of

94 . Community participation means the engagement of community members in the design and implementation of relevant activities

95 . Risk education, explosive hazard survey and clearance, and victim assistance

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

97 . Building on the practice established since the HRP 2017 and after positive review on the practice, compliance, impact and monitoring opportunities across all sectors in 2017, 2018 and 2019, a Protection Risk Analysis (PRA) has been again an integral and mandatory part of the development and vetting process of each Sector's Strategy and project in the HRP 2020. The PRA remain part of a broader strategy to enhance protection standards across the humanitarian response and to promote risk mitigation and exposure to harm as a result of humanitarian response effort in Syria.

98 .'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.

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

100 . The Protection Sector Severity analysis indicates sector-specific level of needs severity across the sub-districts of the country according to Sector specific indicators. The Government of Syria does not recognize the boundaries of the maps included in the HRP and the HNO, nor does it recognize the designation of severity scales by the United Nations and its partners.

services to women, girls and boys, particularly those who may have limited access to facilities. Mobile teams to overcome mobility challenges, and gender-balanced staffing will be critical. Engagement of men and boys in awareness and sensitization on GBV topics. Advocate for and provide services through an integrated GBV/ RH approach to expand entry points for survivors and improve overall access to GBV services without fear of stigma. Data protocols will be adapted, based on global guidance, to ensure confidentiality of CP and GBV survivors.

Needs assessments may trigger grievances and mistrust if not followed by an adequate response. Actors must communicate with communities and build trust with them; manage expectations; ensure that referral pathways are functioning; and coordinate between partners to avoid assessment fatigue.

The quality of service provision may be impacted by a lack of continuity in reliable access and service provision linked to increased hostilities and security concerns, staff turnover, lack of technical capacities – particularly in specialized protection interventions[101]. Maintaining and upgrading training initiatives, harmonizing content, and engaging expert resources towards technical capacity-building of protection partners.

Response Priorities

In prioritizing the response, the sector will take into consideration various needs assessments; sector severity scale; and specific vulnerabilities and groups particularly exposed to protection risks. Priorities will include:

1) life-saving interventions in situations of emergency for individuals exposed to hostilities and forcibly displaced, particularly in IDP sites/ collective sites/collective accommodation. This will include the direct presence of protection staff to identify needs, consult with affected populations, provide a first protection response and referrals; 2) expanded and integrated protection services, focused on increasingly specialized support, particularly for individuals and communities who may not previously have had access to services. Complemented by outreach initiatives of protection risk awareness and community participation.

GBV AoR

1) provide specialized/response GBV services (including psychosocial support and case management), and/or women's empowerment activities specifically through current and additional women and girls safe spaces, community well-being centres and safe spaces within health facilities: 2) improve reach via mobile services 3) inter-sector collaboration to increase availability of services for clinical management of rape and the response to the needs of survivors of GBV; 4) improve GBV prevention especially by engaging meaningfully with communities 5) enhancing GBV risk mitigation across sectors, including through training, and advocate for improved GBV risk reduction[102] 6) life-saving dignity kits to women and girls.

Mine Action AoR

Expansion of existing humanitarian mine action capacities and improve the quality of services. Delivery of tailored risk education messaging. Expand the provision of specialized services for persons with disabilities, including survivors of explosive hazards and their families. Urgent expansion of survey and clearance of explosive hazards.

Child Protection AoR

1) Providing a minimum package[103] of child protection services through centre-based and mobile approaches; 2) enhancing the quality of community-based child protection interventions and specialized child protection services such as case management; 3) optimizing child protection outcomes through engagement with other sectors including Education; 4) systematizing efforts to build a sustainable child protection workforce through ensuring a minimum cadre of professional social workers across Syria; 5) generating evidence on core child protection issues to inform humanitarian responses and advocacy with duty bearers.

Evidence-based advocacy will remain a priority to contribute towards a principled humanitarian response.

Monitoring

The Sector and its AoRs have updated its 4Ws template to better capture the activities and targets. Partners will continue to be encouraged and supported in regular reporting through 4Ws. Monthly 4W data will reflect both planned and actual implementation covering all sector objectives into a monthly sector dashboard that will be produced and shared with all key stakeholders detailing the achievements of the month in relation to the sector targets.

The resulting monthly and quarterly reports would enable protection partners to report on achievements, identify and address gaps and mobilize resources effectively. This will also be informative for new partners and activities and help direct any expansions, as well as inform emergency preparedness efforts whenever needed.

Statistics related to people in need and geographical severity will be updated quarterly as and when new data is received.

CP and GBV actors will be supported to improve and streamline their M&E tools and approaches for CP and GBV prevention, response and capacity building through dissemination of relevant tools and capacity building based on CP and GBV actors' needs and in line with global guidance.

Prioritization Approach

The Sector with its AoRs adopted the overall criteria established at the inter-sector level to select projects contributing to the HRP,[104] particularly criteria linked to key vulnerabilities and groups at risk,[105] as well as a series of sector-specific parameters.

101 . Such as case management, restoration of family links, specific assistance to persons with disabilities, and certain areas/topics of legal assistance.

102 . E.g. by sharing existing GBV risk mitigation checklists across sector/cluster partners, establishing GBV focal points in each sector linked to the GBV AoR.

103 . This package includes information on the prevention of and response to family separation; psychosocial support interventions for children and caregivers; and detection and timely support to children who are victims of violence, exploitation, neglect and abuse

104 . HRP 2019 Note for Sector Coordinators and HRP 2019 Guidance for Protection Sector Partners.

105 . Syria Response: Protection, Vulnerability and Prioritizing the Most in Need.

The sector also considered past performance and achievements of partners as well as past funding levels, asking partners to reflect on these when determining the scope of activities and project budgets.

Capacity of partners was also taken into account when considering the budgets. Partners submitting HRP projects for the first time, or expanding to new territories or activities were asked to keep projects and associate budgets modest in line with their capacities. Partners who had received less than 50 per cent funding in the previous year were asked to ensure their budgets were realistic in light of that fact.

Service mapping was used to direct partners to analyse gaps and overlapping. Projects were evaluated for their relevance to sector priorities in needs and response strategies. Sector partners were familiarised with the criteria through direct contact and sensitization sessions.

Cost of Response

Provision of specialised protection services such as case management, psychosocial support PSS, and others require higher costs due to necessity of expert staff and appropriate modalities. Specialized humanitarian mine action interventions, particularly explosive hazard survey and clearance operations, also require significant financial costs and technical resources to ensure continuous capacity of the sector to mitigate the threat posed by explosive hazard to people in need and enable the safe delivery of aid.

While mobile service delivery is better suited to responding to emergencies and responding to particular category of needs in areas with restricted access; static modalities are necessary for sustained delivery of a number of protection services, specialized services in particular. Lack of reliability in access and sudden changes in context result in actors having to change from existing modalities to new ones within project cycles resulting in additional costs for ongoing activities.

Partners were encouraged to use community-based mechanisms and integrated approaches as far as possible to not only improve efficiency, but also to help economise costs on service delivery. Modalities of service delivery were chosen based on suitability to the particular need and target population, but also cost-efficiency in the context.

Procurement and distribution of dignity kits to women and girls come at a high cost, which is well justified by the life-saving element of these.[106]

Cost of the response is also driven up due to strategic necessity for emergency as well as medium-long term programming, as opposed to a single modality.

Consequences of Underfunding

A major consequence of underfunding is expected to be a reduction in number and coverage of protection services (e.g. number of facilities providing specialized and/or integrated protection services, number of mobile teams), with immediate repercussions on the number of locations served as well as number of interventions and beneficiaries reached. This is expected to affect particularly the expansion of presence and services to areas where control has changed or where access dynamics have changed. It will impact the capacity to respond to new emergencies. Lack of funding for humanitarian mine action activities will significantly reduce ability to raise awareness on the risks posed by explosive hazard, and limit the delivery of life-saving services, such as assistance to survivors of explosive incidents, and survey and clearance of explosive hazards. Left unaddressed, explosive hazard contamination will increase threats to lives and safety of people.

Woman and girl survivors or at risk of GBV will be left unserved, with direct implications on their psychosocial wellbeing, capacity to cope and overcome abusive situations and will likely resort to negative coping mechanisms.

Underfunding will limit the ability to maintain investments in the protection workforce required to deliver critical quality services. When the funding is not sufficient and humanitarian actors need to respond to emergency situations, where the life-saving imperative prevails, equally important interventions in protracted displacement and return context might need to be curtailed. This will cause a reduction in the scale of response, impacting other equally important activities, such as capacity building, prevention and more comprehensive longer-term responses.

Breakdown of people targeted

By sex, age and disability

	PIN	TARGET (INTERVENTIONS)
TOTAL	13,561,610	12,039,984
BY SEX		
FEMALE	6,780,805	54.10%
MALE	6,780,805	45.90%
BY AGE		
YOUNG CHILDREN (<5)	1,356,161	0.72%
CHILDREN (5-17)	4,339,715	19.24%
ADOLESCENTS (12-17)	-	37.22%
ADULTS (18-59)	7,323,269	38.88%
OLDER PEOPLE (>59)	429,612	3.94%
DISABILITY		
PERSONS WITH DISABILITIES	-	10.47%

106 . Being an in-kind support, the cost of DKs is strictly linked to the goods therein included. DK distribution is a life-saving GBV activity, it is therefore worth investing in DK distributions as part of the GBV response.

2.2

Camp Coordination and Camp Management

PEOPLE IN NEED	TARGET	REQUIREMENTS (US$)	PARTNERS	PROJECTS
6.15M	0.9M	$25.1M	21	21

Needs Analysis

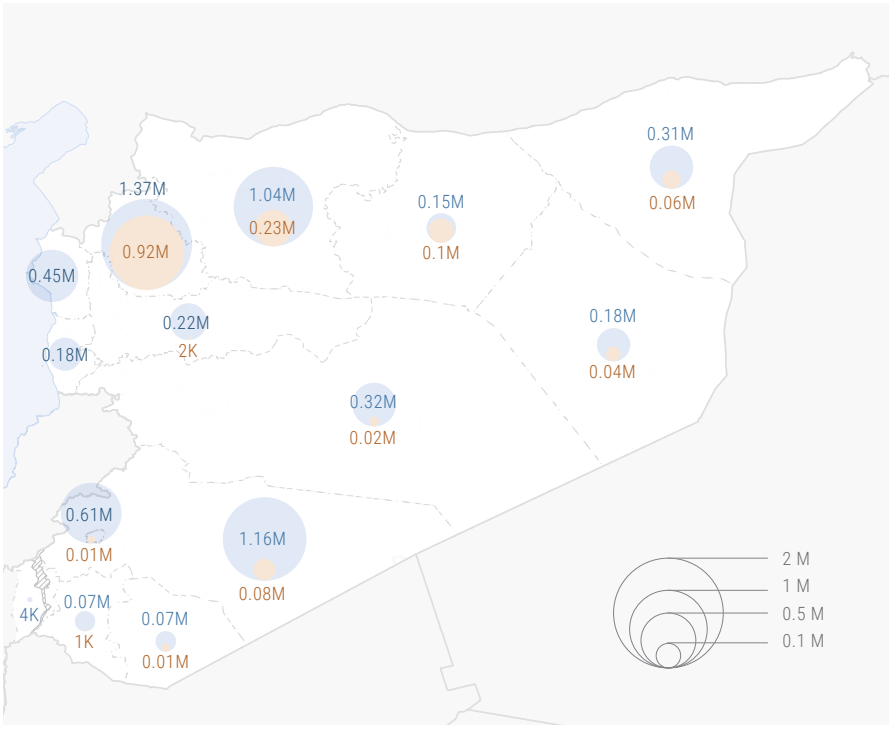
The needs of the 6.15 million internally displaced persons in Syria span across all sectors of humanitarian assistance. IDP sites are a last resort for displaced persons that have exhausted financial and social assets to meet their basic needs. An estimated 1.2 million, or 20 per cent of all internally displaced persons are currently residing in informal settlements, collective centres, planned camps and reception centres. 920,747 displaced persons live in north-west Syria; the majority in Idleb Governorate. The number of IDPs seeking shelter in last resort sites increased by 98 per cent in north-west Syria between 2018 and 2019. The number of IDPs in these sites has increased considerably in the past year due to renewed hostilities. The CCCM Cluster tracked more than 1.44 million displacements across north-west Syria between January and December 2019; the largest movement since the beginning of the crisis.

At the Whole of Syria level, the CCCM Cluster coordinates 1,249 sites, including 1,073 informal sites, 133 collective centres, 38 planned camps and five reception centres. These sites host 1,236,452 IDPs, with an estimated 19.5 per cent men, 22.6 per cent women, 28.9 per cent boys and 28.98 per cent girls, who rely heavily on humanitarian assistance to meet their basic needs.

Multi-sectoral assistance in IDP sites cannot be guaranteed and families often face challenges to access basic services. The challenges faced by IDPs in sites vary according to the type of site. However, delivery of services is a challenge in all types of sites, particularly for water, sanitation and energy (electrical power, solar panels, fuel for generators and fuel for cooking and heating purposes). Shelter conditions, including the lack of heating and privacy in sleeping and bathing areas, as well as poor hygiene, have also been reported as major issues. Informal sites are particularly vulnerable to weather conditions, particularly during heavy rains and snowstorms. The absence of contingency plans at camp level to ensure the readiness to temporary shelter a new displacement until identifying shelter solutions, and to ensure the readiness to respond to fire and flood incidents and evacuation plan in place in case of security threats.

People targeted and people in need

by governorate



Response Strategy

In 2020, the CCCM Cluster response strategy will focus on four critical and inter-related areas: 1) monitoring the provision of streamlined life-saving, multi-sectoral assistance in IDP sites ; 2) improve the camp management quality and accountability in IDP sites; 3) strengthen household and communal coping strategies in IDP sites and develop exit strategies; 4) disseminate operational information on IDP figures and movements on a timely basis.

Under the first response area, CCCM members provide life-saving humanitarian interventions focusing on their respective geographic or sector-specific areas of operation. A comprehensive multi-sectoral service coordinated by the CCCM cluster is being provided to IDPs in these sites, e.g. all IDPs have access to in-camp services and gaps identified to ensure better living conditions based on the international standards within the available resources. The CCCM cluster will continue its efforts to improve the management quality in IDP sites in order to assemble resources and ensure the response is tailored to the needs of the affected populations.

Under the second response area, building on best practices adopted since 2018, the CCCM cluster will focus on developing the capacity of humanitarian actors operating in IDP sites, establishing and expanding IDP Committees and promoting other participatory management approaches and structures. Mobile Site Management Teams will support the establishment of IDP Committees in 120 self-settled sites. The IDP committees will be capacitated on camp management and protection mainstreaming. IDP Committees and management structures will be supported in their efforts to reach all residents, registration of newly displaced people, protection mainstreaming and ensuring equal access to services by referring residents with special needs to the appropriate services, as well as inclusive project development tailored to the priorities expressed by IDPs. IDP Committees with a balanced representation of male and female members will lead to a greater acceptance of the management of IDP sites. CCCM will therefore focus on capacity development, including training NGOs on camp management and establishment and empowerment of IDP committees.

Under the third response area, the CCCM cluster will continue in coordination with Food Security and Agriculture and Early Recovery and Livelihoods sectors to guide its members to implement tailored livelihood activities designed to enable IDP households to restore their assets and leave IDP sites for more sustainable solutions. This includes providing vocational training, small business incentives and other initiatives such as "go-and-see" visits for vulnerable IDPs to allow them to make informed decisions with regards to their return to an area of choice. In addition to contributing to durable solutions, these activities will decrease aid-dependency and strengthen resilience at both household and community levels. IDP sites will be more resilient to shocks and more responsive to emergencies as a result.

Under the fourth response area, the CCCM cluster will continue to track displacement, including sudden mass displacements and analyse trends and intentions. This will allow for the quick identification of IDPs in need of life-saving humanitarian assistance. Population movement data collected through the CCCM Cluster IDP situation monitoring initiative and other assessment initiatives and organisations are triangulated by the sector and published with exact details of locations for humanitarian actors to trigger a life-saving humanitarian rapid response across sectors.

As the last resort for the most vulnerable displaced population CCCM cluster is coordinating the expansion/establishment of IDP sites. Aligning site selection criteria with the context in north-west Syria to minimize the risk of flood, maintain safe distance from frontlines and ensure the access to services. CCCM will continue advocacy efforts for efficient responses, whilst maintaining the temporary nature of assistance in IDP sites as these continue being considered as a last-resort solution and protracted displacement in these areas should be avoided.

Protection Risk Analysis

Do No Harm will remain an integral principle of the CCCM Cluster in Syria. The CCCM Cluster strives to strike a balance between ensuring that dignified life-saving assistance is provided to IDPs in all sites, while ensuring that sites don't contribute to any push or pull factor that could expose IDPs to physical safety risks if sites are located in unsafe areas. Sites must be away from risk areas, such as those vulnerable to floods and earthquakes, in proximity to hostilities, or contaminated by explosive hazards. CCCM will apply site selection criteria as a standard to identify safe locations, where the assistance provided does not contribute to aid-dependency and IDP sites remain a measure of last resort.

The Cluster will reduce the risk of GBV by implementing GBV prevention and mitigation strategies at site planning stage, and implementing measures for the inclusion of persons with specific needs in terms of accessibility and participation in camp resident committees.

To avoid forced eviction risks and court cases against CCCM actors, due diligence on HLP issues will be conducted to clarify ownership and rights to use land for project activities, by obtaining authorization from the rightful owners. IDP camps will continue to receive humanitarian life-saving assistance and management support. Concurrently, efforts will continue to ensure IDPs are given the chance to leave the camps when they identify better solutions. The establishment and support of IDP camps will take freedom of movement of IDPs into consideration.

Response Priorities

An estimated nine per cent of IDPs living in sites are still in need to receive minimum food assistance on a monthly basis. Approximately 17 and 26 per cent of the population in sites are still seeking proper shelter and NFI assistance respectively. Challenges also persist in sanitation, waste removal and provision of potable water affecting nine per cent of the site population. Monitoring life-saving activities will remain a priority of the CCCM humanitarian response.

A further priority of the cluster will promote set up site management system in each IDP site and ensure that all categories of the displaced of the community have equal access to services and represented in decision-making processes.

Finally, helping IDPs rebuild their physical and financial assets through livelihoods and resilience support will also be prioritized. At the camp management level, CCCM will continue capacity building for camp management teams to reduce their reliance on humanitarian assistance.

Monitoring

CCCM is monitoring through the 4Ws, ISIMM and ISIMM-Plus the services provided in the sites (Camps/Collective Centre) in 50 per cent of the listed camps in CCCM database. CCCM members are working on the remaining 50 per cent of the camps to be listed, noting that they are all newly established sites.

Prioritization Approach

The CCCM cluster will ensure that IDP sites remain available as a last resort. Using the 4Ws tool for monitoring services provided according to the indicators, the cluster will ensure that minimal thresholds for life-saving assistance are met and gaps are reported to the concerned clusters.

CCCM will continue to strengthen camp management capacity aiming to phase out process are applicable.

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

The CCCM cluster will coordinate with other clusters to ensure its approaches are in line with their activities in urban area. For example, maintain equity in the humanitarian response nevertheless in-camp or urban area.

Cost of Response

CCCM activities required fund to cover 6 main activities:

- Technical support in site selection and site plan.
- Coordination and service monitoring.
- Setup governance and community participation mechanisms.
- Care and maintenance in sites, including on-job-training.
- Camp management establishment, including the provision of camp management office utilities.
- Camp management capacity building.
- Information Management
- Displacement tracking,

Consequences of Underfunding

IDP sites host the most vulnerable IDPs as a measure of last resort. These sites receive the minimum level of assistance, all resources are overstretched in most of them. Any disruption of services, even for a short period, could lead to major humanitarian consequences.

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

Breakdown of people targeted

By sex, age and disability

	PIN	TARGET
BY POPULATION GROUP		
IDPS	-	1,463,933
BY SEX AND AGE		
FEMALE (<5)	737,639	172,796
MALE (<5)		165,058
FEMALE (5-17)	1,967,038	279,156
MALE (5-17)		250,374
FEMALE (18-59)	3,134,967	290,847
MALE (18-59)		246,685
FEMALE (>59)	537,015	32,551
MALE (>59)		26,466
DISABILITY		
PERSONS WITH DISABILITIES	-	12,691

2.3

Early Recovery and Livelihoods

PEOPLE IN NEED	TARGET	REQUIREMENTS (US$)	PARTNERS	PROJECTS
9.9M	1.9M	$174.4M	64	47

Needs Analysis

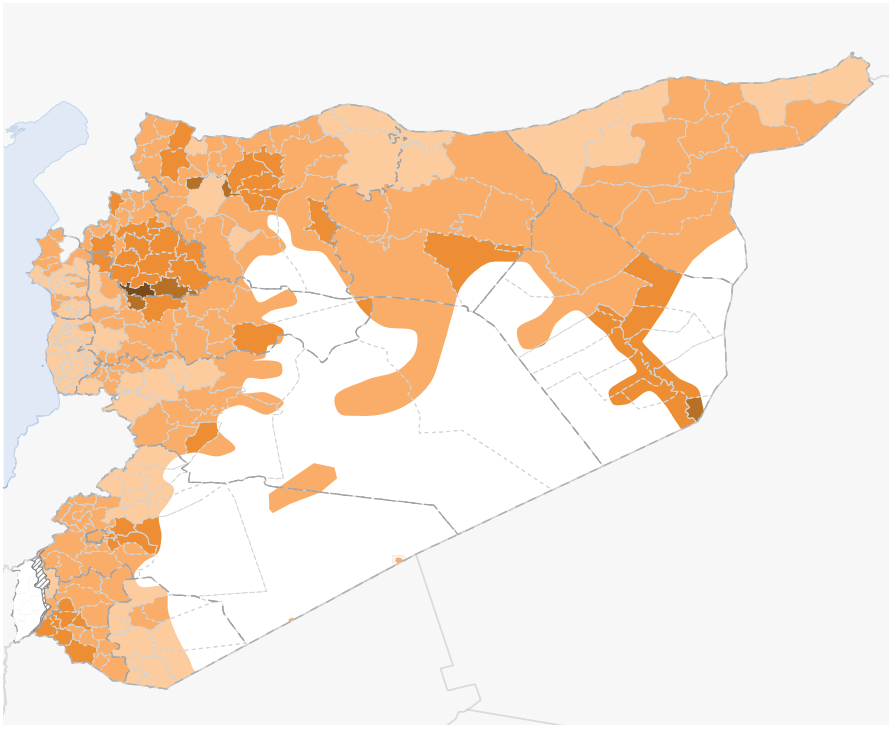
Despite the improvement in the security situation as most of areas are accessible now, in many densely populated areas of the country, millions of Syrians continue to face huge socio-economic challenges due to widespread damage and destruction of infrastructure, erosion of the productive base and protracted displacement. The social fabric of the country has been severely damaged and an estimated 64–84 per cent[107] of people are living below the poverty line.[108] The erosion of living conditions has severely undermined the ability of affected people to cope with the consequences of the crisis. The after-effects will likely continue for many years due to the cumulative impact of the crisis.

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

108 . The World Bank has classified Syria as a Low Income Country as the Gross National Income per Capita has dropped below the threshold of US$996: https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2018-2019.

Severity of need

by district



The humanitarian response must be flexible to cater for longer-term drivers of vulnerability, while continuing to focus on life-saving needs. The anticipated returns of IDPs and refugees in 2020 would add to the socio-economic needs in the near future. Ensuring safe, dignified and voluntary return, and sustainable reintegration of displaced people will depend on availability of basic and social infrastructure and services, a secure environment, and viable livelihood opportunities.

Response Strategy

The response strategy of the Early Recovery and Livelihoods (ERL) Sector is based on two overarching objectives: improving positive coping mechanisms of affected people and communities; and reducing dependency on emergency supplies and services. The ERL Sector will also adopt a recovery and resilience-oriented approach, as the emphasis will be on supporting the communities' own efforts to enhance self-recovery and to cover critical gaps.

Response planning and analysis will be multi-sectoral with a comprehensive, flexible and integrated approach, driven by communities' own priorities. The response consists of three thematic areas:

Access to Livelihoods

Creating income-generating opportunities: The ERL Sector will support local[109] initiatives, in partnership with communities,

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

ERL actors, and duty bearers that provide the means and opportunities for community members to earn a sustainable minimum income and to access social and other services, with a view to build capacities to positively cope with the crisis. Multiple activities are foreseen by the sector in this area from creating short-term jobs to supporting small businesses and entrepreneurship, and providing vocational training and start-up kits that match the needs of the job market. Efforts will be made to link the beneficiaries of income generating activities with the providers of psycho-social support to ensure a holistic recovery.

Improving access to productive and market infrastructure to restore economic recovery: The sector will emphasize needs-driven rehabilitation of basic infrastructure that is critical to support local economic activity and thus livelihood opportunities. This covers the rehabilitation of collective assets such as local markets; critical infrastructure for market access; lighting in public areas; shared production resources (cooperative assets); agro-based enterprises; irrigation canals, and milling facilities.

Access to Basic Social Services

The availability of key services is crucial to resilience-building of both community physical assets and the service delivery capacity, particularly for the local governance structures managing essential services, facilitating access to utilities, supporting issuance of essential documentation and providing direct support to the most vulnerable. The capacity-strengthening support will be aimed at extending the service outreach and quality. Efforts will be made to make service providers as efficient (in terms of coverage and quality) transparent, consultative and accountable as possible.

Supporting Social Cohesion[110]

Social cohesion will be supported through both targeted initiatives and mainstreaming of context-sensitivity across all activities. The sector will support affected communities and local governance structures in setting up mechanisms for settling complaints and disputes through developing the capacity of community activists, paralegals, civil society and local governance actors (both men and women); establishing community-based legal assistance services with a focus on documentation, housing, land and property issues, family matters and gender-based violence; and creating inclusive dialogue platforms to discuss social cohesion related matters and solutions.

Resilience and Early Recovery Mainstreaming in other sectors

The ERL Sector will coordinate closely with other sectors to promote synergies and avoid overlap and duplication while implementing its multi-faceted community-focused strategy. The restoration of basic services will be closely coordinated with the Shelter, Health, Education and WASH Sectors to promote geographical convergence and complementarity. Similarly, the ERL sector will coordinate closely with the Food Security and Agriculture (FSA) Sector so that support to rehabilitation of productive assets, especially in rural areas, is complementary and non-duplicative.

Protection Risk Analysis

The sector aims to go beyond the concept of Do No Harm[111] in its efforts to effectively mainstream and operationalize protection in its activities. The sector will ensure a proper contextual analysis of the target areas as a necessary input into planning and programming of activities to identify and mitigate negative consequences from a protection, gender and social perspective. This would inform programming with a view to avoid any probable inequities and disagreement -the two major foreseen risks- and to support targeted initiatives promoting collective action by the community members. This would help prioritize activities to adequately meet communities' gender and age-based needs and to identify risk-informed response options, and mitigation measures in case of changing operating environment.

Response Priorities

The ERL Sector strategy have been translated into seven priority areas of ERL Sector response (better living conditions and access to utilities; increased livelihood opportunities; improved access to social infrastructure; enhanced access to basic productive infrastructure; protection of the most socio-economically vulnerable; strengthened local service delivery capacity; strengthening of community engagement and participation). Nineteen quantifiable targets and indicators have been defined for these response areas, and all project proposals will be appraised on the basis of their planned contribution to these sector-specific targets. These would contribute directly to the Standard of Living Humanitarian Consequence and indirectly to the other two.

Monitoring

The progress against the activities will be monitored through a collation of the 4Ws data on monthly basis, against the nineteen indicators included in the Sector logframe. The partners would be continually informed of the trends emerging and the outstanding gaps through meetings and communication. The Mid-Year Review of HNO and the thematic studies will feed into the course of correction and future programming.

Prioritization Approach

The sector treats communities as the primary unit of analysis and action. The primary lens through which the ERL sector views the communities is the overarching HRP 2020 approach of the six priority groups targeted for a convergent inter-sectoral response under the nine categories of vulnerability. Additionally, some sector-specific severity indicators help partners to further sharpen the focus. The criteria of geographical prioritization adopted by the sector is that of the most vulnerable communities that guides where to initiate the multi-faceted response to early recovery and livelihoods needs.

110 . 'Social cohesion' refers to strong relationships between individuals and groups in a society, that can be strengthened through promoting the culture of belonging, Inclusion and cultural diversity that is characterized by the Syrian peoples' civic engagement, participation, respect and trust. The activities under this workstream aim at helping people collectively resolve their differences in a peaceful manner.

111 . The Do No Harm principle refers to activities undertaken by humanitarian actors. The Government of Syria has expressed reservations over the use of the term.

Consequences of Underfunding

Underfunding (and under-budgeting) of the Early Recovery response will impact the ability of the sector to improve the resilience and self-reliance of people in Syria as well as their capacity to cope with shocks and stresses created by more than eight years of crisis. Secondly, under-investment in ERL risks prolonging and deepening people's dependency on humanitarian deliveries, which may have negative social, psychological and ethical implications for their well-being. Thirdly, living in wretched conditions, and lacking gainful employment opportunities and incentives may drive particularly the youth towards harmful and undesirable coping mechanisms, such as involvement in violent extremism.

Breakdown of people targeted

By sex, age and disability

	PIN	TARGET
BY POPULATION GROUP		
IDPS	-	267,621
HOST COMMUNITIES	-	328,529
RETURNEES	-	187,093
PALESTINIAN REFUGEES	-	573
BY SEX AND AGE		
FEMALE (<5)	9,900,299	35,886
MALE (<5)		30,617
FEMALE (5-17)	31,977,966	711,857
MALE (5-17)		60,044
FEMALE (18-59)	52,372,582	110,786
MALE (18-59)		88,243
FEMALE (>59)	3,861,117	21,113
MALE (>59)		16,492
DISABILITY		
PERSONS WITH DISABILITIES	-	11,985

2.4 Education

PEOPLE IN NEED	TARGET	REQUIREMENTS (US$)	PARTNERS	PROJECTS
6.8M	4.2M	$264.4M	65	72
6.6M Children				

Needs Analysis

After nearly nine years of crisis, insufficient availability of, and access to, continuous protective quality education remains a critical need in Syria. 6.8 million children and school personnel are estimated to be in need of humanitarian education assistance. Around 86 per cent of school aged Syrian children live in areas with acute and immediate need of humanitarian education assistance. This is an increase of 800,000 compared to last year.[112] Approximately 6.6 million children (50 per cent female) are in need of education assistance. An estimated 2.45 million children are out of school (1.5 million of whom are boys), 1.6 million students are at risk of dropping out, a respective increase of 16 per cent and 23 per cent from last year.[113] There was a sharp increase in the numbers of reported attacks on education. These were focused in the north-west with the rates of attacks nearly doubling the rates of reported attacks on health facilities. More than one-in-three schools are partially damaged or destroyed.

An estimated two million school-aged children have been internally displaced. Protracted and new displacements in the north-west and north-east put additional pressure on an education system that is already severely overstretched. The education system remains overburdened with multiple curricula taught in some areas, this has significant repercussions on the provision and certification of learning. The teaching and school administration capacity remains overstretched. or underpayment of teachers limits retention and the quality and provision of education. Children in underserved communities and IDPs in camps, informal settlements and collective centres have limited or no education services available. Children with disabilities, adolescents and youth continue to be disproportionately underserved.

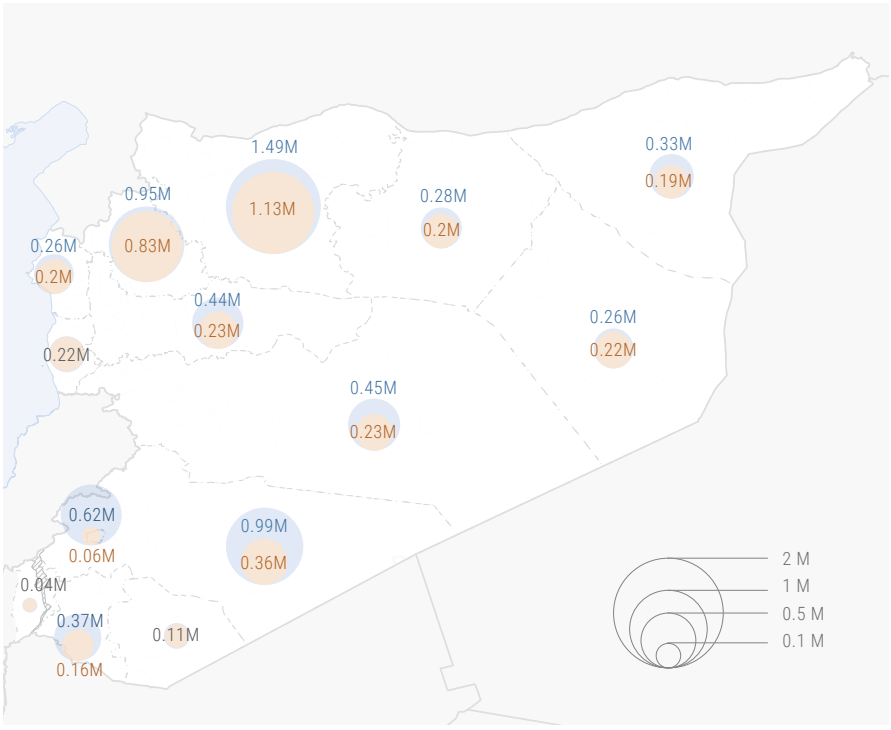
The populations in Syria most in need of humanitarian support are under a wide range of protracted and acute pressures and stresses that have a cumulative effect on them and their ability to cope. Children who are out of school are more likely to be exposed to protection risks. These risks are often linked to families resorting to harmful coping strategies such as child labour and early marriage. Furthermore, it is less likely that children and their families will prioritize education if they feel that the quality of services provided will not lead to economic opportunities and/or if they feel that traveling to school or being in school may pose a risk in some areas. These risks may be attacks on education, unsafe learning facilities or bullying and harassment.

112. This increase is due in part to the increase in estimated population figures for the school aged population, this year's inclusion of three and four-year-olds and a lower pupil to teacher ratio this year'

113. As per another study conducted by the MoE – The Estimated No. of OOSC is 1.1M for the (6-14) Years Old

People targeted and people in need

by governorate



Response Strategy

The education response strategy is built around the HNO by improving access to education services, the quality of the services provided and the systems that support these services. The response prioritizes the most disadvantaged population groups, in particular those in areas with high severity need and children that are disproportionately underserved. With a commitment to sustainability the response aims to complement existing systems rather than creating parallel ones. The response focuses on getting out of school children (OOSC) back to learning and ensuring that enrolled students continue to learn and improve the quality of the provided education. The response uses life-saving and protection-oriented implementation modalities the sector aims to address the population's concerns and priorities.

While there are some geographic variations the main reasons why resident, IDP and returnees send their children to school is a commitment to education, an assumption that education will lead to economic empowerment and children wanting to be in school. Conversely, the main reason for children not going to school is economic reasons and children in the secondary stage not wanting to be in school. The prioritized education improvements through community involvement is improving teaching, and providing the needed education requirement. [114]

The vast majority of children are enrolled in formal[115] education and non-formal education (NFE) services should have clear pathways to re/entry into a formal education system that can adequately absorb them. NFE opportunities and pathways to inclusive education at age-appropriate levels are increasingly required to address the complex learning needs of children who have had years of disrupted education. Most OOSC are internally displaced, often more than once, and/or children living in communities or displacement sites where there are little education services available. NFE will continue to be a key intervention, particularly in areas where there is limited availability of, and access to, formal education. In tandem investment in formal education is critical and needs to be expanded if education services are expected to meet the demands of OOSC and enrolled children at scale and over time.

The continuity of learning across age groups and learning levels and while children are displaced is a specific focus. The sector aims to further expand and improve education services across the Syrian Arab Republic to enable out of school children to return/start their learning, support children who are behind in their learning to catch-up and to ensure that enrolled children continue to learn. Increasing educational services for adolescents and youth is also a specific focus. Efforts will increase the technical and vocational training opportunities and for adolescents and youth who may not return to school in order to be meet the needs of the labour market as well as address their foundational learning needs. The ability of education services to adequately meet the needs of children with specific physical and psychological needs is a specific focus.

Educational facilities should be available, accessible and protective. Attacks on education now exceed attacks on health. Due to a lack of safe buildings unsafe buildings are used for learning; due to insufficient support learning spaces often lack WASH facilities, power and water and are cold in the winter; due to socioemotional duress and overcrowding bullying and corporal punishments can occur. The sector will aim for its investments to mitigate the impact of attacks on education through improving safety, enabling rapid repairs and resupply of school materials and ensuring that students their caregivers and educational personal get needed PSS support; for school buildings to be improved so that they are structurally sound with adequate insolation and isolation and school grounds fenced and pose no threats. The sector will aim to ensure that more schools have sufficient gender and disability friendly WASH facilities and linked to health and hygiene messages and related consumables. That schools have sufficient quantities of school furniture will be provided, continuous adequate operational costs that enable facilities and assets to be maintained, kept clean and have heat and water. The sector will aim for more children to have school supplies, emphasizing on the improvement of the quality related to the education services provided and interested in the school environment and its structure so this will keep the children continue in learning and encourage the OOSC to go back to schools.

The quality of formal and non-formal education will be strengthened to ensure that education is more prioritized and that children attain foundational literacy and numeracy skills, as well as skills relevant to cognitive, social and economic empowerment. Teachers face diverse and complex learning needs within classrooms overcrowded with children of different ages and varied levels of education attainment. Investments will better ensure that there are appropriate numbers of capable education personnel. Investment will focus on develop the teaching and school administration force through capacity building in-service and new teachers, facilitators and administrative personnel will make professional development and support an ongoing process with specific focus on child-centred pedagogy, education in emergencies, psychosocial support, positive classroom management and school administration. Sufficient predictable remuneration will help ensure that education personnel are retained. Additionally, efforts will be made to increase caregiver involvement in their child's learning. Finally, teaching and learning materials, including teaching guides, textbooks and other learning materials will be provided.

Wellbeing is key to students achieving learning outcomes and education personnel ensuring a welcoming learning environment. Education personnel and students suffer from stress and psychosocial duress due to the crisis, and teachers require support to address their own, and their students', psychosocial and emotional needs. The sector will aim for psychosocial support for students and school personnel to be sufficiently integrated into education services with referral pathways to specialized protection services.

114 . UN Partner Survey 2019

115 . Within the humanitarian response "formal" refers to formal and formal-uncertified

The sector prioritizes strengthening the capacity of the education system to deliver and sustain education investments. National actors play an important role in ensuring the effectiveness, efficiency, relevance and sustainability of humanitarian results, as they are in place before, during and after crises, and are usually the first to respond to an emergency. Recognizing this critical role, international humanitarian actors have committed to making principled humanitarian action as local as possible. The Education Sector will continue to improve the capacity of education actors and will implement capacity development programs that provide targeted and needs-driven opportunities for local-level actors for both professional technical development and action-oriented learning in order to meet the needs of the labour market, and equip them with the knowledge and skills required to plan, implement and coordinate high quality emergency education responses. Within this approach policies and practices that support the acknowledgement of previous learning (accreditation, certification, examinations and documentation) will be fostered.

Protection Risk Analysis

There are two main categories of education related protection risks, threats to a learning facility and threats within a learning facility. Education members have limited influence on preventing attacks on education. Efforts are focused on mitigating the impact of attacks. This may include ensuring schools in insecure locations are structurally strengthened, safety protocols are in place, preparedness trainings regularly practiced and that psychosocial support services are provided. Learning facilities or their surroundings may be structurally unsafe, unsanitary or not provide sufficient protection from the weather. The sector aims for learning facilities to be improved to ensure that buildings and grounds are safe and protected and provide sufficient and appropriate gender and disability appropriate WASH facilities. Within the learning facility children may be exposed to harm or bullying. Learning facilities should have effective Child Safeguarding, PSEA and feedback mechanism polices and systems in place and these should be regularly monitored, and corrective action taken when needed.

Response Priorities

With one and a half million boys and one million girls out of school and around 86 per cent of school aged children living in areas with acute and immediate need of humanitarian education assistance the overall approach is to get children into schools and learning centres that provide quality education in a protective and welcoming environment and ensure that those students remain in school. The sector uses a two-pronged approach that addresses acute emergency needs and protracted emergency needs. The first priority is to increase the availably of appropriate and safe learning spaces, second priority is to increased access to those learning spaces and the third priority is to ensure that services meet the quality needed to for a quality education that is, against multiple priorities, prioritized by children and caregivers.

Monitoring

There are an estimated 185 sector members, 65 of whom are part of the HRP with additional sub-partnering members contribute to actualizing HRP targets. Members commit to attending coordination meetings, submitting comprehensive monthly 4Ws, contributing to sector processes and sharing assessments and studies. These elements contribute to monitoring, readiness and response efforts. The sector is working on better ensuring that analysis promotes informed planning and response. Specific efforts are made to track the reach to under-served groups such as younger children, adolescents, youth, IDP children and children with disabilities and areas where there is the highest gap between the severity of need, the number of people in need and the response. The sector will monitor the outcome indicator, number of schools aged children with access to formal and non-formal education, and will monitor the 29 indicators on access, quality and systems that are found in the sector's response framework. The sector also proactively coordinates with the education response carried out by stabilization actors with an aim to promote complementarity while maintaining humanitarian space.

Prioritization Approach

The Education Sector's prioritization approach is guided by an analysis of education severity in accordance with the sector's severity analysis and categorization against key access, quality and systems related indicators. The priority for the Education Sector is to respond to the education needs of children, adolescents and youth in areas with severe to catastrophic education needs (severity areas 4-6). Further priority is given to geographic areas with the largest gap between needs and response. Within these areas, the sector pays specific attention to groups that are in need of emergency education services. This includes children who are out of school, children living in acute and protracted displacement, children living in areas with no accessible education services, young children, adolescents, youth and children with specific physical and psychological needs.

Projects are vetted based on an established set of 14 weighted criteria, including the quality of programming, need-based targeting and value for money. The sector placed budget caps on support and recovery costs. Projects must be reasonable and achievable based on the demonstrated financial capacity and programmatic ability. The review process is carried out by sector coordinators and sector members against sector guidelines.

Cost of Response

The response will cost $264.4 million.

Consequences of Underfunding

Failing to provide adequate funding for education will have a negative impact on the future of Syria's children by losing education investments and not realizing potential of Syria's children. The consequences of inadequate education funding are already being felt. Services are not meeting demand. The 2019 education HRP was, at 31 per cent, significantly underfunded in spite of resource mobilization efforts and donor government commitments. The overall funding gap,

the lack of longer term funding needed for predictable services, and the difficulties to obtain funding for primary education and secondary education, continues to severely effect the ability to scale-up and sustain education services across the Syrian Arab Republic, as well as curtails a sufficient and timely emergency response. huge needs to improve the quality of the education services, some learning facilities are unsafe and accessing them is unsafe neither, cold making caregivers worried about their children to be in school, classrooms are severely overcrowded, school personnel are overburdened and schools under resourced making it making it harder to learn. In many locations there are no learning facilities for children to go to or services are interrupted due to unpredictable funding. All these factors contribute to making it difficult for children who want to learn to learn, and difficult for teachers who want to teach to teach.

Breakdown of people targeted

By sex, age and disability

	PIN	TARGET
BY POPULATION GROUP		
IDPS	2,020,665	1,256,079
HOST COMMUNITIES	4,719,175	2,823,218
RETURNEES	70,265	43,350
PALESTINIAN REFUGEES	-	51,000
BY SEX AND AGE		
FEMALE (3-4)	126,132	77,301
MALE (3-4)	127,040	77,858
FEMALE (5-17)	3,156,991	1,934,796
MALE (5-17)	3,180,261	1,949,058
FEMALE (18-59)	109,437	67,070
MALE (18-59)	110,243	67,564
DISABILITY		
PERSONS WITH DISABILITIES	197,713	121,170

2.5

Food Security and Agriculture

PEOPLE IN NEED	TARGET	REQUIREMENTS (US$)	PARTNERS	PROJECTS
9.8M	9.8M	$1.1BN	77	124

Needs Analysis

Based on results from a countrywide household assessment, an estimated 7.9 million people in Syria are food insecure and an additional 1.9 million people are at risk of food insecurity, an estimated increase of 8 per cent from last year's PIN.[116]

The main drivers to food insecurity remain to be conflict and protracted displacement, loss or lack of livelihoods and reduced production capacity and economic sanctions on the country. Economic sanctions have had a major impact on the import of agriculture production inputs and critical supplies putting a strain on the availability of quality agricultural inputs in the market as well as their affordability. Fuel shortages too have further resulted in the spike of transportation and agriculture production costs including mechanized land tillage which is critical for raising national food production level to pre-crisis levels.

These factors have resulted in limited physical and financial access to food, soaring prices and inflation, contributing to reduced purchasing power and continuous livelihood depletion for the most vulnerable. Moreover in 2019, agriculture and livelihoods responses were highly underfunded undermining prospects for economic recovery, stabilization of national food systems and improvement in household food security.

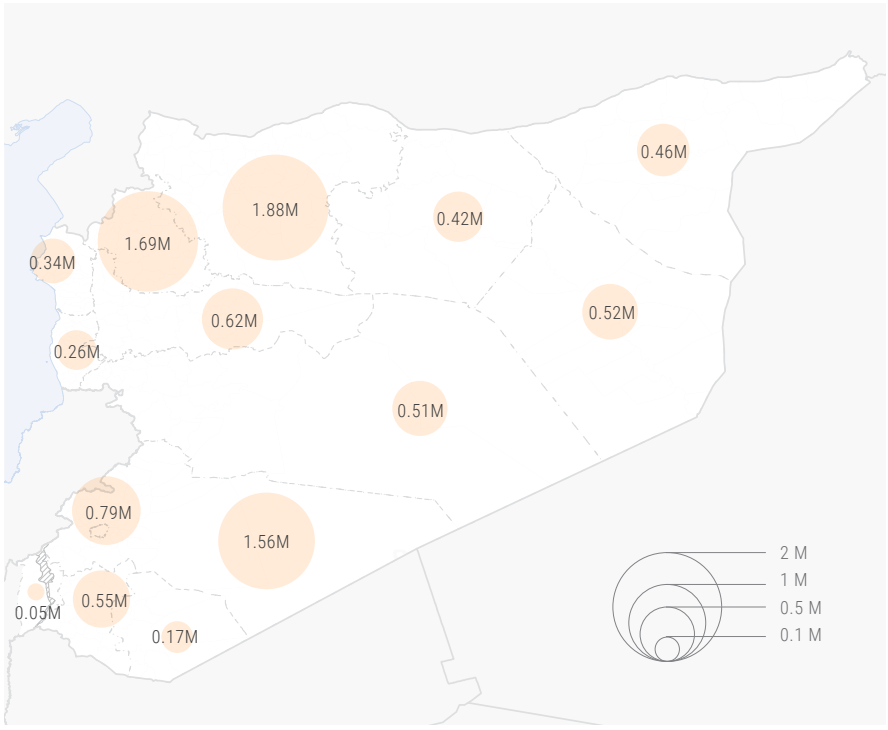
Of the surveyed IDP or returnee households, 82 per cent reported having been displaced for more than 12 months. Of the displaced population, an estimated 761,000 people living in last resort camps[117] have limited access to a diversified diet or income opportunities. With at least 69 per cent of people living below $1.90 a day [118] and with an estimated cumulative GDP loss of $226 billion between 2011 and 2016 ($16 billion of which are attributable to the agriculture sector[119] alone), the relationship between poverty and food security remains particularly strong.

A monthly food ration with staple items costs at least 90 per cent of an unskilled labourer's average monthly salary and between 50 and 80 per cent of a public service employee's average monthly salary, demonstrating the existence of "working poor" in Syria. Wheat production remains lower than the pre-crisis level and that of the domestic requirements (food use) due to a number of shocks. Continued conflict across north-east and north-west Syria will only deteriorate the national food insecurity further as production remains impacted.

116 . The number of food insecure people was determined through household assessments undertaken by WFP and the Food and Agriculture Sector using a standard globally accepted methodology for assessing food insecurity.

Emergency food assistance

Food baskets delivered by governorate



117 .CCCM and UNOCHA, September 2019

118 . HNO, 2020

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

Emergency response at the early onset of any sudden population movement as well as targeted food assistance and life-saving emergency agricultural assistance to meet the nutritional and kilocalorie deficits of the most vulnerable populations as per food security indicators are crucial across Syria. This includes providing sustainable assistance, which will enhance the investment of available resources towards saving, rehabilitating and protecting agriculture-related livelihoods and value chains and rehabilitation of damaged infrastructure, particularly in rural areas including direct support to returnees. This will be critical to stabilize food production, food access and increase the self-reliance and resilience of Syrians.

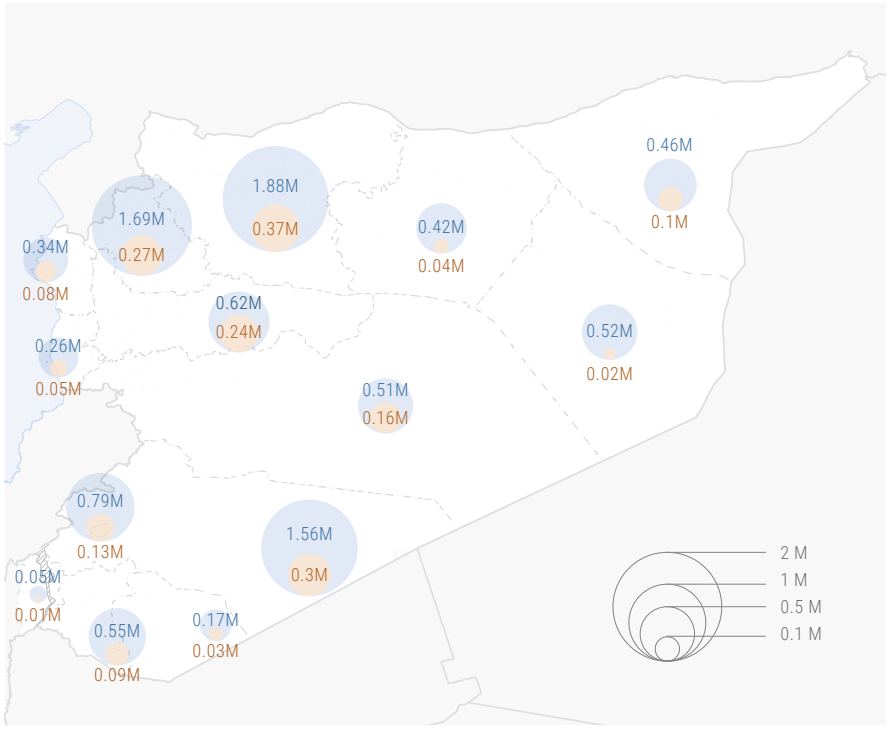
Response Strategy

To address the needs established through the household assessment and analysis exercise while ensuring that a sustainable approach is pursued to address food insecurity, the sector will focus on rehabilitation and protecting damaged infrastructure and critical livelihood services in order to boost agriculture production and restore and create employment opportunities within the agriculture value chain system while ensuring that the immediate food needs of households facing acute food insecurity is met in the short-term and food insecure households are supported to become food self-sufficient at the earliest opportunity.

Emergency response for short-term support such as Ready-to-Eat Rations (RTE), cooked meals and/or bread provided using appropriate modalities (in-kind or market-based interventions) at the onset of a crisis to provide 2,100 kcal per person/per day, in line with SPHERE standards. The estimated target for this activity is a projected caseload of 1 million newly crisis-affected people and 1.5 million IDP returnees. Based on experience to date, it can be expected that approximately half of this caseload may need to be transferred beyond the emergency response, to monthly food assistance based on needs. The sector will take appropriate measures to ensure that returnees and IDPs are integrated in sustainable livelihood programmes to ensure that they transition from food assistance to self-reliance.

Livelihoods - People targeted and people in need

by governorate



Regular food response aims to reach assessed food insecure people monthly based on harmonized selection criteria that take into account vulnerability and food insecurity indicators to meet monthly food needs through the most feasible and contextually appropriate modality, including in-kind food baskets or equivalent market-based interventions where feasible. The sector will seek to reach the same household a minimum of eight out of twelve months, dependent on access and resource constraints. This response will ensure a minimum of 1545 kcal person/day, making up just over 70 per cent of the daily caloric needs of food insecure households, with remaining requirements covered by people's own means or other contributions. However, the sector will also adapt the required kilocalorie intake going up to 2100 kcal/person/day where needed as per assessed data and thresholds of food insecurity. Through the monthly regular response, the sector will target 5.2 million food insecure people, approximately 50 per cent of the caseload from newly affected IDPs and returnees. Within the regular response, the sector also aims to provide supplementary food assistance for enhanced dietary diversity to an estimated 1 million people including the population living in last resort camps and informal sites across north-eastern and north-western Syria who have limited or no access to livelihoods, as well as persons with specific needs such as vulnerable pregnant and lactating women, persons with disabilities and older people. FSA sector will be coordinating with the Nutrition sector to tackle stunting and household dietary diversity, with the aim to reach children under 2 years of age so that the food distribution channel can be used to deliver blanket supplementary feeding coupled with educational/ training to targeted households provided by Nutrition Sector partners. Given that food assistance meets the immediate needs of household food security, the sector through its integration approach will ensure that households receiving food assistance are simultaneously targeted with other forms of livelihoods support to ensure a quick transition from dependence on food assistance to self-reliance. It is fundamental for the sector that

the short-term relief measures are linked to more sustainable food assistance responses to the protracted Syrian crisis.

The sector aims to restore and strengthen productive assets and create livelihood opportunities for the targeted populations, thus contributing to the overall food production and food availability in Syria. Through Agriculture and Livelihood assistance, the sector aims to reach 1 million households (5 million people) out of the total number of people in need (9.8 million). Appropriate agricultural inputs will be provided along with technical capacity-building targeting 700,00 households to ensure that the most vulnerable households receive timely inputs as per the seasonal calendar and contribute to domestic production requirements. Out of these, an estimated 300,000 of the most vulnerable farming households will receive protection food rations to protect their assets until harvesting. A further 200,000 households will be supported for small-scale food production such as horticulture, poultry-egg laying hens, market gardens. 500,000 households will also be targeted for asset-building and asset-protection, specifically for livestock keepers. Out of these, 200,000 households will be targeted with emergency livestock treatment and training for veterinary services, including community animal health workers. Another 200,000 households will be targeted with livelihood support programmes including vocational trainings and income generation related to small businesses and enterprises. Local procurement will be encouraged to create demand, where markets have sufficient capacity. With 1.9 million individuals at risk of food insecurity, it is vital to restore and create livelihood opportunities for households to reduce use of negative coping mechanism in order to meet their daily needs. A community-based targeting approach taking into consideration the findings of the HNO and other assessments highlighting gaps in agriculture production in particular the CFSAM will inform the population groups and communities to be supported through a consultative process involving local authorities and community leaders.

The sector aims to improve communities capacity to maintain and sustain livelihoods though training of technicians and local community bodies to maintain community assets, early warning on seasonal patterns and disaster risk reduction for instance for drought mitigation as well as to restore and rehabilitate production and processing units, irrigation structures and storage to support linkages with markets, targeting some 350,000 households.

In 2020, the sector will focus on reviewing and updating needs periodically and continue to harmonize all aspects of the response such as assessments, analysis, geographical targeting, selection criteria and monitoring. Inter-sector work will focus on a variety of areas including: (1) linkages with NFI and WASH sectors; (2) continued and enhanced collaboration with Nutrition sector at field level; (3) a deeper focus on protection analysis with the inclusion of the protection matrix at sector and project levels with specific emphasis on GBV and child protection; (4) an integration strategy aimed at linking people on food assistance with livelihoods support from other sectors on transition of caseload when appropriate; (5) joint needs analysis and advocacy including the profiling of areas with higher needs; and (6) improved linkages and coordination with ongoing market-based programming.

Protection Risk Analysis

The main protection risks are likely be related to the overall food, agriculture and livelihood inputs distribution processes – whether regular or emergency – and the negative impacts that such distributions may have on civilians based on the location in which they are taking place, primarily in areas witnessing active hostilities; but also in relatively stable areas, with girls and women being highly vulnerable to sexual exploitation and abuse by humanitarian actors . Additionally, tensions between IDPs, returnees and host communities have been highlighted as a risk, as have dynamics and interaction between affected people and armed actors. To mitigate such risks several sector-specific measures are recommended to partners to ensure protection mainstreaming is included throughout the program cycle, such as aligning with sector-recommended response packages for a harmonized response, ensuring the understanding and monitoring of the contextual environment is well known, up-to-date and integrated into the distribution processes, and applying needs-based targeting/selection criteria. Furthermore, the sector recommends enhanced efforts to support partners to train their staff on the ground while equipping them with adequate tools to limit and monitor the liability and effect of these risks.

Response Priorities

The food security and agriculture sector will ensure immediate as well as consistent access to food to the most food insecure people in Syria as well as integration of GBV survivors. The response will be driven by both geographical and household level targeting and needs-based assistance.

The sector will also ensure availability of food by boosting household/local productive capacity through provision of inputs and trainings as well as enhancing communities' capacity to sustain their productive assets. Supporting the rehabilitation of critical agriculture infrastructure to boost household food production will also be one of the core responses under agriculture and livelihoods. Seasonal criticality as well as interventions around drought mitigation and early warning will be key aspects of the response.

Monitoring

The sector will employ a combination of monthly 4W data collection, outcome monitoring and periodic interagency monitoring missions. Monthly 4W data will be collected, including both planned and actual implementation covering all sector objectives to a monthly sector dashboard will be produced and shared with all key stakeholders detailing the achievements of the month in relation to the sector targets. The sector will also conduct an outcome monitoring assessment. This exercise is undertaken through household surveys and is based on a random sample drawn from beneficiaries of food and agriculture livelihoods assistance to measure the impact of the sector interventions among the targeted communities using key food security and socio-economic indicators. The sector also intends to produce quarterly newsletters highlighting achievements, challenges and sectorial updates. The sector will also undertake periodic interagency missions intended to verify the implementation of assistance programmes and also assess the current food security situation.

Prioritization Approach

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

Geographical targeting will be based on the severity ranking of districts. In districts with highest levels of severity (severe and major), the priority will be saving lives and creating livelihoods.

In districts with moderate/minor severity levels (moderate and minor), protection of livelihoods will be prioritized, alongside life-saving and life sustaining food assistance in areas or to populations under higher stress as per food security related vulnerability criteria. The sector will hence allocate resources according to the severity of needs. Additionally, the sector will take specific measures to address the demands of the population in hard-to-reach places, and finally the sector will take the necessary measures to implement projects to empower the population and sustain agricultural and food production.

Household-level targeting aims to identify the most vulnerable for each of the sector activity through a common lens of analysing vulnerability. The sector recommends household-based targeting criteria for all other sector activities including livelihoods programmes. The sector will hence provide a platform for all partners to analyse and adapt a harmonized approach to household targeting and verification. The sector's targeting criteria will apply a vulnerability approach through a food security lens and socio-economic status.

Cost of the Response

Costs related to the provision of food assistance and agriculture and livelihoods assistance are driven by procurement of food rations and inputs on the international market as well as costs related to transportation, storage, distribution and monitoring. While local procurement would minimize on costs, often local markets are unable to meet demands at scale especially in Syria due to current economic sanctions and trade restrictions.

The sector will ensure that market-based responses are prioritized in locations where markets are functioning to increase cost effectiveness and efficiency. However, due to the country's economic crisis and the local currency depreciating and prices continuing to increase, the cost of delivering market-based interventions is likely to increase too, particularly in urban areas where the population relies mainly on markets as a source of food.

Insecurity, access and poor infrastructure in some areas could also drive up the cost of delivering assistance using both market-based and in-kind modalities. While the sector will encourage the use of market-based responses, it will further encourage the undertaking of proper feasibility analysis and costs efficiency and effectiveness analysis with the aim of minimizing costs and improving the effectiveness as well as efficiency and timeliness in the delivery of food and agriculture livelihoods assistance.

Consequences of Underfunding

The sector has identified the following major consequences to insufficient funding: deterioration and decrease in the food consumption, increased use of negative coping strategies and lack of self-reliance.

The insufficiency of food, micronutrients and dietary diversity can have grave consequences on lives of the most vulnerable population groups including pregnant and/or lactating women, older children and children under 5, the older people, and people already living below the poverty line with long-term consequences of stunting of children.

Households are more likely to use negative coping strategies simply to meet their daily food needs, including consumption of less-favoured and cheap food items, that have limited contribution to nutrition and health needs of the households.

Adequate and timely funding for livelihoods and agriculture activities – as per seasonal criticality – will enhance the crisis-affected population's self-reliance. Unless agriculture sector is adequately funded and livelihoods opportunities are scaled up, recovery of this sector will not take place. Thus, technical partnership, closer linkages with recovery and adequate investment is needed to recover agriculture sector, including ensuring that appropriate livelihoods opportunities are available to different population groups. Sector's integration strategy remains dependent on adequate timely funding for livelihoods and agriculture activities. Integration of food assistance and livelihoods support efforts is key in ensuring that households' coping mechanisms are maintained, and that they can generate enough income for themselves to improve their thresholds of food insecurity, thus graduating out of assistance.

Breakdown of people targeted

By sex, age and disability

	PIN	TARGET
BY POPULATION GROUP		
IDPS	1,500,699	1,500,699
HOST COMMUNITIES	7,591,768	7,591,768
RETURNEES	716,020	716,020
PALESTINIAN REFUGEES	-	438,000
BY SEX		
FEMALE	4,925,802	4,925,802
MALE	4,882,685	4,882,685
BY AGE		
YOUNG CHILDREN (<5)	1,043,903	1,043,903
CHILDREN (5-17)	3,202,621	3,202,621
ADULTS (18-59)	5,198,272	5,198,272
OLDER PEOPLE (>59)	363,691	363,691
DISABILITY		
PERSONS WITH DISABILITIES	2,516,472	2,516,472

2.6 Health

PEOPLE IN NEED	TARGET	REQUIREMENTS (US$)	PARTNERS	PROJECTS
12M	11.4M	$443.2M	58	94

Needs Analysis

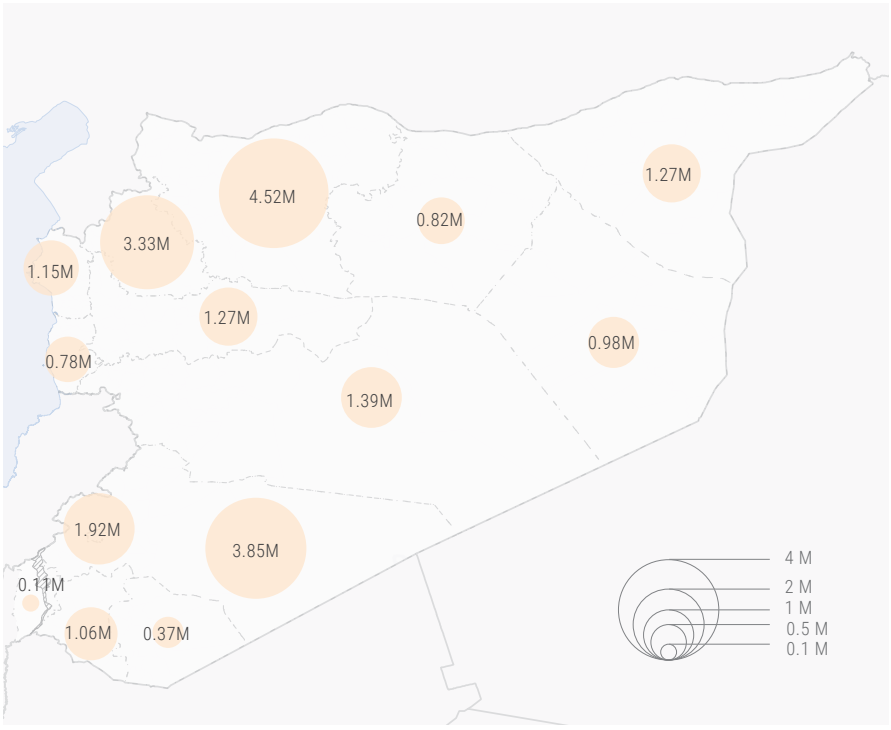
More than eight years of crisis have heavily disrupted the health system in Syria impacting access to services and leaving millions of people living below emergency standards for health care. While health actors have made progress in addressing communicable disease,[120] disrupted water networks and waste management, combined with food insecurity and continued high levels of displacement, leave millions vulnerable to epidemic-prone diseases and place heavy demands on surveillance networks and immunization activities. Chronic shortages of health care workers, particularly in north-east Syria, prevent full functionalization of health facilities and essential services with reproductive health and maternal health services heavily impacted. Shortfalls of essential medicines are key barriers to health access, particularly for non-communicable diseases which are estimated to account for 45 per cent of all deaths.[121] Ongoing hostilities in north-west Syria continue to trigger large-scale displacement with an estimated 950,000 movements recorded between 1 December 2019 and 23 February 2020[122] and have caused trigger closure or suspension of health services and immunization sites.

With the adoption of UN Security Council Resolution 2504 (2020),[123] which extended cross-border operations from Turkey for just 6 months and discontinued a critical border crossing from Iraq, health actors are challenged to overcome supply chain disruptions and threats to service continuity. Health actors operating from Damascus are also called to enhance their operational and supply chain capacity in the north-east and in areas that have recently changed control. The recent global pandemic of coronavirus 2019 (Covid-19) has put additional stress on the health system and health actors to coordinate, prepare and respond to the outbreak (further details to be annexed to this HRP). Irrespective of modality, health actors require rapid, safe and unhindered humanitarian access in order to ensure essential, life-saving health care for people in need.

120 . Whole of Syria Consolidated EWARS/EWARN 2018-2019.
121 . WHO, 2016.

Medical interventions

by governorate



Response Strategy

In 2020, the health sector remains focused on sustaining and expanding essential, quality health services at community, primary, secondary and tertiary care levels – ensuring the availability and accessibility of routine, emergency, and specialized health services

122 . Recent Developments in north-western Syria, Situation Report No. 9, 26 February 2020. Available at: https://www.humanitarianresponse.info/en/operations/stima/document/situation-report-9-recent-developments-northwest-syria-26-february-2020
123 . https://news.un.org/en/story/2020/01/1055181.

is essential to meeting the needs of the most vulnerable groups. A holistic approach to humanitarian health assistance enables the health system to perform its essential functions; respond to emergencies; ensure health protection of vulnerable populations – including to IDPs and refugees returning to their communities of origin as well as survivors of gender-based violence (GBV); and prevent, detect and respond to outbreaks of diseases of epidemic potential.

The health sector continues to invest its efforts in critical interventions to revitalize health system functionality, including:

- Improving access to primary, secondary and tertiary health care services.
- Expanding availability of essential primary health service package, with particular emphasis on gaps such as availability of essential medicines and diagnostic services, as well as treatment of non-communicable disease, including cancer.
- Improving the emergency referral system, as well as trauma, triage and emergency services.
- Establishing and expanding specialized services, such physical rehabilitation, tuberculosis, dialysis, severe acute malnutrition with complications, and burns, across affected populations.
- Strengthening linkages between levels of care, as well as between general and specialized care providers through comprehensive service mapping, improved patient tracking and training of health care workers.
- Ensuring reliable supply of safe, quality medicines and medical supplies.
- Deploying mobile medical teams/units, particularly to newly displaced populations and under-served areas with non-functional or partially functional facilities.
- Providing comprehensive reproductive health services, including the Minimum Initial Service Package, first line care for GBV survivors and tailored services for adolescents.
- Expanding mental health and psychosocial support services capacity and coverage, including training of health care workers and provision of psychotropic medicines to certified professionals.
- Strengthening child health services – including integrated management of childhood illness and ensuring routine vaccination for children, including immunization campaigns as well as catch-up activities in low coverage areas.
- Preventing, detecting and responding to epidemic-prone diseases, including support to rapid response teams and pre-positioning outbreak supplies.
- Strengthening epidemiological and laboratory surveillance system at all levels.
- Improving infection prevention and control measures within communities and health facilities.
- Refurbishing and re-equipping of essential equipment to public health facilities.
- Training of health care workers and community health workers.
- Expanding community health programming, particularly to vulnerable and high-risk populations.

Additionally, health services are inherently cross-cutting, intersecting with the protection, nutrition and WASH sectors. Where feasible, health actors endeavour to mainstream key services such as micronutrient supplementation for children and women of reproductive age – particularly pregnant and lactating women, and as well as referrals to specialized services such as GBV case management. Coordination with WASH actors is essential for infection prevention and control measures within health facilities, including medical waste management. Integrating hygiene promotion as part of a community health worker (CHW) core curriculum helps to reduce incidence of epidemic-prone disease and encourage timely health-seeking behaviours. Coordinated water testing among vulnerable populations – particularly in camps and last resort sites reliant upon water trucking – is essential to prevention of waterborne illness.

Finally, as the political and conflict dynamics of the Syrian crisis continue to evolve on the ground, coordination of the health response and adequate contingency and transition planning remain critical. Core functions of information management and monitoring – such as analysis of 4Ws, continuous monitoring of early warning systems for incidents of suspected disease, quarterly tracking of health system functionality via Health Resources and Services Availability Monitoring System (HeRAMS) – are critical to ensuring a rapid and flexible response according to needs and severity, as well as emerging threats. Further, protection of health care remains a critical concern for the sector – ensuring risk mitigation measures, reporting of attacks on health care, and engaging in advocacy at all levels are priorities for 2020.

Protection Risk Analysis

The health sector protection analysis document identifies the most pressing, health-related protection risks facing healthcare providers and the affected population. Health actors are required to consider mitigation strategies for possible protection risks that may emerge during the delivery of humanitarian health assistance including violence against health care; gender-based violence; sexual exploitation and abuse; discrimination against vulnerable groups; and inequitable access to health services – particularly for persons with disabilities. Health sector-specific guidance is provided not only to address these risks throughout the humanitarian program cycle, but also to ensure health partners implement appropriate duty of care for personnel, safe closure of facilities, and conflict sensitive programming. HRP health projects are further encouraged to include a dedicated budget line for protection risk mitigation activities.

Response Priorities

While all people have been affected by the crisis in Syria and have a right to receive health care, certain groups and locations have particularly high needs. The health sector recognizes five population groups as the most vulnerable: children under 5 years of age, women of reproductive age (15-49 years), older persons (59 years and above), IDPs and spontaneous returnees and persons with disabilities. Additionally, areas of active hostilities, IDP camps, last resort sites,

overburdened hosting communities, and locations without reliable water, sanitation and shelter remain highly vulnerable to epidemic-prone disease.

Monitoring

In addition to the required monitoring mechanism for each health project at the programmatic level, the Health sector will monitor the response throughout 2020 against a set of strategic and activity indicators utilizing monitoring tools such as 4Ws, HeRAMS, early warning alert and response EWARS/EWARN, and the surveillance system of attacks on healthcare. The resulting monthly and quarterly reports should inform the response and present an update of the health situation across Syria in a manner enabling health partners to address existing gaps and mobilize resources effectively. Furthermore, figures related to people in need and geographical severity will be updated quarterly as and when new data are received.

Prioritization Approach

The basis for ensuring a principled, humanitarian health response is the health sector severity scale which consists of inputs relating to population trends and vulnerable groups, intensity of conflict availability of and access to health services according to international standards to determine areas of greatest need. As in previous years, the sector will prioritize programmes addressing the specific needs of the aforementioned health sector vulnerable groups and targeting areas of highest severity.

Humanitarian health projects are required to outline a credible budget that reflects both the capacity of the submitting partner as well as realistic funding expectations based on financial projections and operational realities for 2020. Prioritization is given to integrated approaches with protection, nutrition and WASH sectors where feasible, as well as to projects that foster resilience and early recovery through health programming such as investments in longer term in-service training of health workers; inclusive infrastructure design during rehabilitation of health facilities; promotion of community participation and awareness; and increasing the capacity of local partners to respond to future shocks. Finally, health projects must address protection risks, ensure accountability to affected populations; and articulate strong monitoring and evaluation approaches.

Cost of Response

Of the $443.1 million needed for the 2020 health response in Syria, 52 per cent of the envelope will support Turkey cross-border response, followed by 42 per cent for the response within Syria, and finally 6 per cent for Iraq cross-border projects. The distribution of budget reflects not only severity of need, but also differences in delivery modality: cross-border actors work through direct service provision and running of health facilities by health partners, while programming from within Syria works through both direct service provision and a complementarity approach to support the existing public health system operated by Ministry of Health and Ministry of Higher Education. In terms of overall cost drivers of the response, an estimated 87 per cent of budget is nearly evenly split between hardware elements, such as equipment, medicines and medical supplies, and rehabilitation and refurbishment; and software for service delivery, such as staffing and incentives, facility operating costs and NGO partnership agreements. The remaining costs are distributed among training and capacity building, other direct costs, monitoring and assessments, and finally, program support costs which are universally capped at 7 per cent for all health sector projects.

Consequences of Underfunding

Failure to invest in essential health services – including rehabilitation or refurbishment of health structures – will lead to increased mortality and morbidity among an already-vulnerable population. Funding shortfalls may cause functional health facilities to close or downsize services; may trigger critical shortages in medicines, supplies, equipment or operational support; and may deprive health workers across Syria of essential training; while health partners may receive insufficient support thereby decreasing activities and access. Interruptions in funding cycles increases retention challenges in an environment of scare human resources for health - risking the loss of investments in capacity-building and disrupted essential services.

Breakdown of people targeted

By sex, age and disability

	PIN	TARGET (INTERVENTIONS)
BY POPULATION GROUP		
IDPS	3,604,247	3,426,523
HOST COMMUNITIES	8,289,768	7,824,524
RETURNEES	120,141	146,209
BY SEX		
FEMALE	5,983,050	5,675,833
MALE	6,031,107	5,721,423
BY AGE		
YOUNG CHILDREN (<5)	1,429,685	1,356,273
CHILDREN (5-17)	3,820,502	3,624,327
ADULTS (18-59)	6,175,277	5,858,190
OLDER PEOPLE (>59)	588,694	558,466
DISABILITY		
PERSONS WITH DISABILITIES	1,802,123	1,708,588

2.7

Nutrition

PEOPLE IN NEED	TARGET	REQUIREMENTS (US$)	PARTNERS	PROJECTS
4.6M	3M	$79.3M	28	29

Needs Analysis

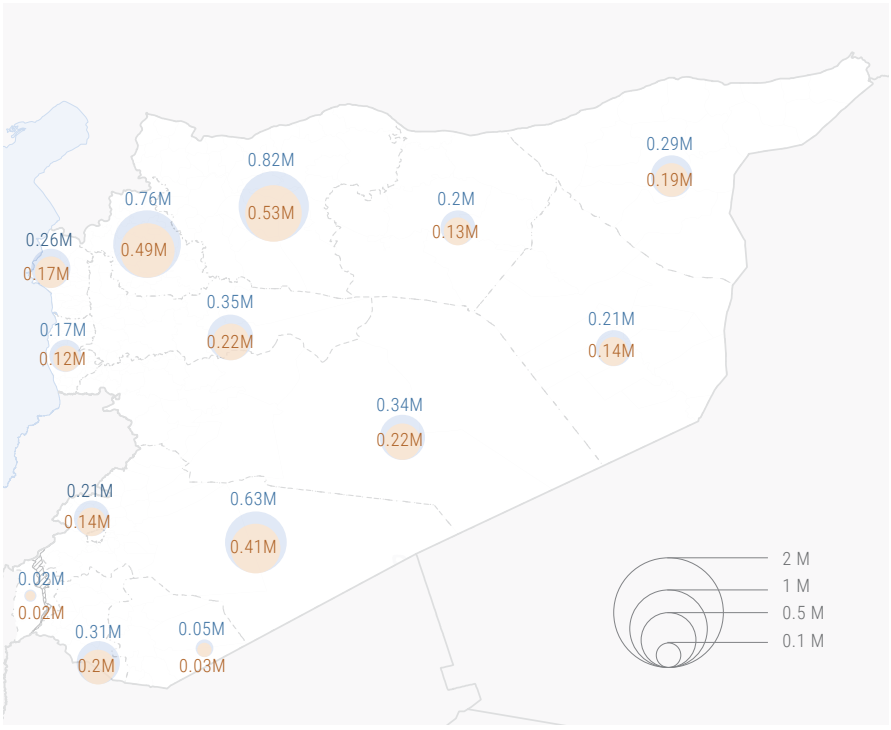
Chronic malnutrition is evident in most sub-districts throughout Syria – notably in the north-west of Syria (Aleppo, Idleb) and north-east Syria (Deir-ez-Zor, Al-Raqqa and Al-Hasakeh). Chronic malnutrition is also on the rise with almost half a million children stunted (low height for age) in 2020 and face losing their future due to hindered learning and physical developments, as well as early death.[124] While at least one out of eight children in Syria is chronically malnourished this ratio is worse in areas affected by displacements, returns, and over-burdened communities such as north-east Syria, Rural Damascus, Idlib (1 out of 5 children), and Aleppo (1 out of 4 children).[125] Stunting in Syria is largely caused by poor infant feeding practices, access to quality diversified diet, and repeated illnesses. To prevent chronic malnutrition, strengthening optimal infant feeding practices and maternal nutrition throughout the first 1,000 days of life is critical not only to the survival of children in Syria, but for their future.

124 . Syria SMART surveys 2019 and IDP camps nutrition assessment

125 . Syria SMART surveys 2019

People targeted and people in need

by governorate



Acute malnutrition remains relatively high among internally displaced children and mothers as well as population affected by conflict.[126] Throughout Syria, about 240,000 children under the age of five years and over 50,000 pregnant and lactating mothers are in need for urgent lifesaving curative nutrition services.[127] At least 36,000 boys and 35,000 girls are acutely malnourished and are at increased risk of health complications, including death.[128] Furthermore, it is the youngest children that are the most vulnerable and affected, with higher numbers of acute malnutrition amongst infants under 6 months of age.

Anaemia remains a challenge in Syria where at least one out of every three mothers and children are anaemic.[129] Anaemia among mothers and children is a multifaceted problem caused by limited access to health care, reduced quality meals (diverse diet) as well as negative coping mechanisms such as child marriage, which could lead to negative outcomes such as increased maternal mortality and morbidity, particularly in conflict-affected, overburdened, and underserved areas. Currently over one million children and over three million mothers in Syria are in a need of multi-sectoral support to treat and prevent anaemia.[130] Without this

126 . Rapid Nutrition Assessment across 33 IDPs camp in north-west Syria

127 . Nutrition Sector Humanitarian Need Overview 2020

128 . WHO guidelines for management of severe acute malnutrition https://www.who.int/nutrition/publications/guide_inpatient_text.pdf

129 . Syria SMART surveys 2019

130 . Nutrition Sector Humanitarian Need Overview 2020

support the cycle of chronic malnutrition in Syria will continue, over 90 per cent of mothers will develop complications, and 5 per cent of them could possibly die[131]

Response Strategy

The nutrition response will follow a multi-sectoral approach to prevent and treat malnutrition. Intersectoral collaboration will be considered during nutrition assessments, resource mobilization, implementation, coordination, monitoring, and evaluation. The response will target vulnerable population groups focusing on protecting and strengthening WHO recommended infant and young child feeding (IYCF) practices, age appropriate micronutrient and anaemia prevention interventions, and maternal nutrition through direct service delivery and integration with health and food security sectors at both national and subnational levels. Modalities include social protection elements such as cash and voucher-based programmes combined with nutrition counselling to increase dietary diversity during pregnancy and improve complementary feeding practices for children 6-24 months. The Nutrition Sector will also collaborate with the Child Protection AoR to strengthen the links between case management and nutrition to uphold WHO/UNICEF recommended feeding and care practices that are negatively impacted by neglect, caregiver distress, GBV and other associated protection risks. WASH will be scaled up in the nutrition response by installing handwashing facilities in Community-Based Management of Acute Malnutrition centres to promote hygiene practices and address diarrhoeal links to malnutrition, and the Health and Nutriton sectors will collaborate on addressing anaemia of PLWs and children.

Infant and young child feeding interventions will be provided in or attached to communities, health facilities, Mother baby Areas and child friendly spaces in close collaboration and coordination with the health sector, reproductive health sub-cluster, food security and child protection sectors. IYCF service provision will focus on improving feeding and care practices during the first 1,000 days of life (from pregnancy to 24 months), early childhood survival and development, and maternal nutrition support during pregnancy and lactation. The capacity of stakeholders including health practitioners, nutrition staff, and community workers will be strengthened with specialised skills to facilitate IYCF and maternal nutrition support – in particular a strong focus on one-to-one IYCF counselling skills which is one of the most effective interventions to improve feeding practices.[132] Micronutrient deficiency prevention and control initiatives will be promoted through service platforms such as micronutrients supplementation within health facilities, during accelerated campaigns, and improving vitamin A coverage for children 6-59 months using immunization campaigns. Children 6-59 months among the populations in hard-to-reach areas, IDP last resort sites, overburdened communities, or areas affected by a high intensity of hostilities, as well as recently displaced IDP children or returnees, will be provided with specialized nutritious food to prevent malnutrition. These nutrition actions will target 0.7 million Women at childbearing age and care givers as well as 1.12 million children under the age of 3 years including 168,000 disabled children.

The Nutriton response will **improve equitable access to high quality, life-saving, curative nutrition services** through early identification, referral, and treatment of acutely malnourished boys and girls under five years and pregnant and lactation women (PLW). Provision of management of acute malnutrition will be provided at the health facility and community levels and in integration with infant and young child feeding services and primary health care services. Critically, the nutrition sector will provide technical support and capacity building of health staff in the north-east to strengthen inpatient treatment of acute malnutrition, in particular infants under 6 months. Curative nutrition activities will target 21,880 severely malnourished children as well as 67,542 moderately malnourished children, including 13,413 disabled children.

The nutrition sector will also continue **evidence-based programming** by investing in robust and real-time sex and age disaggregated nutrition information systems including capacity development of central and local authorities.

Protection Risk Analysis

Nutrition is a human right and underpins success in education, poverty alleviation, and the empowerment of women and girls. It is critical that nutrition programs in Syria assess, plan, and implement nutrition interventions with a protection lens and take a Do No Harm approach to ensure affected populations are protected from risks associated with the conflict in Syria as well as avoid unintended adverse effects of nutrition assistance. Therefore, the nutrition sector will carry out both sectoral and project level protection risk analyses to demonstrate thoughtful and safe mitigation measures in all planned nutrition interventions. These protection risks include:

- Violence against health and nutrition facilities and health and nutrition providers
- Gender Based Violence
- Child Protection
- Protection from Sexual Exploitation and Abuse (PSEA)
- Provision of and equitable access to nutrition services for vulnerable groups
- Conflict Sensitivity
- Protection of Humanitarian staff, volunteers and associated personnel

131 . https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30185-2/fulltext and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4928413/

132 . Bhutta, Z. A., Ahmed, T., Black, R. E., Cousens, S., Dewey, K., Giugliani, E., … Shekar, M. (2008). What works? Interventions for maternal and child undernutrition and survival. The Lancet, 371, 417–440.

- Nutrition Data protection
- Explosive Hazard Considerations

Please refer to the Nutrition sector's Protection Risk Analysis for detailed guidance on the above points.

Response Priorities

The nutrition sector will deliver lifesaving nutrition services to PLW and children under five years of age, with a specific focus on the first 1,000 days of life. Affected populations residing in hard-to-reach areas, IDP sites, returnees, overburdened communities, areas affected by a high intensity of hostilities will be prioritized as well as areas of severity 3 to 5. The nutrition response will scale-up multi-sectoral interventions to address the immediate and underlying causes of malnutrition and improve stunting, wasting, and micronutrient deficiencies, to stop the intergenerational cycle of malnutrition in Syria.

Monitoring

Monitoring the nutrition situation of PLW and children: The sector will monitor the nutrition status of the target population through key nutrition surveys such as Standardized Monitoring and Assessment of Relief and Transitions (SMART) and rapid nutrition assessments in emergency and conflict areas. These surveys and other assessments will include both nutrition specific and nutrition sensitive indicators where/when feasible. Other specialized methods will be used for monitoring specific programmatic areas such as coverage surveys. The sector will also scale up nutrition surveillance systems for a real time grip on the nutrition situation in Syria. The frequency of nutrition assessments will be based on context (relevancy, accessibility, etc.), but aims to be conducted at least once annually for surveys and monthly for surveillance. All assessments and surveillance will include IYCF indicators and factor in appropriate measurements for children under the age of 6 months.

Monitoring the results of nutrition interventions: The sector will measure the monthly 4Ws as well as mapping program coverage and reach versus severity, targets, and PIN. The quality of programs will be monitored in accordance with global nutrition and SPHERE standards, Whole of Syria Nutrition SOPs, and third-party monitoring, and will include regular reporting on cross-cutting issues from partners. Mapping of program coverage demonstrating reach against severity will also be recorded and disseminated on a quarterly basis.

Prioritization Approach

Context and Severity based approach: Nutrition services will prioritize high severity sub-districts which are 118 sub-districts in Severity 4 and 48 sub-districts in Severity 5, mainly in the governorates of Aleppo, Rural Damascus, Idlib, Hama and north-east Syria. The nutrition response will ensure readiness to respond to the ongoing protracted and new emergencies and areas showing increase in acute and chronic malnutrition among children and mothers. While severity is not a stable status, the nutrition sector will ensure monitoring of the nutrition situation and amend priorities accordingly in coordination with stakeholders.

A mother-and-child centred approach: The nutrition response will prioritize delivering comprehensive mother and child interventions based on actual needs resulting from robust nutrition assessments, integrated with other sectors such as health, WASH, food security, and child protection. Cross cutting issues such as GBV, disability, and MHPSS will be factored into the design, implementation, and monitoring of nutrition interventions.

Operational approach: The nutrition response will prioritize provision of life-saving nutrition interventions within a resilience and system building approach. Nutrition will prioritize interventions based on need, access, resources available and capabilities of implementing partners. Cost efficiency of nutrition programs will be maximized through quality integration with other sectors.

Cost of Response

Costs to deliver nutrition interventions varies greatly between sub-districts depending on many factors such as insecurity and having to use alternative routes for mobile and rapid response teams, prices of fuel, and local economy and devaluation of currencies, including the Turkish economy. Overall, delivering nutrition support through fixed health facilities is considered more cost-effective than ambulatory nutrition services, but sole delivery of facility-based services is currently not sufficient to reach the affected population at scale, especially interventions such as IYCF and micronutrients. In some areas, health facilities are targeted by airstrikes and hence using mobile services will be a safe option to reach mothers and children. Approximately 60 per cent of nutrition costs is allocated for supply procurement and transportation, as most of nutrition supplies for treatment are imported from outside Syria, especially therapeutic foods, micronutrients and drugs. For IYCF programs, human resources account for the majority of costs. To maximize cost efficiency, the sector will implement integrated, well-structured programs and will explore local procurements whenever feasible and identified as low risk. Nutrition will also invest in the capacity of caregivers in the targeted communities to partake in and lead key nutrition activities such as identification of acute malnutrition, nutrition message dissemination, and IYCF education groups leadership. Ownership of these activities will not only increase the cost-efficiency of nutrition interventions but will strengthen and sustain mothers' capacities and confidence to care for their children.

Consequences of Underfunding

Underfunding of the nutrition response in Syria will result in dire consequences. Failure to address the nutrition situation will mean that between 10,000 and 17,000 severely malnourished children will die due of complications related to acute malnutrition. Pregnant

and lactating women will also be severely impacted with over fifty thousand PLWs expected to suffer from acute malnutrition. Further, more than half a million children under five years will lose their physical and cognitive development capabilities due to chronic malnutrition, and there could be an approximate 3 per cent reduction in the GDP and loss of over 15 IQ points due to vitamin A deficiency alone. Iron deficiency anaemia has a profound and long-lasting implication on the growth and development of children. At least one million children suffering from anaemia in Syria are at risk of losing 9 IQ points as well as having lasting physical effects if not treated, and over half a million women of childbearing age that are anaemic could die without appropriate support. These consequences are even worse for women and children who suffer from combined forms of malnutrition. Without appropriate funds, the intergenerational cycle of malnutrition in Syria will not only continue but put millions of lives at risk.

Breakdown of people targeted

By sex, age and disability

	PIN	TARGET
BY POPULATION GROUP		
IDPS	-	391,800
HOST COMMUNITIES	-	2,577,600
RETURNEES	-	30,600
BY SEX		
FEMALE	2,914,893	1,959,600
MALE	1,708,730	1,040,400
BY AGE		
YOUNG CHILDREN (<5)	3,417,460	2,040,000
ADULTS (18-59)	1,206,163	960,000
DISABILITY		
PERSONS WITH DISABILITIES	-	306,000

2.8

Shelter and Non-Food Items

NFI

Shelter

PEOPLE IN NEED	TARGET	REQUIREMENTS (US$)	PARTNERS	PROJECTS
5.65M	2.54M	$225.3M	53	55

Non-food Items

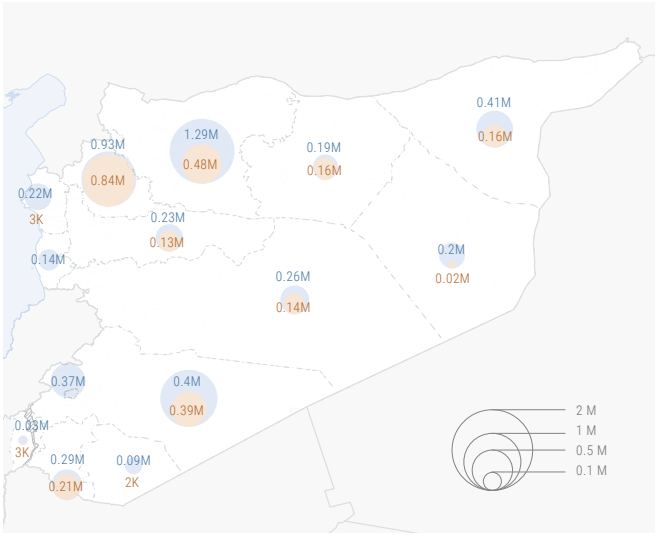
PEOPLE IN NEED	TARGET	REQUIREMENTS (US$)	PARTNERS	PROJECTS
4.33M	3.42M	$344.6M	47	50

These numbers are based on the Sector's analysis are not agreed with the Ministry of Local Administration and Environment (MoLAE)

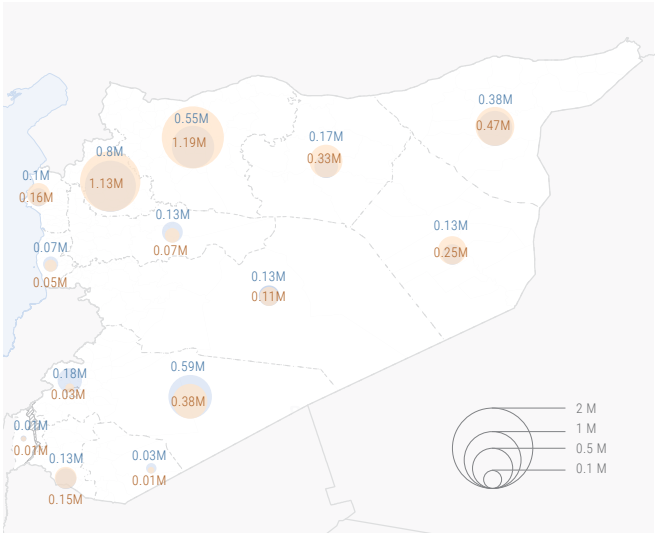
People targeted and people in need

by governorate

Shelter



Non-Food Items



People in need People targeted

Needs Analysis

Shelter: An estimated 5.65 million people, including IDPs, returnees, host communities and Palestinian refugees are in need of shelter support, representing a 20 per cent increase from 2019. This includes those in need of emergency assistance due to sudden displacement, millions in temporary hosting arrangements, and people living in damaged, crowded, unfinished or otherwise inadequate shelters who urgently need more durable shelter. This increase has been driven by loss of capital, destruction of infrastructure, and compounded by new displacement, protracted displacement and return movements alongside a very limited shelter response. Possible displacement in the north-west or an increase in return could further add to the number of people in need of both emergency and durable shelter. The need for rehabilitation of damaged houses and infrastructure across the country is at a scale that goes beyond the Sector's humanitarian focus, as well as its capacity.

Non-Food Items: An estimated 4.33 million people including IDPs, returnees, host communities and Palestinian refugees require Non-Food Items (NFI). This figure increased by nearly one million at the mid-year due to displacement in NWS early in 2020 and increased vulnerability following the onset of Covid-19. This reflects improvements in market functionality in some areas, as well as extensive assistance in previous years. However, these improvements have been undermined by widespread economic vulnerability as many communities suffer from unpredictable inflation, low wages and limited supplies, while the preference for items outside the core NFI packages is routinely reported. The need for life-saving and life-sustaining core and seasonal/supplementary NFI assistance will remain critical, especially for those experiencing sudden-onset displacement, those without access to markets and those facing exposure during winter and summer due to inadequate shelter.

Response Strategy

In 2020, the Shelter and NFI sectors will aim to target 2.6 million people and 3.4 million people respectively through the continuation of emergency assistance as well as integrated and sustainable support determined by the specific needs of the population concerning displacement, potential vulnerabilities, access, the local context as well as seasonal considerations.

The first objective for the Shelter and NFI response is to save and sustain lives through the provision of timely, targeted and appropriate shelter assistance and emergency relief items. This includes the provision, distribution, installation or replacement of tents and emergency shelter kits to displaced people in temporary and last-resort sites such as formal and informal camps, transit centres, collective shelters and spontaneous settlements. It also includes the rehabilitation and repair of collective shelters, unfinished buildings or other emergency shelter that are below minimum standards. The Sector is targeting 1.1 million people; however, this will depend on the displacement context and possible emergencies. Kit-based core relief items will continue to be distributed to those who have experienced sudden onset displacement or are cut-off from markets. In 2020, the Sector will try to reach 4.3 million people with NFIs. Seasonal items, such as warm clothing and thermal blankets for winter, will also be distributed to reduce the impact of exposure to extreme conditions. Existing mechanisms for stockpiling and prepositioning of emergency response stock will continue to be supported, to ensure timeliness of emergency response.

The second objective of the Shelter and NFI response is to continue strengthening the resilience and cohesion of vulnerable communities by improving housing and related community or public infrastructure. Activities include housing repair and rehabilitation, including associated small-scale infrastructure that is part of an integrated and coordinated response e.g., basic repairs to water, sanitation, roads and electrical infrastructure. Housing Land and Property (HLP) issues are integral to shelter, as the availability of documentation remains an issue to be addressed in coordination with the Government of Syria, and the infrastructure to recuperate documents is not equally functional, across the country. Shelter activities will incorporate the relevant and appropriate HLP components, based on the strategy and guidelines formulated by the Sector and in coordination with the government, ensuring that interventions are founded on and directed by documentary/supplementary evidence of legal and customary ownership and tenancy. The Sector will aim to address 1.5 million people which is based on previous years' experience, partner capacity, and expected funding.

The response modalities used will include in-kind and direct assistance, cash-for-work and labour provision, with market based assistance continuing to be used where markets can support this type of intervention, where there will not be a negative impact on people and/or markets and in agreement where appropriate with the Government of Syria. The majority of the response, about 83 per cent is expected be in-kind, but where feasible, the sector will continue to advocate for alternative modalities.

Vulnerable groups targeted include new IDPs, people living in protracted displacement, those living in underserved or newly accessible communities, returnees and Palestinian refugees. This includes contextualized assistance to children, the disabled and the elderly, especially those who are dependent on others and have no direct access to income. The Sector will continue to support increased accountability to affected populations.

The Sector recognizes that shelter and NFIs can be the cornerstone of access to services and improvements in resilience across several dimensions. Complementarity and integration with other sectors are critical; the Sector will continue to work closely with humanitarian partners to support integrated response that contribute to an overall improvement of the humanitarian situation while mainstreaming gender and GBV related issues across the response.

Protection Risk Analysis

The risk of inter- and intra-community tension can be mitigated by ensuring participation of the population in programme design, transparent and clearly communicated beneficiary selection criteria, and established complaint mechanisms. Engagement with communities is encouraged. Aid diversion and corruption are also substantial risks which will be addressed through monitoring, financial audits and implemented procurement policies.

To reduce discrepancies in assistance, the Sector will continue to harmonize and coordinate assistance packages, including the quality of materials through the development of technical standards and guidelines. Regarding shelter, the Sector will not encourage the establishment of spontaneous settlements, which do not have access to services or are in insecure locations while guidance will be given to partners to reduce GBV risks in rehabilitation of collective centres

and individual shelters. Specifically, for NFIs, the timing, structure and implementation of distributions must follow sector and international guidance to ensure the physical safety and accessibility of all groups.

Response Priorities

The Sector's response priorities aim to align with the needs of the population and reduce humanitarian consequences associated with inadequate living standards and physical and mental well-being. In determining severity of need for both Shelter and NFI assistance, the Sector considers: the ratio of the number of IDPs and returnees to the size of the host community, the prevalence of temporary shelter arrangements such as collective centres, camps, unfinished buildings, transit sites and exposure to the crisis. In addition, for shelter, hosting arrangements, shelter availability, integration of basic services, and the ability to afford rent and/or repair shelter damage are factored in. For NFIs, access to markets, availability and affordability of items are also considered.

Monitoring

Shelter and NFI sector partners have internal, organizational, monitoring frameworks and reporting templates, however at the sector level three main tools will be used throughout the programme cycle:

Monthly 4Ws, which partners report on activities, beneficiaries disaggregated by age and gender, items/supplies distributed as well as mitigating GBV measures. This enables the Sector to analyse and report on a monthly basis the progress towards achieving targets and outcome-level objectives. Funding gaps will be tracked on a quarterly basis.

The Sector will launch a Post Distribution Monitoring template for partners in early 2020 to help assess beneficiaries' satisfaction, but also to measure impact to enable comparison across the Sector. Results will help inform future programming and project adjustments. This will aim to be completed after the project is completed and for shelter rehabilitation six months later.

Monitoring/field reports, where possible, the Sector will aim to conduct additional monitoring in 2020 to project sites and distributions or solicit field level reports and photos.

Prioritization Approach

The ability of the Sector to prioritize effectively is based on the assumptions that partners can rely on continued access, a sound evidence base and continued funding. At the strategic level, the Sector will prioritize immediate humanitarian life-saving and life-sustaining activities particularly in areas experiencing new displacement or underserved areas.

The Sector prioritization process is also guided by the geographical distribution of population combined with the severity of needs. The Sector response will be oriented towards geographic areas where the greatest number of people face the most severe needs. In 2020, 201 sub-districts have a Shelter Severity Score of 3 and higher with a total PiN of 5.5 million – reaching across all governorates. At the same time, 74 sub-districts have an NFI Severity Score of 3 and higher with a total PiN of 2.25 million, however the needs are concentrated in four key areas. The approved 2020 HRP projects target all governorates, with 75 per cent of projects focusing either all or the majority of resources in areas with a severity of 4 or higher and will be coordinated with government counterparts.

To be included in the HRP, projects are rigorously vetted against an established set of criteria including the targeting of identified vulnerable groups and communities within the overall distribution of severity. Projects must demonstrate alignment with sector priorities and that target groups have been selected based on needs confirmed by assessment data. In addition, partners are requested to explain how further prioritization would be conducted should there be funding shortfalls.

Cost of Response

The needs in Syria are widespread and compounded by increasing economic vulnerability. Shelter and NFI interventions require significant materials and thus incur procurement, transportation and distribution/construction costs which will likely increase as a result of the coercive economic policies and unpredictable price fluctuations. Insecurity in some parts of the country can also increase projects costs, particularly for delivery and warehousing.

Comprehensive assessments could help partners designed tailored approaches, particularly for NFI items outside of the standardized kits and thus diversify needed inputs. As areas become more accessible, additional partners will hopefully be able to provide assistance, however costs to scale up, increase scope and invest in capacity building will be required. Shelter is human resource intensive and requires significant monitoring while maintaining contingency stock for emergency preparedness demands significant investment.

Consequences of Underfunding

Underfunding would most likely limit the Sector from undertaking activities intended to provide more durable solutions, like repair to damaged homes and infrastructure, which address the underlying drivers of needs. An inability to carry out such assistance would therefore hinder returns and would keep hundreds of vulnerable households in inadequate and often overcrowded shelters, with severe implications for their health, protection, socio-economic situation and personal security - especially for children, the elderly, disabled people, women and girls. By failing to address a key driver of need in many communities, it would potentially increase the number of vulnerable households, and increase the risks and potential impacts for those already considered vulnerable.

Breakdown of people targeted

By sex, age and disability

Shelter

	PIN	TARGET
BY POPULATION GROUP		
IDPS	-	2,235,145
HOST COMMUNITIES	-	177,796
RETURNEES	-	101,598
PALESTINIAN REFUGEES	-	25,399
BY SEX		
FEMALE	3,164,000	1,422,365
MALE	2,486,000	1,117,573
BY AGE		
YOUNG CHILDREN (<5)	678,000	304,793
CHILDREN (5-17)	1,808,000	812,780
ADULTS (18-59)	2,881,500	1,295,368
OLDER PEOPLE (>59)	282,500	126,997
DISABILITY		
PERSONS WITH DISABILITIES	-	380,991

Non-Food Items

	PIN	TARGET
BY POPULATION GROUP		
IDPS	-	3,115,966
HOST COMMUNITIES	-	302,941
RETURNEES	-	865,546
PALESTINIAN REFUGEES	-	43,277
BY SEX		
FEMALE	1,909,600	2,423,529
MALE	1,500,400	1,904,202
BY AGE		
YOUNG CHILDREN (<5)	409,200	519,328
CHILDREN (5-17)	1,091,200	1,384,874
ADULTS (18-59)	1,739,100	2,207,143
OLDER PEOPLE (>59)	170,500	216,387
DISABILITY		
PERSONS WITH DISABILITIES	-	649,160

2.9

Water, Sanitation and Hygiene

PEOPLE IN NEED	TARGET	REQUIREMENTS (US$)	PARTNERS	PROJECTS
10.7M	10.7M	$314.4M	71	87

Needs Analysis

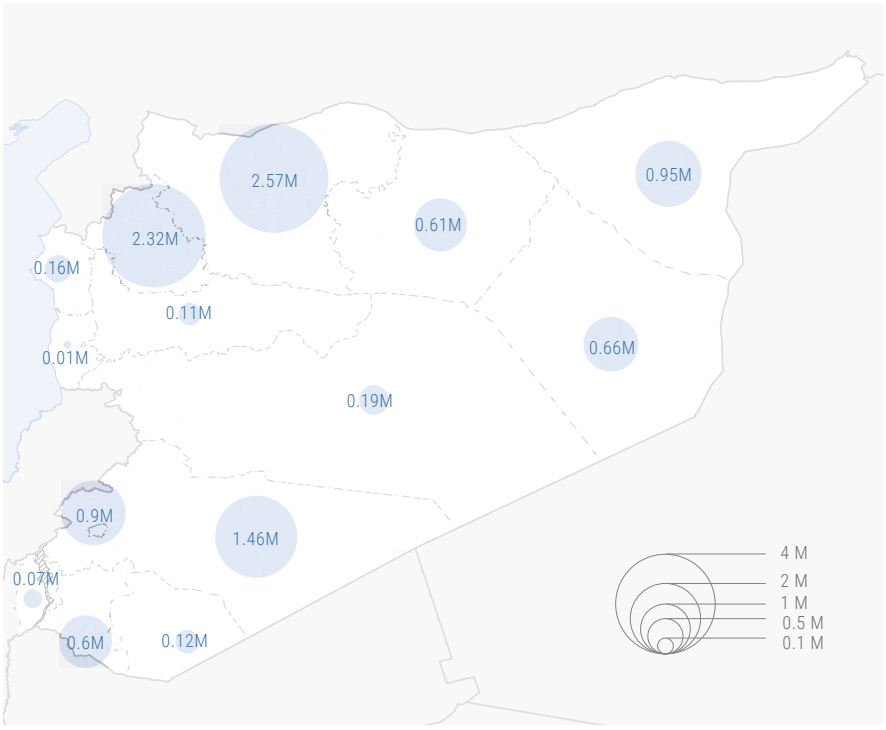
Despite overall slight improvement of WASH conditions in Syria, vast WASH related needs persist in many parts of Syria.[133] Sufficient access to affordable safe water, adequate sanitation, solid waste management and/or hygiene supplies remain a challenge for newly displaced populations, internally displaced persons (IDP)[134] and other vulnerable households with limited livelihood opportunities and access to basic WASH services. Newly displaced populations require timely response particularly in north-west Syria where large-scale displacement is continuous. After nine years of crisis, WASH infrastructure and service provision require significant investments, repair and operational support. WASH systems have suffered from damage owing to years of functioning at high capacity, limited or no maintenance, destruction, displacement of technical staff and poor water resource management. Unilateral coercive measures that limits import of critical water supply equipment including water treatment and disinfectant products significantly impact water systems' efficiency and reliability in several areas Countrywide, 42 per cent of people rely on alternative and often unsafe water sources to meet or complement their daily water needs and in extreme case like in Idleb it goes up to 85 per cent[135] Communities not served with public water networks are in general at higher risk of unsafe water consumption, use less water than people well served via free/low cost water networks and spend significantly more on purchasing water. At least 70 per cent of sewage is discharged untreated, while at least half of the sewerage systems are not functional and 26 per cent of garbage is inappropriately disposed within communities.[136] Such factors pose significant public health risks and have negative cascade effects on communities in terms of public health, inequality and poverty.

133 . To adequately understand the scale and diversity of WASH needs, the overall number of people in need of WASH assistance stands at 10.7 million, which is complemented by figures presenting specific WASH needs related to water quality and quantity (5 million people), sanitation (4.7 million people), solid waste management (4.7 million people), and heavy financial burden linked with purchasing water and/or hygiene supplies (7.9 million people). In addition, the entire population of Syria (20.5 million) people relies on drinking water treatment chemicals provided by humanitarian community, and people living in IDPs last resort sites (1.2 million) require comprehensive and continued WASH assistance to survive (WASH HNO 2020).

134 . Throughout the WASH chapter the term "IDP sites" refers to IDP camps, informal settlements and collective centers/ shelters, in line with a generic IASC term used to describe several IDP settlement types.

People in need

by governorate



135 . 2019 WASH Household Survey (countrywide).

136 . Ibid.

Response Strategy

The 2020 WASH response strategy focuses on four strategic pillars 1) water, sanitation and solid waste management systems; 2) emergency life-saving WASH interventions; 3) coordination and enabling environment (including protection risk analysis and mitigation); and 4) WASH in institutions. Preparedness actions and contingency planning will be kept up to date and to enable timely response to emerging needs. The response will be delivered by using combination of available response modalities (service delivery, in-kind, market-based programming) depending on the context, vulnerabilities, preferences of affected people and operational feasibility. The sector will create opportunities for all people to provide input to projects as partners will ensure the involvement of women, men and adolescents (boys and girls) in decision making, committee leadership, feedback mechanisms and as enumerators.

Water Infrastructures and Water Quality Assurance[137]

While at least 5 million people are in critical need of improved water quality and quantity,[138] the needs are broader to keep systems functioning at the minimum level of operation. In addition, the entire population in Syria relies on drinking water treatment chemicals provided by humanitarian actors.

The sector will continue to support existing water systems to stabilize their decline, and to restore piped water supplies in areas currently dependent on water trucking. Critical activities include light rehabilitation of infrastructure[139] for life-saving and/or resilience-oriented purposes; distribution of supplies, consumables, water treatment and disinfection products; introduction of minimum cost-recovery to support operation and maintenance; capacity-building and financial support of staff; improvements to water supply in schools, child-friendly spaces and health care facilities.

In areas without or with limited power supply, standby generators and fuel will continue to be needed. The introduction of renewable energy sources (solar and wind power) will provide sustainable solutions for smaller scale water supply systems. The sector will scale up efforts around water quality assurance according to Syrian standards wherever feasible, because of largely unregulated private water supply market. Water safety planning and regular water quality surveillance, through intensive community mobilization of both consumers and service providers, has proven successful in several areas and should be scaled up. Market support interventions like water quality testing and treatment at private vendors' level will also be considered in 2020.

Sanitation and Solid Waste Management

Available data indicates that at least 4.7 million people face sanitation related issues, while further 4.7 million people requires support to solid waste management.[140] Existing sewage treatment plants require urgent improvement/light rehabilitation to prevent the discharge of raw sewage and contamination of water sources and soils. Considering very limited wastewater treatment capacities across the country, alternative sanitation solutions (Decentralised Wastewater Treatment Systems, Faecal Sludge Management), should be considered. Additionally, capacity-building for staff and operations, maintenance of wastewater infrastructure and municipal and medical solid waste management systems will be supported to reduce overall public health risks and environmental pollution. There is a significant need for vector-control activities including solid waste management particularly in areas with high prevalence of leishmaniosis. WASH infrastructure in schools and healthcare facilities also need to be addressed online with increased awareness of the beneficiaries.

Hygiene

Available data[141] indicates that up to 4.9 million people face challenges in regularly accessing basic hygiene supplies. WASH partners consider market-based programming/assistance as a viable option to mitigate decreased purchasing capacity of the most deprived families. Therefore, in-kind assistance will be progressively scaled down in those areas, where the market is functional, in favour of market-based assistance. Alongside distribution of NFIs aiming to improve and encourage beneficiaries to strengthen already well-established hygienic behaviour and practices, comprehensive social and behaviour change communication interventions will be promoted to improve overall hygienic knowledge, attitude and practices.

Emergency WASH interventions

Assistance to IDP sites, with people highly dependent on continuous humanitarian support, will continue with a focus on sustainable solutions like connection of key camps and sites to existing water networks and/or establishment of simplified water and sewer networks when possible. The sector will enhance efforts to improve the quality of sanitation facilities both in terms of the quality of services and gender/protection considerations, as substandard conditions of sanitation facilities are particularly concerning for women and girls, people with disabilities and older people because of greater risk of humiliation, physical violence, sexual harassment and abuse. Market-based programming will be supported by sector partners in areas with well-functioning markets to support households unable to afford hygiene items or adequate water, including female-headed households. Newly displaced people will be provided with

137 . 2020 Humanitarian Needs Overview: Syrian Arab Republic.

138 . Ibid.

139 . "Light rehabilitation activities (with humanitarian objectives) should be conducted at household and/or community-level (i.e. benefiting affected people), be of a limited scale, and be focused on restoring pre-existing capacities in service delivery and/or enhancing capacity to meet increased needs, where these were previously insufficient - (in terms of situation and design). 'Light' rehabilitation activities do not entail developing, upgrading or expanding existing infrastructure or systems, such as building new public buildings or installing new water systems. Such activities will remain outside the scope of the HRP." 2020 Syria HRP Guidance.

140 . 2020 Humanitarian Needs Overview: Syrian Arab Republic.

141 . Ibid.

life-saving WASH items based on prepositioned stock. Inter-sector preparedness and contingency plans will continue to be updated across hubs. Contingency planning for WASH related diseases, particularly acute bloody, watery diarrhoea will also be kept up to date, in collaboration with the Health Sector.

Protection Risk Analysis

The WASH Sector will ensure that the 'do no harm' principle[142] is applied and that potential protection risks related to the implementation of the WASH related activities, along with a description of the relevant mitigation measures and resources required for monitoring those risks have been identified.[143] WASH partners will take adequate measures to minimize exposure of the most vulnerable groups, including women, adolescent girls, children, people with disabilities, female-headed households, to greater protection risks, particularly GBV. WASH staff will be trained on key GBV concepts and referral pathways. Women, adolescent girls and people with disabilities will be consulted during project cycle steps to facilitate feedback. High level of explosive hazard contamination close to water and sanitation infrastructure, or contamination of accumulated garbage/rubbles, which potentially put humanitarian staff in danger during WASH assessments and related rehabilitation works and operation/maintenance will be considered. Where relevant, WASH staff will be trained on explosive hazard risk mitigation, while risk education sessions and awareness-raising materials for beneficiaries will be integrated into WASH programming.

Response Priorities

The sector will prioritize both activities that directly support life-saving WASH interventions as well as activities that focus on the maintenance and/or light rehabilitations of existing WASH systems. The focus on these areas is complementary and will result in saving lives, improved access to basic WASH services, reduced recourse to harmful coping strategies that have negative cascade effects on communities in terms of public health, environment, nutritional status, inequality and poverty. Sector will prioritize newly displaced people and people living in IDP sites, as those people are among the most vulnerable groups often exclusively relying on humanitarian aid. The full WASH package must be unconditionally delivered to IDPs in last-resort sites and more sustainable solutions like connection to existing water networks and/or establishment of simplified water and sewer networks considered, where possible. Sector partners will pay attention to adequate sanitation facilities, as sub-standard facilities increase protection risks. The sector will prioritize activities supporting existing water, sanitation and solid waste management systems, including water quality assurance and light rehabilitation of infrastructure. Durable solutions will be provided to address underlying drivers of deprivation and vulnerabilities. In areas with well-functioning markets, WASH related market-based programming might be considered and prioritized as the most appropriate response modality.

Monitoring

The Sector will monitor the response based on results framework and standardized sector indicators and activities, via the sex, age and disability disaggregated 4Ws. The Sector will use 4 strategic objectives with 19 related output indicators[144] that capture sector partners' efforts to 1) restore or keep water, sanitation and solid waste management systems at minimum levels of operation; 2) provide emergency WASH interventions; 3) coordination including prevention and mitigation of protection related risks; and 4) WASH in institutions. Since 2016 the WASH Sector has conducted regular comprehensive country-wide household-level surveys, providing an overview of WASH conditions across Syria, enables comparison of results and could be considered as a reference for the WASH Sector and its partners' humanitarian response towards improved WASH situation in Syria. In north-west Syria, the Sector will continue to support field level monitoring and quality assurance through field facilitators, especially in areas that are identified as prone to water-borne diseases and concerned by mass displacements.

Prioritization Approach

The WASH response prioritisation is based on an in-depth analysis of household-level needs aggregated into a geographic distribution of needs in accordance with the sector severity analysis. At the individual household-level six key WASH parameters are considered: 1) Water quality; 2) Water sufficiency; 3) Availability and affordability of hygiene items; 4) Solid waste disposal; 5) Issues related to sanitation; and 6) Water affordability. Additionally, three external indicators were factored into severity calculations: 7) Proportionate water-borne disease morbidity; 8) Proportion of IDPs and returnees vis-à-vis residents; and 9) Intensity of hostilities.

WASH activities will focus on high severity ranking sub-districts, as identified through the WASH sector needs and vulnerabilities analysis. Thanks to the new approach rolled out for the 2020 HRP, the Sector can also prioritise individual projects based on a high severity score of specific WASH needs even if the overall sub-district severity is low, for instance, a sanitation intervention in a sub-district with an overall low severity, could be prioritised if the severity for the sanitation indicator is high, indicating acute need for this WASH sub-component. The sector will pay specific attention to most vulnerable groups (people living in areas with restricted access or exposed to high intensity of hostilities, areas contaminated with explosive hazards, IDPs living in last resort sites, newly displaced people, self-organized returnees, over-burdened host communities, female-headed households and/or Palestinian refugees. For instance, female-headed households in general face more challenges in accessing WASH items and services, partially due to higher economic hardship, than male-headed households and other population groups. The sector emphasises areas largely dependent on water trucking for water systems rehabilitation and underserved with other public WASH services.

142 . The Do No Harm principle refers to activities undertaken by humanitarian actors.

143 . See: 2020 HRP - WASH Sector Protection Risk Assessments/Analysis Matrix.

144 . See: WASH sector results framework.

Cost of Response

WASH services in communities not served/underserved with public infrastructure cost significantly more than in other areas. In many cases areas largely served via water trucking could be supported with rehabilitation of water systems. Despite high initial capital cost of such interventions, they could be justified in the mid-term, while comparing to the overall cost of water trucking and public health risk associated with it. Delivering WASH assistance in IDP site settings is costlier and more complex than response in host communities. Therefore, the Sector will support more sustainable alternatives than water trucking, such as connections to existing water networks and/or establishment of simplified water and sewer networks, when and where possible. In areas with well-functioning markets, market-based programming might be considered a more feasible response modality than in-kind assistance. Volatility and devaluation of the Syrian currency have significant negative impact on impoverished population and ability of humanitarian actors' ability to operate in Syria, particularly in the Government of Syria controlled areas, where contracts cannot be made in US$. Uncertainty of the market functionality and behaviour of suppliers makes it difficult to effectively plan projects, which is why greater donors' flexibility is urgently needed.

Consequences of Underfunding

Funds available for WASH Sector critically declined in 2019, at less than 25 per cent of the amount requested beginning of the year. Unavailability of funds could further decrease the capacity to assist newly displaced IDPs, people living in last resort sites and in areas with restricted access. Decreased quality and disrupted services will have a direct impact on people's physical and mental well-being and protection consequences, specifically for women and girls. An inability to fulfil these needs could impact other sectors, such as health or nutrition. A decline in funding could further reduce the support to water, sanitation and solid waste systems. This support remains critical to avoid increasing reliance on unregulated private sector water supplies, which could increase public health risks and expenditures. The combination of household impoverishment, poor water quality and reduced access to hygiene could increase the risk of water borne diseases and of malnutrition.

Breakdown of people targeted

By sex, age and disability

	PIN	TARGET
BY POPULATION GROUP		
IDPS	5,220,601	5,220,601
HOST COMMUNITIES	5,371,080	5,371,080
RETURNEES	148,627	148,627
BY SEX		
FEMALE	5,380,690	5,380,690
MALE	5,359,618	5,359,618
BY AGE		
YOUNG CHILDREN (<5)	1,097,659	1,097,659
CHILDREN (5-17)	3,460,527	3,460,527
ADULTS (18-59)	5,758,953	5,758,953
OLDER PEOPLE (>59)	423,168	423,168
DISABILITY		
PERSONS WITH DISABILITIES	2,807,517	2,807,517

2.10

Logistics

PEOPLE IN NEED	TARGET	REQUIREMENTS (US$)	PARTNERS	PROJECTS
Support to the humanitarian community	Support to the humanitarian community	$11.8M	1	1

Needs Analysis

As access and security constraints persist, key logistic needs identified in support to the Syria humanitarian response are common storage and transport services, including transportation to areas with restricted access and areas where state control has been restored, cross-border coordination and transhipment services. Due to vast distances, air access is considered to be the safest and most efficient way for humanitarian workers to travel between Damascus and remote areas. This, coupled with limited access to commercial airlines requires an efficient passenger and cargo air service.

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

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

Response Strategy

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

The Logistics Sector will continue to provide humanitarian partners with crucial logistics coordination, information management support and services, including storage, surface transportation and cross-border transhipment services.

Around 11,500 m² of free-to-user common warehousing will continue to be made available in Aleppo, Rural Damascus, Homs and Al-Hasakeh to the whole humanitarian community. The Logistics Sector will increase common storage capacity or deploy warehouse space to additional locations if needed.

Coordinating critical humanitarian inter-agency deliveries to areas with restricted access and areas where state control has been restored will remain a key focus in 2020 in order to deliver life-saving humanitarian assistance. These deliveries are organized at the inter-agency level, with prioritization of items/locations taking place through the Inter-Sector Coordination (ISC) mechanisms in Syria. Furthermore, the Logistics Sector will explore the possibility of establishing transport and storage services in areas where state control has been restored to support prepositioning and to enable the whole humanitarian community to conduct prompt response operations.

A robust logistics coordination and information platform will be maintained in 2020, with meetings organized in operational areas. Information products, including maps, snapshots, situation updates, meeting minutes, and capacity assessments, will continue to be produced and shared with the humanitarian community.

UNHAS will also be established in Syria to ensure safe, reliable and sustainable air access to beneficiaries for the humanitarian community mainly in those parts of Syria that are not easily accessible by road. In addition, it will provide the required capacity for medical and emergency evacuation and benefit all humanitarian actors such as UN agencies, NGOs, and International Organizations - as well as diplomatic missions - operating in Syria. All these activities will transform the humanitarian landscape by facilitating more efficient and timely delivery of humanitarian assistance to populations in need.

In line with humanitarian partners' needs to enhance logistics capacity, dedicated logistics trainings will be organized in 2020, focusing on more diverse areas within logistics, including warehouse management, fleet management, advanced procurement, and shipping and port operations. Required logistics equipment will be purchased to bolster humanitarian partners' response capacity.

Protection Risk Analysis

The Logistics Sector facilitates access to logistics services that are provided ultimately by commercial service providers. The Logistics Sector therefore ensures that the contracted service providers abide by in-country labour rules and regulations.

The Sector will maintain the already implemented reporting mechanism for harassment cases in Logistics Sector warehouses, and furthermore, organisations will be encouraged to nominate

female candidates to attend trainings organized by the Sector. Gender sensitive and gender appropriate facilities will also be made available during trainings.

Finally, GBV focal points will be invited to meetings with contracted service providers and humanitarian organisations to give guidance on issues related to harassment, abuse and gender-based violence.

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.

Monitoring

Implemented logistics services, such as storage and free-to-user transport, will be monitored through the Relief-Item Tracking system (RITA) in almost real-time. In addition, two user satisfaction surveys will be circulated to partners, once in mid-cycle, and once at the end of the annual cycle to ensure satisfactory performance of the Sector as a whole. Finally, a dedicated Information Management Officer will ensure monthly monitoring of sector activities, for example monitoring the number of trucks transhipped and training figures, as well as other activities outlined in the logframe. All indicators will be consolidated into monthly reports such as sitreps, operation overviews and infographics.

Coordination meetings will also act as a platform for organisations to raise concerns and give feedback related to logistics services A thorough gaps and needs analysis will also be undertaken to inform how to strategize for future activities.

Prioritization Approach

The prioritization of the Logistics Sector activities will be based on the logistics needs of partner organizations. As the context remains dynamic and volatile, organisations will be given the opportunity to voice their priority requirements through regular coordination meetings and bilateral consultations. In addition, the Sector will conduct dedicated Gaps and Needs Analyses to continuously monitor the most major gaps and bottlenecks organisations face when implementing their humanitarian programmes.

UNHAS has established a Steering Committee to provide overall guidance and smooth running of operations, and will also establish a user-group to allow UNHAS to better tailor its services according to partner needs.

Through these mechanisms and in coordination with the Humanitarian Country Team (HCT), activities will then be prioritized in the most appropriate manner based on transparent discussions with the partners, ensuring organisations continue to benefit as much as possible from an uninterrupted supply chain.

Cost of Response

UNHAS will be take up the largest proportion of the overall cost, with fuel and aircraft charters being the main cost drivers.

UN agencies responding to the needs of people living in north-west Syria rely upon Logistics Sector transhipment coordination. This service pushes up overall Sector costs in handling fees and the renting hubs, where the operations for transhipment are undertaken. Inside Syria, in areas with restricted access, where regular delivery programmes cannot be implemented, coordination of inter-agency convoys must be adopted, which also drives up costs. These particular features of the country's operating environment coupled with the dynamic needs of partner organisations are the main drivers of cost for the response. WFP, as lead agency, also has in place contracting rules and protocol to identify the best and most cost-effective solution available on the market, which includes regular monitoring of service costs and fees.

Consequences of Underfunding

In the event of underfunding, free-to-user services will have to be reduced or even suspended, impacting humanitarian organisations' ability to deliver life-saving assistance to the people most in-need. In addition, it would force organisations to establish their own independent supply chains, resulting in duplication of efforts and in turn a surge in cost of logistics services.

Some non-governmental organisations (NGOs) are not authorized to use the local airlines. Therefore if UNHAS does not receive the required funding to run, I/NGOs would not have any means of reaching the north-east of Syria by air, and would be forced to travel by land, significantly reducing the flexibility and efficiency of deployment and in some cases stifling their ability to reach beneficiaries in remote areas.

2.11

Emergency Telecommunications

PEOPLE IN NEED	TARGET	REQUIREMENTS (US$)	PARTNERS	PROJECTS
Support to the humanitarian community	Support to the humanitarian community	$0.9M	1	1

Needs Analysis

Telecommunications infrastructure throughout Syria has suffered significant damage after nine-years of crisis. While Damascus maintains a good network coverage, other areas such as Aleppo, Deir-ez-Zor, Hama, Homs, Qamishli, Tartous and Lattakia have limited coverage. The lack of electricity is a challenge across the country, regular power outages impact the entire communication network in Syria.

While conditions have improved in parts of the country in 2019, they have deteriorated in the north-west and north-east. Although reliable connectivity remains a major challenge throughout Syria, telecommunications infrastructure and services are steadily improving. This is crucial for the humanitarian community to perform its work in the field.

The Emergency Telecommunications Cluster (ETC) has planned to scale up its services in 2020, as UN agencies respond to significant increases in displacements persons and the return of IDPs and refugees. The plan includes the setup of several additional UN hubs – pending the approval of the Government of Syria -- which will require connectivity and telecommunications services.

There is a need for the continued provision of shared connectivity and telecommunications services in neighbouring countries from where humanitarian activities inside Syria are supported.

Contingency resources, including human and financial, will also be required to run ad-hoc projects (new hubs or new common premises setup, extension of common services) based on assessments conducted periodically throughout the year.

Response Strategy

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

In the context of the Syrian crisis, where the humanitarian response spans neighbouring countries, strong coordination is essential. Coordination provided by the ETC contributes to avoiding duplication by encouraging humanitarian partners to share technical infrastructure in common UN operational areas, where feasible. In areas where there is limited access to telecommunications infrastructure, this coordination is particularly important in ensuring the availability of services to UN agencies, humanitarian NGOs (National and International).

Recognizing the integral role of national humanitarian actors in the response in Syria, the cluster will provide support by assisting national staff with communication technology needs through guidance, information sharing and capacity building. In consultation with the humanitarian response community, the following areas have been identified as the focus of the ETC response strategy in 2020:

- Implement common U.N. Security Operation Centres (SOC) in new operational hubs.
- Continue providing emergency telecommunications connectivity and voice services in Aleppo, Deir-ez-Zor, Hama, Homs and Qamishli.
- Deliver technical training on telecommunications to local staff of UN agencies and humanitarian NGOs.
- Deliver soft and technical IT capacity building trainings to local staff of UN agencies and humanitarian non-governmental organisations.
- Provide support services to other agencies and SARC, namely a radio helpdesk and technical assistance, radio installations, radio training, radio programming and radio troubleshooting.
- Maintain and expand the VHF/UHF radio network in common operational areas.
- Support the humanitarian response scale-up in new common operational areas by providing ETC services.

Response Priorities

The cluster will focus on the below key areas in 2020:

- Enhance the safety of humanitarian workers through availability and effective performance of radio communication services in all common operational hubs.

- Support humanitarian workers by effectively providing shared connectivity solutions which address users' needs.
- Build the technical capacity of local staff from UN agencies and humanitarian NGOs through the delivery of soft and technical trainings.

Monitoring

ETC activities in Syria will continue to be regularly monitored by the Global ETC team and its partners worldwide through scheduled monthly ETC Syria teleconferences. Regular reporting documents will be distributed by the ETC Information Management (IM) team to the Syria Humanitarian Country Team (HCT) and ETC partners through six ETC Situations Reports, dashboards and infographics circulated in two-month intervals, focusing on key ETC Syria activities and achievements within the reporting period. Within Syria, monthly updates will also be reported through the inter-agency working groups, which include UN agencies, international humanitarian NGOs.

Between October and December 2020, a survey will be undertaken to assess the percentage of users reporting satisfactory delivery of ETC services. Achievements against key performance indicators included in the cluster logframe will be assessed and reported, such as the provision of telecommunications services to at least 12 common operational areas, the provision of Internet services to at least six common operational areas and the delivery of IT and telecommunications training to at least 20 local staff from UN agencies and humanitarian NGOs in Syria in 2020.

Prioritization Approach

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

- Installation of radio repeaters and fully manned SOCs to increase emergency telecommunications services in all UN operational areas and to enhance the safety of UN agencies, humanitarian NGOs and SARC.
- Deployment of UN common satellite services in UN operational areas to provide data connectivity to UN agencies.
- Provision of regular maintenance activities to ensure ETC services remain fully functional.
- Delivery of common telecommunications services at UN operational hubs in Syria is vital to ensuring that the humanitarian community can deliver assistance to affected populations.
- Provision of soft and technical ETC capacity building trainings to local UN and NGO staff in Syria.
- Prepare for potential scale-up of ETC services in common operational areas where support is needed for the humanitarian community response to increasing number of crisis-affected people in 2020.

Cost of Response

The overall cost of ETC activities in Syria for 2020 is estimated at USD 1 million. This amount will primarily cover:

- Maintenance and upgrade communications radio infrastructure, including the migration of all radio equipment in country to a brand approved by the Government of Syria. This activity is necessary to enable access to effective telecommunications services for humanitarians, and to support their safety in the field.
- Improvements in Internet connectivity across all UN hubs, as identified by ETC service users in the ETC User Satisfaction Survey report 2019. Activities will include the deployment of faster fibre links wherever available to improve the efficiency and reliability of Internet connectivity services.
- One data connectivity training and one service management training to boost the essential skills of UN and NGO staff in Syria to support response communities.
- ICT and telecommunications support and technical guidance to local entities, such as SARC.
- Deployment of communications infrastructure to new proposed UN hubs in Al-Tabqa and Ar-Raqqa city, Hama and Dar'a.

Consequences of Underfunding

In the context of Syria, the provision of reliable inter-agency communication services is key for the delivery of humanitarian assistance. In the case of underfunding, the ETC will be unable to fulfil its mandate to provide all operational areas with vital communications services, which will seriously hamper humanitarian operations in Syria and will affect staff safety in the field. Capacity building is a critical element in Syria, as some areas where it is difficult to deploy international staff rely entirely on skilled national staff. A shortfall in funding would restrict the ETC's ability to organize training for national staff in 2020.

2.12

Coordination

PEOPLE IN NEED	TARGET	REQUIREMENTS (US$)	PARTNERS	PROJECTS
Support to the humanitarian community	Support to the humanitarian community	$55.6M	12	15

Needs Analysis

The humanitarian response in Syria remains a complex operation delivered from locations within Syria and neighbouring countries. The large scale of needs, complex displacement patterns and rapidly changing operational environment require dynamic and flexible coordination support and systems to facilitate effective humanitarian response. Numerous Syrian NGOs, international NGOs, the Red Cross/ Crescent Movement, and United Nations agencies provide humanitarian assistance across Syria using all response modalities: Syria-based humanitarian programme, interagency convoys, and cross-border response. Response efforts are led through the UN Resident and Humanitarian Coordinator system. In line with its global mandate, OCHA supports humanitarian leadership in ensuring the effective and efficient coordination of the overall humanitarian response in Syria. Multiple NGO coordination networks work also support coordination efforts, with presence in multiple locations. In areas in which Palestinian refugees are present, UNRWA provides specialized coordination services. Protection risk management is provided for humanitarian partners, as is capacity building for the humanitarian system.

Response Strategy

In 2020, coordination and common service efforts will build on the 2019 strategy, including the following components:

Supporting more effective sector and inter-sector coordination for all response modalities through a more harmonized response strategy, more effective advocacy, streamlined information sharing and joined-up analysis of needs and response. Information management and operational coordination will continue to be enhanced, building on the progress made in 2019, including in relation to ensuring optimal engagement between UN and non-UN partners such as the Syrian Arab Red Crescent. NGO fora will remain key to the articulation and implementation of the response through all modalities, by facilitating coordination, representation and participation of the NGO community. Training of humanitarian partners on a range of issues remains an important area of support to the humanitarian community.

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

Country-based pooled funds will remain valuable as flexible funding instruments to enable humanitarian organisations (particularly national NGOs) to deliver humanitarian assistance in a timely and prioritized manner. In 2020, the Syria Humanitarian Fund (SHF) and the Syria Cross-Border Humanitarian Fund (SCHF) will continue to disburse funds in line with the programmatic framework of the Humanitarian Response Plan (HRP).

Support for the secure implementation of humanitarian action will remain essential. With an ongoing complex situation and related risks for UN staff and assets, there is need for adequate protection support for UN offices and sub-offices inside Syria. UNDSS is responsible for providing oversight and operational support for the safety management system in Syria and plays a crucial role in supporting UN operations. Furthermore, it is crucial that UNDSS maintain a Security Information Operations Center (SIOC) to provide 24/7 safety-related operational and analytical support to the UN Agencies and implementing partners and strengthen risked-based humanitarian delivery to the most vulnerable in Syria while keeping humanitarian personnel safe. In addition, UNDSS will continue to undertake awareness and training sessions (SSAFE, First Aid, Defensive Driving, ETB, etc.) for staff of UN agencies and humanitarian partners. In

collaboration with WHO, UNDSS will also maintain medical emergency response team in UN offices in order to enhance Medical and Trauma Emergency as well as strengthen Mass Casualties Incidents plans.

Support for UNRWA operations continues to be key. Staffing, emergency repair of UNRWA's facilities, as well as investments in the safety of personnel and assets are a prerequisite for UNRWA to continue operating in Syria, and to deliver vital assistance to Palestinian refugees affected by the crisis. Safety remains a priority for UNRWA while safety constraints are expected to continue to require constant investments in equipment and training to mitigate protection risks for UNRWA staff and Palestinian refugees in 2020. Dedicated staff deployed in all UNRWA premises, both at the central and regional levels, and regular repair of UNRWA facilities, are essential to enable UNRWA to deliver timely and effective humanitarian assistance as well as ensuring efficient and effective coordination with all stakeholders.

Prevention and response to sexual exploitation and abuse (SEA) by humanitarian actors will continue to be strengthened across all areas of the Syria response.[145] Efforts in 2020 will include maintaining PSEA Networks, training and awareness raising amongst humanitarian workers, and the roll-out of inter-agency community-based complaints mechanisms, which will allow beneficiaries to safely and confidentially report SEA concerns using a wide variety of channels.

Protection Risk Analysis

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

Response Priorities

The Coordination and Common Services sector will continue to prioritize improved collaboration among humanitarian actors throughout the Humanitarian Programme Cycle (needs assessment, strategic planning, implementation, resource mobilisation, monitoring and accountability) and in information management.

In line with Inter-Agency Standing Committee (IASC) guidelines, operational coordination mechanisms will be streamlined to strengthen operations, enhance advocacy and facilitate safe, secure and timely access to people in need through the most effective routes. The IASC-mandated coordination structures will work closely with NGO coordination platforms and assist with reinforcing the capacity of all humanitarian partners.

In response to the priorities of national NGOs, capacity building will remain critical in 2020, as national organisations continue to be among the frontline responders. Efforts to strengthen the response capacity of national humanitarian actors and improve the coordination in all aspects of the response will continue in 2020. The safety and protection of humanitarian personnel operating within Syria will also remain crucial and a key priority for the sector.

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

Part 3

Annexes

SYRIA

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3.1 Risk Mitigation

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

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

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

The humanitarian community is committed to ensuring due diligence and effective management of resources. Monitoring is undertaken through different independent monitoring mechanisms to triangulate information, such as third-party monitors, the use of social media to show real-time delivery of assistance, and commodity tracking systems.[146] The humanitarian community also engages with affected communities to manage risks. Feedback mechanisms enable aid recipients to report directly to humanitarian organizations on any problems or concerns, which has proven to be another effective tool in preventing aid diversion.

Setting and achieving standards, such as those in the Core Humanitarian Standard on Quality and Accountability, creates transparent norms for humanitarian partners. Due diligence is also ensured through the vetting of humanitarian partners, vendors, and procurement entities. For example, UN operational partners are vetted to ensure that they comply with core humanitarian principles as well as the principles of partnership, and good governance, including transparency, accountability and sound financial management. The UN and its humanitarian partners[147] also have strong systems in place to ensure compliance with business ethics and to avoid conflicts of interest, fraud and corruption with procurement procedures.

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

In north-west Syria, training and outreach is conducted to ensure that all parties are aware of the principles that form the basis for humanitarian action, and the implications if they are not followed. Training has been undertaken with hundreds of NGO staff. Engagement with national and civilian authorities and armed groups helps manage risk. Humanitarian partners are recommended to ensure there are strong linkages and coordination with counterparts. Joint Operating Principles (JOPs) were developed that set out what is required for humanitarians to be able to operate. The Declaration of Commitment, which outlines the responsibilities of armed actors as per International Humanitarian Law, was signed by multiple armed groups in 2014/2015, and again in late 2018. Advocacy with parties occurs on overarching issues as well as to resolve individual incidents. In serious cases, humanitarian organizations have suspended assistance if they cannot provide it according to the humanitarian principles. Furthermore, the UN has developed a thorough set of guidance for all entities throughout Syria on principled humanitarian delivery.

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

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

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

3.2

2020 HRP Funding Requirements by Organization Type

Funding requirements

by organization type

SECTORS	REQUIREMENTS UN Agencies	REQUIREMENTS NGOs	
Protection	**$254.3 M**	**$122.7 M**	67% 33%
Camp Coordination and Camp Management	**$6.1 M**	**$18.9 M**	24% 76%
Early Recovery and Livelihoods	**$117.6 M**	**$56.8 M**	67% 33%
Education	**$149.1 M**	**$115.3 M**	56% 44%
Food Security and Agriculture	**$881.8 M**	**$230.7 M**	79% 21%
Health	**$231.3 M**	**$211.9 M**	52% 48%
Nutrition	**$64.1 M**	**$15.2 M**	81% 19%
Shelter and Non-Food Items	**$413.4 M**	**$156.5 M**	73% 27%
Water, Sanitation and Hygiene	**$113.4 M**	**$201.0 M**	36% 64%
Logistics	**$11.8 M**	**$0.0 M**	100% 0%
Emergency Telecommunications	**$0.9 M**	**$0.0 M**	100% 0%
Coordination	**$45.5 M**	**$10.0 M**	82% 18%

3.3

2020 HRP Inter-Sector Objectives, Indicators and Targets

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

OBJECTIVES	INDICATOR	IN NEED	TARGET	VERIFICATION	FREQUENCY
Specific Objective 1.1: Access to quality life-saving and sustaining services and assistance, including health, water and food security	Outcome Indicator: Ratio of essential health workers (doctors, midwives, nurses) to 10,000 population	12.0 m people	24/10,000 acute target: 24/10,000	HeRAMS	Quarterly
	Outcome Indicator: Ratio of fully functional health facilities providing primary health care services per 10,000 population	12.0 m people	0.5/10,000 acute target: 0.5/10,000	HeRAMS	Quarterly
	Outcome Indicator: % of targeted households with improved food consumption score	5.2 m people	100%	Outcome indicators monitoring	Bi-annual
	Outcome Indicator: # of medical procedures per person in need per year (total for all main indicators for activity 1.1)	12.0 m people	1.9 procedures acute target: 1.9	4Ws	Annual
	Outcome Indicator: % of disease alerts investigated within 72 hours of identification	12.0 m people	95% acute target: 95%	Consolidated EWARN/ EWARS data	Quarterly
	Output Indicator: People reached on average each month in communities in acute need (severity four and above in the inter-sector severity classification)			4Ws	Monthly
	Output Indicator: Estimated # of people with improved access to WASH services as a result of repair, rehabilitation and operational support to WASH systems and establishment of water safety plans	10.7 m people	10.7 m people	4Ws	Quarterly
	Output Indicator: Estimated # of people with access to safe water as a result of provision of water disinfectants	20.4 m people	15.5 m people	4Ws	Quarterly
	Output Indicator: Targeted crisis-affected households are provided with timely life-saving and life-sustaining shelter support (medium-term/temporary shelter), including those in protracted displacement, returnees, Palestinian refugees	1.14m households	" 0.16m households "	4Ws	Monthly

Specific Objective 1.2: IDPs in camps, last resort sites and open spaces regularly access quality life-saving and life-sustaining basic services and humanitarian assistance	Ouput Indicator: # of IDPs living in IDP sites provided with humanitarian life-saving, multi-sectoral assistance	1.5 m IDPs	1.2 m IDPs	ISIMM MSNA	Monthly
Specific Objective 1.3: The health, nutrition and food security status of PLWs and children under 5 years of age is improved	Outcome Indicator: Average # of Ante-Natal Care (ANC) visits per pregnant woman	483,000 pregnant women	4.0 ANC visits acute target: 4.0	4Ws	Annual
	Output Indicator: # of girls and boys under five and pregnant and lactating women receiving life-saving preventive maternal and child nutrition support services	4.6 m children	3.0 m children	4Ws (Nutrition Sector)	Quarterly
	Output Indicator: # of boys and girls (6–59 months) screened for malnutrition	2,238,422 children (6-59 months)	1,566,895 children (6-59 months)	4Ws (WoS)	Monthly
	Output Indicator: # PLWs screened for malnutrition	766,923 PLWs	536,846 PLWs	4Ws (WoS)	Monthly

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

OBJECTIVES	INDICATOR	IN NEED	TARGET	VERIFICATION	FREQUENCY
Specific Objective 2.1: Specific protection needs are mitigated through the provision of quality and integrated protection services	Output Indicator: # of GBV response services provided to survivors and/or women and girls at risk	n/a	368,500 services	4Ws	Monthly
	Output Indicator: # of girls and boys engaging in structured, sustained child protection programmes, including psychosocial support	5.7 m children***	690,000 children	4Ws	Monthly
	Output Indicator: # of women and men engaging in parenting programmes	456,000 people****	105,000 people	4Ws	Monthly
	Output Indicator: # of men, women, boys and girls reached by specialized services, including emergency and continuing medical care, physical rehabilitation, MHPSS	n/a	21,062 people	4Ws	Monthly
Specific Objective 2.2: The impact of explosive hazards on civilians and on humanitarian access is reduced.	Output Indicator: # of communities where contamination survey has been conducted	2,562 communities*	724 communities	4Ws & other sources	Monthly
	Output Indicator: # of men, women, boys and girls who receive risk education from humanitarian risk-education actors	11.5 m people	2.58 m people	4Ws	Monthly
	Output Indicator: # of men, women, boys and girls who receive risk education from public service providers	11.5 m people	1.72 m people	4Ws	Monthly

Strategic objective 3 - Increase Resilience and Access to Services: Increase the resilience of affected communities by improving access to livelihood opportunities and basic services, especially among the most vulnerable households and communities

OBJECTIVES	INDICATOR	IN NEED	TARGET	VERIFICATION	FREQUENCY
Specific Objective 3.1: People live in improved housing and have improved access to quality basic service delivery, including through the light rehabilitation of key infrastructure	Output Indicator: # of children (3-17 years, girls/ boys) benefitting from classrooms constructed, established or rehabilitated	n/a	987,818 children	4Ws	Monthly
	Output Indicator: # of people assisted by rehabilitated damaged houses	5.7 m people	281,620 people	4Ws	Monthly
	Output Indicator: # of people assisted by repaired/ rehabilitated community/public infrastructure and facilities	5.7 m people	14,200 people	4Ws	Monthly
	Output Indicator: # of health facilities refurbished or rehabilitated	473 health facilities	235 health facilities	HeRAMS	Quarterly
	Output Indicator: Estimated # of people with improved access to water as a result of repair and rehabilitation of water systems	8.6 m people	6.0 m people	4Ws	Quarterly
Specific Objective 3.2: Improved livelihoods and generate income, based on productive assets, short-term work opportunities or regular employment	Outcome Indicator: % of targeted households with improved reduced coping strategy	5.2 m people	100%	Outcome indicators monitoring	Bi-annual
	Outcome Indicator: % of targeted households with reduced expenditure on food	5.2 m people	100%	Outcome indicators monitoring	Bi-annual
	Outcome Indicator: % of targeted households with Negative Livelihoods Coping Strategy	1 m households	100%	Outcome indicators monitoring	Bi-annual
	Output Indicator: # of short-term work opportunities created including through market-based modalities	2.4 m households	56,454 people	Project implementation progress reports	Continuous
	Output Indicator: # of people obtaining or accessing regular employment, as a result of sector support	2.4 m households	9,267 people	Project implementation progress reports	Continuous
	Output Indicator: # of people supported to rehabilitate, develop or start a social or business entrepreneurship initiative	5.5 m people	34,136 people	Project implementation progress reports	Continuous

3.4

2020 HRP Sector Objectives, Indicators and Targets

Protection

Protection objective 1: Improve protection of population affected by the crisis through community-based and individually targeted protection interventions and through advocacy with duty bearers [related to strategic objectives,1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Activity: Provide quality and integrated protection services, with a focus on community-based approaches, including awareness-raising, psychosocial assistance, targeted support to persons with specific protection needs and other community initiatives, through community centers and outreach mechanisms	# of people reached through awareness-raising sessions (cumulative interventions) other than legal awareness	13.6 m (Protection PiN)	732,000 people	4Ws	Monthly
	# of people reached through community-based protection services, including individual targeted assistance for persons with specific protection needs (includes PSS) (cumulative interventions)	13.6 m (Protection PiN)	2.1 m people	4Ws	Monthly
	# of community-based initiatives and community-based protection structures supported	13.6 m (Protection PiN)	8,589 people	4Ws	Monthly
Activity: Provide legal advice/ counselling and legal representation on civil status documentation /registration as well as on housing, land and property (HLP) issues in accordance with national legislation	# of people receiving legal awareness-raising, counselling or assistance, including civil status documentation and HLP issues (cumulative interventions)	13.6 m (Protection PiN)	417,000 people	4Ws	Monthly
Activity: Advocacy with duty bearers and key stakeholders to inform and enhance the response to protection risks	# of advocacy interventions	n/a	1,566 interventions	4Ws & Sector meetings	Quarterly

Protection objective 2: Improv

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Activity: Build technical capacity targeting humanitarian actors and national/local authorities to improve quality provision of protection services	# of persons, including humanitarian workers and local/national authorities, who receive training (cumulative interventions)	n/a	14,600 people	4Ws	Monthly

Activity: Conduct protection monitoring and identify protection needs/risks	# of communities reached with protection monitoring	All communities	1,000 communities	4Ws	Monthly
	# of communities where needs assessment has been conducted by sector members	All communities	2,900 communities	4Ws	Monthly

Protection objective 3: Improve survivor's access to quality and life-saving GBV response services, and put measures in place to prevent and mitigate risks of GBV [related to strategic objectives,1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Activity: Provide quality and life-saving GBV response services, including case management and psychosocial support, enhance vulnerable groups' access to these services, with a focus on women and girls with disabilities and adolescent girls, and reinforce referral pathways	# of communities/neighbourhoods with at least one type of GBV response services to GBV survivors and/or women and girls at risk	All communities	864 communities	4Ws	Monthly
	# of GBV response services provided to survivors and/or women and girls at risk	n/a	368,500 services	4Ws	Monthly
	# of GBV actors trained on GBV (women/men)	n/a	2,990 actors	4Ws	Monthly
Activity: Enhance strategies to empower women and girls and prevent GBV, with a particular focus on most at risks groups, e.g., adolescent girls and female-headed households, and divorced and widowed women and girls	# of women, men, girls and boys reached by GBV prevention and empowerment activities	13.6 m (Protection PiN)	1,582,000 people	4Ws	Monthly
Activity: Promote GBV risk mitigation into all aspects of the humanitarian response	# of humanitarian actors trained or sensitized on GBV (IASC GBV guidelines, etc.)	n/a	1,180 actors	4Ws	Quarterly

Protection objective 4: Reduce the impact of explosive hazards [related to strategic objectives,1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Activity: Conduct risk education for at-risk groups	# of men, women, boys and girls who receive risk education from humanitarian risk-education actors	11.5 m people	2.58 m people	4Ws	Monthly
	# of men, women, boys and girls who receive risk education from public service providers	11.5 m people	1.72 m people	4Ws	Monthly
	# of people trained to conduct risk education	n/a	6,814 people	4Ws	Monthly
Activity: Conduct survey, marking and explosive hazard disposal/ clearance	# of communities where contamination survey has been conducted	2,562 communities*	724 communities	4Ws & other sources	Monthly
	# of explosive hazards disposed/cleared	n/a**	3,710 explosive hazards	4Ws & other sources	Monthly

Activity: Provide victim assistance services in areas affected by explosive hazards	# of men, women, boys and girls reached by specialized services, including emergency and continuing medical care, physical rehabilitation, MHPSS	n/a	21,062 services	4Ws	Monthly
	# of specialized victim assistance services, including emergency and continuing medical care, physical rehabilitation MHPSS, provided	n/a	19,748 services	4Ws	Monthly

Protection objective 5: Increased and more equitable access for boys and girls to quality child protection interventions in targeted locations in line with the Child Protection Minimum Standards in Humanitarian Action [related to strategic objectives,1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Activity: Provide community-based child protection for girls and boys in targeted locations	# of girls and boys engaging in structured, sustained child protection programmes, including psychosocial support	5.7 m children***	690,000 children	4Ws	Monthly
	# of women and men engaging in parenting programmes	456,000 people****	105,000 people	4Ws	Monthly
	# of individuals benefiting from awareness-raising and community events to prevent and respond to child protection issues	13.6 m people	1.5 m people	4Ws	Monthly
	# of adults and children groups/committees supported to ensure the community's active participation to prevent and respond to child protection issues	n/a	410 commitees	4Ws	Monthly
Activity: Provide specialized child protection services, e.g., case management, for girls and boys in targeted locations	# of girls and boys who are receiving specialised child protection services through case management	285,000 children*****	56,000 children	4Ws	Monthly
Activity: Strengthen technical capacity to respond to child protection concerns in Syria	# of men and women trained on child protection in line with child protection minimum standards	n/a	9,900 people	4Ws	Monthly

** Based on MSNA/PIN calculation*

*** As the scope of explosive hazards contamination is not known (no proper mine action assessment done), it is practically impossible to determine a "in need" figure*

**** Child population of Protection PiN*

***** Estimated 20% of caregivers of children under 18 years in need of parenting programmes*

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

Camp Coordination and Camp Management

CCCM objective 1: Monitoring the provision of streamlined humanitarian life-saving, multi-sectoral assistance in IDPs sites [related to strategic objectives 1]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
	Objective Indicator 1.1: # of IDPs in planned camps, self-setteled camps, reception and collective centers receive multi-sectoral assistance	1.5 m IDPs	1.2 m IDPs	ISIMM ISIM Plus	Monthly Quarterly

Activity: Multi-sector responses in IDP sites	# of IDPs living in IDP sites provided with humanitarian life-saving, multi-sectoral assistance	1.5 m	IDPs	1.2 m IDPs	ISIMM MSNA	Monthly
Activity: Monthly needs assessments in last resort sites	# of multi-sectoral gap analysis of last resort IDP sites published (ISIMM)	n/a		12 analyses	ISIMM	Monthly
Activity: Improve the services monitoring tools and ensure Members Capacity on monitoring	% of sites monitored	100%		90%	ISIMM	Monthly
	# of members reported on services provided in IDPs sites.	n/a		54 reports	Membership tracking tool	Monthly

CCCM objective 2: Improving the management quality in and accountability of IDP sites [related to strategic objectives 1 and 2]

ACTIVITIE	INDICATOR	IN NEED		TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 2.1: # IDPs sites benefit from improved site mangement		1,367	sites	200 sites	Site management support initiatives & CCCM trainings	Quarterly
Activity: Promote participatory management structures	# of IDPs living in sites with participatory management committees (including active participation by women)	1.5 m	IDPs	300,000 IDPs	ISIMM Plus MSNA THF Projects	Quarterly
Activity: Training on camp governance and/or protection mainstreaming for Humanitarian Actors	% of sector member NGOs with staff trained in camp management components and cross cutting issues	80%		50%	CCCM recognized trainings	Quarterly
Activity: Promote equal access to goods and services in last resort sites to all residents	% of IDPs living in sites allowing equal access to services to vulnerable groups (including consideration for men, women, boys, girls and persons with disabilities)	100%		90%	ISIMM Plus MSNA THF Projects	Quarterly

CCCM objective 3: Strengthening household and communal coping mechanisms in IDP sites and developing exit strategies [related to strategic objective 3]

ACTIVITIE	INDICATOR	IN NEED		TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 3.1: Specific vulnerable groups (elderly, disabled, single headed households, etc.) benefit from resilience-building and livelihood support		1.5 m IDPs		300,000 IDPs	ISIMM MSNA	Quarterly
Activity: Equip and train emergency responders and IDP committees in IDP sites	# of IDPs living in settlements with self-run emergency response capabilities (including first aid and fire response)	1.5 m	IDPs	300,000 IDPs	ISIMM Plus MSNA THF Projects	Quarterly
Activity: Implement tailored livelihood activities designed to enable HHs to restore their assets and leave IDP sites for better solutions	# of IDPs in sites benefitting from resilience projects	1.5 m	IDPs	300,000 IDPs	FTS/THF	Quarterly
Activity: Self-relience promotion activties conducted in IDPs sites	# of IDP sites that able to self manage care and management services	1,367	sites	200 sites	ISIMM	Monthly

CCCM objective 4: Disseminating operational information on movements of IDPs on a timely basis [related to strategic objective 1, 2, 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 4.1: # of produced reports/products on movement and figures of IDPs to inform the humanitrian community response		n/a	24 reports	Snapshots Reports Maps Infographics	n/a
Activity: Track and share IDP movements and analyses displacements trends	# of updates provided to CCCM Sector members, sectors and other operational actors on sudden displacements	n/a	24 updates	IDP Tracking Matrix	Monthly
	# of displacements tracked and reported to sector members, sectors and other operational actors on sudden displacements	6.1 m IDPs	2 m IDPs	IDP Tracking Matrix	Monthly

Early Recovery and Livelihoods

ERL objective 1: Strengthen access to livelihoods by creating income-generating opportunities and by improving access to production and market infrastructure to restore local economy recovery [related to strategic objective 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 1.1: # of people benefiting from livelihood support		9.9M people	186750	Project implementation progress reports	Monthly
Activity: Create short-term work opportunities	# of short-term work opportunities created including through market-based modalities	2.4 m people	56,454 people	Project implementation progress reports	Continuous
Activity: Foster access to regular employment	# of people obtaining or accessing regular employment, as a result of sector support	2.4 m people	9,267 people	Project implementation progress reports	Continuous
Activity: Provide vocational and skills training opportunities	# of people provided with vocational and skills training	3 m people	44,525 people	Project implementation progress reports	Continuous
Activity: Support to entrepreneurship	# of people supported to rehabilitate, develop or start a social or business entrepreneurship initiative	5.5 m people	34,136 people	Project implementation progress reports	Continuous
Activity: Provide support to rural enterprises and entrepreneurs	# of rural enterprises provided with productive assets	4.5 m people	6,266 people	Project implementation progress reports	When available
Activity: Rehabilitate or repair basic, local economic infrastructure	# of local economic infrastructures rehabilitated, including markets; storage, warehousing and processing	4.5 m people	143 economic infrastructures	Project implementation progress reports	Continuous
Activity: Provide market-based modalities of assistance to vulnerable households	# of vulnerable households including female-headed households, elderly, etc. provided through market-based modalities of assistance	4.5 m people	36,102 people	Project implementation progress reports	Continuous

ERL objective 2: Improve access to basic and social services and infrastructure [related to strategic objective 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 2.1: # of people benefiting from improved access to basic and social services and infrastructure		5.6 m people	184,575	Project implementation progress reports	Monthly
Activity: Remove debris and waste	# of m3 of waste and debris removed	5.3 m people	287,589 m^3	Project implementation progress reports	Continuous
Activity: Rehabilitate education facilities	# of schools rehabilitated	5.6 m people	104 schools	Project implementation progress reports	Continuous
Activity: Rehabilitate health facilities	# of clinics rehabilitated	5.6 m people	36 clinics	Project implementation progress reports	Continuous
Activity: Rehabilitate other social infrastructure	# of social infrastructures rehabilitated	5.6 m people	645 infrastructures	Project implementation progress reports	Continuous
Activity: Rehabilitate access to basic utilities, such as electricity, gas, water and sewage	# of households provided with access to one or more basic utilities, such as electricity, gas, water and sewage	5.6 m people	184,575 households	Implementation progress reports, Surveys and assessments & Statistical updates	When available
Activity: Provide capacity and equipment support to local public service providers	# of local service delivery organizations, such as local administrative service providers; extension services, supported with rehabilitation; equipment; operational support	5.6 m people	934 organization	Implementation progress reports, Surveys and assessments & Statistical updates	Continuous

ERL objective 3: Support social cohesion through working for and with communities [related to strategic objective 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 3.1: # of people benefiting from social cohesion support		9.2 m people	321,353	Project implementation progress reports	Monthly
Activity: Support community initiatives	# of community initiatives supported	9.2 m people	2,313 initiatives	Project implementation progress reports	Monthly
Activity: Support civic engagement initiatives	# of participants involved in civic engagement community initiatives	9.2 m people	321,353 people	Project implementation progress reports	Monthly
Activity: Foster IDP and refugee returnees integration	# of initiatives to support social cohesion between IDPs/refugee-returnees and host communities	9.2 m people	5,151 initiatives	Project implementation progress reports	Monthly

ERL objective 4: Coordination to support early recovery and livelihood response [related to strategic objective 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 4.1: # of Early Recovery and Livelihood plans compiled, updated and reported against		n/a	12 plans	Plan documents	Quarterly
Activity: Formulating area-based ERL plans	# of ERL plans	n/a	7 plans	plan documents	When published plans are available
Activity: Collecting and collating the progress on ERL initiatives	# of partners submitting 4Ws information	n/a	90 partners	4Ws	Monthly
Activity: Formulating evidence based thematic strategies	# of studies	n/a	2 studies	Published studies	Ad hoc

Education

Education objective 1: Scale up safe and equitable access to formal and non-formal education for crisis-affected children and youth (aged 3-17 years) [related to strategic objectives 1 and 2]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 1.1: # of school age children with access to formal and non-formal education		xx	xx	4Ws	Monthly
Activity: Provide children with Early Childhood Care and Education (ECCE)	# of children (3-5 years, girls/boys) enrolled in ECCE or pre-primary education	202,546	31,915 children	4Ws	Monthly
Activity: Support the provision of formal education to children and youth	# of children (5-17 years, girls/boys) supported to enroll in formal general education	5,069,793	2,506,467 children	4Ws	Monthly
Activity: Provide children and youth with non-formal education programs, including catch-up classes, self-learning program (SLP), remedial education, literacy and numeracy classes	# of children (5-17 years, girls/boys) enrolled in non-accredited non-formal education	1,267,448	793,835 children	4Ws	Monthly
Specific Objective: Conduct Back-to-Learning (BTL) campaigns	# of children (5-17 years, girls/boys) benefiting from (BTL) campaigns	n/a	796,746 children	4Ws	Monthly
Specific Objective: Establish, expand and rehabilitate new classrooms (temporary or permanent)	# of classrooms constructed, established or rehabilitated	n/a	18,111 classrooms	4Ws	Monthly
	# of children (3-17 years, girls/boys) benefitting from classrooms constructed, established or rehabilitated	n/a	987,818 children	4Ws	Monthly

Activity: Provide schools with school furniture, including desk, chairs, blackboards, in formal settings	# of schools or learning spaces provided with school furniture	n/a	2,464 schools	4Ws	Monthly
Activity: Rehabilitate, improve or construct gender-sensitive and disability-sensitive WASH facilities	# of schools or learning spaces benefitting from gender-sensitive and disability-sensitive WASH facilities	n/a	3,580 schools	4Ws	Monthly
Activity: Provide schools with safety and security equipment	# of schools or learning spaces provided schools with safety and security equipment	n/a	12,220 shools	4Ws	Monthly
Activity: Provide solar power system in schools	# of schools or learning spaces provided with solar power system in schools	n/a	269 schools	4Ws	Monthly
Activity: Provide students with school supplies in formal and non-formal settings	# of children (3-17 years, girls/boys) receiving school supplies	4,436,069	1,231,915 children	4Ws	Monthly
Activity: Provide maintenance and running costs, including cleaning material, stationery for school personnel or fuel for heating, in learning spaces and schools	# of schools or learning spaces benefitting from maintenance and running costs	n/a	11,753 schools	4Ws	Monthly
Activity: Provide children with tuition fees and scholarships	# of children (5-17 years, girls/boys) provided with tuition fees or scholarships	n/a	61,269 children	4Ws	Monthly
Activity: Provide children with transportation to school	# of children (5-17 years, girls/boys) provided with school transportation support	633,724	64,283 children	4Ws	Monthly
Activity: Provide children with school feeding programs	# of children (3-17 years, girls/ boys) benefitting from school feeding programs	1,901,172	1,231,976 children	4Ws	Monthly
Activity: Provide youth with technical and vocational education training in formal or non-formal settings	# of youth (15-17 years, girls/boys) enrolled in formal or non-formal TVET	n/a	132,228 youth	4Ws	Monthly

Education objective 2: Enhance the quality of formal and non-formal education for children and youth (aged 3-17 years) within a protective environment [related to strategic objectives 1 and 2]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Activity: Provide professional development to teaching staff and education personnel, including child-centred and protective pedagogy, active learning, self-learning, life skills, Curriculum B, ECCE, New Curriculum, psychosocial support and referral mechanisms, Education in Emergencies (EiE) and national/ INEE minimum standards	# of teachers and education personnel trained (female/male)	153,777	100,691 personnel	4Ws	Monthly
Activity: Provide teachers and education personnel with incentives	# of teachers and education personnel receiving incentives (female/male)	54,920	23,513 personnel	4Ws	Monthly
Activity: Provide teachers and facilitators with teaching materials in formal and non-formal settings	# of teachers and facilitators provided with teaching materials in formal and non-formal settings	65,904	20,069 personnel	4Ws	Monthly

Activity: Provide teachers and education personnel with teaching resources, kits and guides in formal and non-formal settings	# of teachers and education personnel receiving teaching resources, kits and guides (female/male)	87,872	72,171 personnel	4Ws	Monthly
Activity: Provide children with school-based psychosocial support programs in formal and non-formal settings	# of children (5-17 years, girls/boys) benefiting from school-based psychosocial support programs	4,436,069	1,128,548 children	4Ws	Monthly
Activity: Provide teachers and other education personnel with school-based psychosocial support programs in formal and non-formal settings	# of adults (female/male) benefiting from school-based psychosocial support programs	153,777	29,387 adults	4Ws	Monthly
Activity: Provide children with life skills and citizenship education programs in formal and non-formal settings	# of children (5-17 years, girls/boys) benefiting from life skills and citizenship education programs	n/a	551,120 chldren	4Ws	Monthly
Activity: Provide textbooks to children	# of children (5-17 years, girls/boys) receiving textbooks	3,548,855	2,238,758 children	4Ws	Monthly
Activity: Provide children with supplementary learning materials for children attending formal and non-formal education	# of children (3-17 years, girls/boys) receiving supplementary materials in formal and non-formal/temporary settings	1,584,310	778,580 children	4Ws	Monthly
Activity: Provide children with Early Child Development (ECD) materials or kits in formal and non-formal settings	# of children provided ECD materials or kits in formal and non-formal settings	202,546	74,358 children	4Ws	Monthly
Activity: Provide children with recreational materials in formal and non-formal settings	# of children (3-17 years, girls/boys) benefitting from recreational materials	2,534,896	950,687 children	4Ws	Monthly

Education objective 3: Strengthen the capacity of the education system and communities to deliver a timely, coordinated and evidence based education [related to strategic objectives 1]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Activity: Build the technical capacity of humanitarian actors in crisis-sensitive data collection and analysis and dissemination, relevant standards, Education in Emergencies (EiE) and Inter-Agency Network for Education in Emergency (INEE) Minimum Standards, and/or advocacy on the needs and rights of children in crisis contexts	# of humanitarian actors (female/male) trained on policy, planning, data collection, sector coordination or INEE MS	n/a	528 humanitarian actors	4Ws	Monthly
Activity: Support or establish school-based governance and accountability mechanisms to support school operations	# of Parent Teacher Associations (PTA) supported or established	n/a	2,020 PTAs	4Ws	Monthly
Activity: Build the technical capacity of education authorities to lead, coordinate, manage and monitor the education sector	# of people trained	xx	xx	4Ws	Monthly

Food Security and Agriculture

FSA objective 1: Improve the food security status of assessed food insecure people through life-saving and life-sustaining food assistance [related to strategic objectives 1 and 2]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 1.1: % of targeted households with improved food consumption score		5.2 m people	100%	Outcome indicators monitoring (OMI Report)	Bi-annual
Objective Indicator 1.2: % of targeted households with improved reduced coping strategy		5.2 m people	100%	Outcome indicators monitoring (OMI Report)	Bi-annual
Objective Indicator 1.3: % of targeted households with reduced expenditure on food		5.2 m people	100%	Outcome indicators monitoring (OMI Report)	Bi-annual
Activity: Provide emergency response to crisis affected vulnerable people with short-term food assistance through appropriate modalities	# of IDPs/returnees assisted per round against # of IDPs/returnees	2.7 m people	2.7 m people	4Ws	Monthly
	Metric Tons (MT)/value of food provided	na	na	4Ws	Monthly
Activity: Provide the assessed food insecure people with monthly food assistance through appropriate modalities	# of targeted people receiving regular food assistance by modality (minimum 8 months covered)	5.2 m people	5.2 m people	4Ws	Monthly
	MT/value of food provided	na	na	4Ws	Monthly
Activity: Provide persons with Specific Needs (PSN) with supplementary food assistance through appropriate modalities (complementary to 1.2 and inter-linkage)	# of targeted people receiving supplementary food	n/a	1.2 m people	4Ws	Monthly
	MT/value of food provided	na	na	4Ws	Monthly
Activity: Supply flour or bread directly to households or to bakeries	# of targeted people receiving bread/flour	n/a	1.5 m people	4Ws	Monthly
	MT/value of bread/flour provided	na	na	4Ws	Monthly

FSA objective 2: Support self-reliance of affected households by protecting and building productive assets and restoring or creating income generating opportunities to save and sustain lives [related to strategic objectives 1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 2.1: % of targeted households with Negative Livelihoods Coping Strategy		1 m households	1 m households	Outcome indicators monitoring (OMI Report)	Bi-annual

Activity: Distribute agricultural inputs, such as seeds, fertilizer, pesticide and equipment; and provide related training	# of households targeted received agricultural Inputs and trainings as % of planned by modality	700k households	700k households	4Ws	Monthly (cumulative)
	Quantity (kg) of seed distributed by crop (cereal, tuber, legume, vegetable)	na	na	4Ws	Monthly (cumulative)
Activity: Provide protection Food Rations (FRs) to most vulnerable farming household	# of household receiving protection FRs along with agri inputs	150 k households	150 k households	4Ws	Monthly (cumulative)
Activity: Support small-scale food production (horticulture, poultry-egg laying hens, market gardens)	# of targeted households (HHs) receiving small-scale food production kit by modality Quantity (kg) distributed by type	200 k households	200 k households	4Ws	Monthly (cumulative)
Activity: Provide most vulnerable farming households with protection Food Rations	# of household receiving protection FRs along with small-scale food production	150 k households	150 k households	4Ws	Monthly (cumulative)
Activity: Support asset building and asset protection (small livestock and animal feed distribution) including winterization activities; and provide related training	# of households targeted received livestock by modality	500 k households	500 k households	4Ws	Monthly (cumulative)
	# of animals distributed by modality	na	na	4Ws	Monthly (cumulative)
	Quantity (kg) of animal feed distributed	na	na	4Ws	Monthly (cumulative)
Activity: Provide emergency livestock treatment and training for veterinary services,including community animal health worker	# of targeted herders assisted	200 k households	200 k households	4Ws	Monthly (cumulative)
	# of animals treated/vaccinated by modality	na	na	4Ws	Monthly (cumulative)
Activity: Support income-generating activities including vocational training	# of targeted households supported with income generation activities and trainings - by appropriate modality	200 k households	200 k households	4Ws	Monthly (cumulative)

FSA objective 3: Improve communities' capacity to sustain households' livelihoods by improving linkages with value chain through the rehabilitation/building of productive infrastructure as well as supporting services, early warning and DRR systems [related to strategic objectives 1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 3.1: % of targeted households with Negative Livelihoods Coping Strategy		300 k households	300 k households	Outcome indicators monitoring (OMI Report)	Bi-annual
Activity: Support rehabilitation of relevant economic/ productive infrastructures through appropriate modalities, includingCanals, irrigation systems, markets, storage facilities, bakeries	# of targeted economic infrastructures rehabilitated	na	na	na	Monthly (cumulative)
	# of people benefiting from rehabilitated economic infrastructure	200 k households	200 k households	4Ws	Monthly (cumulative)

Activity: Establish/strengthen the capacity for the provision of essential services for local communities including early warning and DRR systems	# of technicians trained	na	na	na	Monthly (cumulative)
	# of essential services supported	na	na	na	Monthly (cumulative)
	# of people benefiting from essential services	100 k households	100 k households	4Ws	Monthly (cumulative)

Health

Health objective 1: Increase access to life-saving and life-sustaining coordinated, equitable humanitarian health services for those most vulnerable and in need [related to strategic objective 1]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 1.1: # of medical procedures per person in need per year (total for all main indicators for activity 1.1)		12.0 m people	1.9 procedures acute target: 1.9	4Ws	Annual
Objective Indicator 1.2: Average # of Ante-Natal Care (ANC) visits per pregnant woman		483,000 pregnant women	4.0 ANC visits acute target: 4.0	4Ws	Annual
Activity: Provide essential primary and secondary health care services, including trauma care, EmONC and referral.	# of outpatient consultations (excluding mental health, trauma consultations, and physical rehabilitation)	12.0 m people	21 m consulations	4Ws	Monthly
	# of trauma consultations supported	n/a	925,000 consultations	4Ws	Monthly
	# of hostility-related trauma consultations supported	n/a	n/a	4Ws	Monthly
	# of mental health consultations supported	3.1m(15% of population)	300,000 consultations	4Ws	Monthly
	# of physical rehabilitation sessions supported	3.1m* (15% of population)	300,000 sessions	4Ws	Monthly
	# of vaginal deliveries attended by a skilled attendant	483,000 pregnant women	145,000 vaginal deliveries	4Ws	Monthly
	# of caesarian sections supported	121,250 (25% of pregnant women)	85,000 c-section deliveries	4Ws	Monthly
	# of cases referred for specialized treatment (between levels of care inside Syria, cross-line and cross-border)	n/a	200,000 cases	4Ws	Monthly
Activity: Provide routine immunization services to all children <1 years of age	# of children under the age of 1 received DPT3 or equivalent pentavalent vaccine (national programme)	575,000 children	546,250 children (95% children)	4Ws	Monthly
	# of children under the age of 2 received MMR2 vaccine	575,000 children	546,250 children (95% children)	4Ws	Monthly

Activity: Provide antenatal care	# of Ante-Natal Care (ANC) visits	483,000 pregnant women WRA	966,000 visits	4Ws	Monthly
Activity: Provide health facilities with essential medicines and medical supplies	# of treatment courses delivered to health facilities by UN Actors (drug treatment for one disease, one medical procedure such as dressing, dialysis)	12 m people	13.5 m treatment courses	4Ws	Monthly
Activity: Monitor and report on violence against health care	# of published attacks on health care	n/a	n/a	SSA	Monthly
Activity: Coordinate the humanitarian health response	# of health sector coordination meetings held across response hubs	n/a	40 meetings	Health cluster bulletins	Monthly
	# of completed health sector assessments conducted and analysed	n/a	25 assessments	Assessment registry	Quarterly

Health objective 2: Strengthen health sector capacity to prepare for, detect and deliver timely response to disease outbreaks [related to strategic objective 1]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 2.1: % of disease alerts investigated within 72 hours of identification		12.0 m people	95% acute target: 95%	Consolidated EWARN/ EWARS data	Quarterly
Activity: Expand the reporting capacity of the early warning systems	% of sentinel sites submitting weekly surveillance reports	12.0 m people	95% sentinel sites	Consolidated EWARN/ EWARS data	Monthly
Activity: Strengthen capacity to investigate and detect disease outbreaks	# of reference laboratories supported to detect and confirm epidemic-prone diseases	12.0 m people	5 laboratories	Consolidated EWARN/ EWARS data	Quarterly
Activity: Support health authorities to carry out timely response to disease outbreaks	% of disease outbreaks responded to within 96 hours of identification	12.0 m people	95% outbreaks	Consolidated EWARN/ EWARS data	Quarterly

Health objective 3: Strengthen health system capacity to support continuity of care, strengthen community resilience, and respond to IDP movements and changes in context [related to strategic objective 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 3.1: Ratio of essential health workers (doctors, midwives, nurses) to 10,000 population		12.0 m people	24/10,000 acute target: 24/10,000	HeRAMS	Quarterly
Objective Indicator 3.2: Ratio of fully functional health facilities providing primary health care services per 10,000 population		12.0 m people	0.5/10,000 acute target: 0.5/10,000	HeRAMS	Quarterly

Activity: Strengthen the capacity of health care providers and community health care workers to provide essential health services	# of health staff trained/re-trained on different health topics	n/a	14,500 health care workers	4Ws	Monthly
	# of community health workers trained/re-trained on different health topics	n/a	3,500 community health workers	4Ws	Monthly
Activity: Increase access to health services by establishing functional health facilities and mobile medical units and supporting referral	# of health facilities refurbished or rehabilitated	473 health facilities	235 health facilities	HeRAMS	Quarterly
	# of operational mobile medical units, including medical teams	11.4 m people	230 mobile medical units	4Ws	Monthly
	# of functional ambulances	11.4 m people	250 ambulances	4Ws / Ambulance tracking tool	Monthly

** The health sector uses Global Disability Prevalence of 15% while acknowledging that recent assessments have suggested elevated rates up to 27%.*

Nutrition

Nutrition objective 1: Protect and strengthen lifesaving maternal and child nutrition services for pregnant and lactating women and young children with infant and young child feeding in emergencies (IYCF-E) services, micronutrient interventions, and maternal nutrition support [related to strategic objectives 1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 1.1: # of girls and boys under five and pregnant and lactating women receiving life-saving preventive maternal and child nutrition support services		4.6 m children	3.0 m children	4Ws (Nutrition Sector)	Quarterly
Activity: Provide facility and community-based one-on-one counselling on WHO recommended Infant and Young Child Feeding (IYCF-E) and maternal nutrition practices	# of pregnant women and caregivers of children under 24 months of age counseled as one on one on appropriate IYCF-E and maternal nutrition (disaggregated: pregnant, 0-6, 6-12, 12-24 and by sex)	766,932 caregivers	825,927 caregivers	4Ws (WoS)	Monthly
Activity: Screen Pregnant and Lactating Women (PLW) and caregivers of children 0–24 months for infant feeding difficulties	# of primary and secondary caregivers reached with IYCF-E screening	1,179,896 caregivers	568,865 caregivers	4Ws (WoS)	Monthly
Activity: Support adherence to the Breastmilk Substitute Standard Operating Procedures for Whole-of-Syria	# of partners oriented on the standard operating procedures	32 partners	32 partners	4Ws (WoS)	Monthly
Activity: Provide micronutrient supplementation to pregnant women and children	# of boys and girls (6–59 months) who received micronutrient supplements (micronutrient powder (MNP)etc.) for four months by the sector	1,119,211 children (6-59 months)	783,447 children (6-59 months)	4Ws (WoS)	Monthly
	# of PLWs who received micronutrients, including iron folate and Micronutrient tablets for six months by the sector	766,932 PLWs	536,852 PLWs	4Ws (WoS)	Monthly

Activity: Provide specialized nutritious food (LNS) to children 6–36 months to prevent Acute Malnutrition	# of boys and girls aged 6–36 months reached with LNS for three months	1,119,211 children (6-59 months)	579,862 children (6-59 months)	4Ws (WoS)	Monthly
Activity: Provide High Energy Biscuits to Newly displaced children 6–59 months to prevent Acute Malnutrition	# of newly displaced boys and girls aged 6–59 months reached with High Energy Biscuits for Two weeks	682,354 children (6-59 months)	339,386 children (6-59 months)	4Ws (WoS)	Monthly
Activity: Provide High Energy Biscuits to Newly displaced mothers to prevent Acute Malnutrition	# of newly displaced Pregnant and Lactating Women reached with High Energy Biscuits for Two weeks	321,108 PLWs	117,149 PLWs	4Ws (WoS)	Monthly
Activity: Support improved dietary diversity of pregnant women and children 6–24 months with market-based interventions or in-kind support	# of PLWs enrolled in market-based interventions or in-kind support while promoting dietary diversity	766,932 PLWs	60,000 PLWs	4Ws (WoS)	Monthly
	# of mothers reached with integrated nutrition/ food security and livelihood (FSL) services to support dietary diversity	214,741 mothers	1,000 mothers	4Ws (WoS)	Monthly

Nutrition objective 2: Improve equitable access to curative nutrition services through systematic and timely identification, referral, and treatment of acutely malnourished cases for pregnant and lactating women, and boys and girls under 59 months of age [related to strategic objectives 1 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 2.1: # of PLWs and girls and boys under 59 months treated for acute malnutrition in Community-based Management of Acute Malnutrition (CMAM) services		129,537 PLWs	129,537 PLWs	4Ws (WoS)	Quarterly
Activity: Ensure early identification and referral of acute malnutrition cases	# of boys and girls (6–59 months) screened for malnutrition	2,238,422 children (6-59 months)	156,6895 children (6-59 months)	4Ws (WoS)	Monthly
	# PLWs screened for malnutrition	766,923 PLWs	536,846 PLWs	4Ws (WoS)	Monthly
Activity: Ensure adequate coverage of treatment of acute malnutrition for children, pregnant and lactating mothers	# of boys and girls (6–59 months) with moderate acute malnutrition reached with treatment	66,213 children (6-59 months)	66,213 children (6-59 months)	4Ws (WoS)	Monthly
	# of boys and girls (6–59 months) with uncomplicated severe acute malnutrition reached with treatment	21,449 children (6-59 months)	21,449 children (6-59 months)	4Ws (WoS)	Monthly
	# of boys and girls (6–59 months) with severe acute malnutrition and medical complications reached with treatment	4,290 children (6-59 months)	4,290 children (6-59 months)	4Ws (WoS)	Monthly
	# of PLWs with moderate acute malnutrition reached with treatment	50,998 PLWs	37,585 PLWs	4Ws (WoS)	Monthly
Activity: Provide quality services in CMAM centers	% of facilities providing CMAM services meeting SPHERE standards	95%	95%	4Ws (WoS)	Monthly
Activity: Provide essential WASH services in CMAM sites	% of nutrition facilities provided with WASH services (nutrition facilities are health facilities providing nutrition services)	60%	60%	4Ws (WoS)	Monthly

Nutrition objective 3: Improve equitable access to curative nutrition services through systematic and timely identification, referral, and treatment of acutely malnourished cases for pregnant and lactating women, and boys and girls under 59 months of age [related to strategic objectives 1 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 3.1: # of girls and boys under five and PWLs receive life-saving maternal and child nutrition support services		4.6 m children	3.0 m children	4Ws (WoS)	Quarterly
Activity: Ensure effective coordination at national and sub-national levels	# of cluster coordination meetings at national and sub-national level	n/a	72 meetings	Meetings minutes	Quarterly
	# of Cluster Coordination Performance Monitoring (CCPM) surveys completed	n/a	2 surveys	Meetings minutes	Quarterly
	# of functional Strategic Advisory Groups (SAG) at national and hub levels	n/a	2 SAGs	Cluster coordination performance monitoring report	Yearly
Activity: Ensure adequate implementation capacity at national and sub-national levels	# of functional Technical Working Groups (TWG) at national level	n/a	8 TWGs	ToR of the SAG Meeting minutes	Quarterly
	# of health and nutrition staff trained in IYCF-E	3,600 staff	2,326 staff	ToR of the TGW Meeting minutes	Quarterly
	# of health and nutrition staff trained in Community Management of Acute Malnutrition including the inpatient care guidelines	2,700 staff	1,000 staff	4Ws (WoS)	Monthly
	# of health and nutrition staff trained in surveys/surveillance	100 staff	65 staff	4Ws (WoS)	Monthly
	# of health and nutrition staff trained in nutrition cluster coordination	10 staff	10 staff	4Ws (WoS)	Monthly
Activity: Provide real time, reliable high-quality nutrition information is available to inform program decisions	# of sub-districts covered with nutrition surveillance	n/a	270 sub-districts	4Ws (WoS)	Monthly
	# of nutrition surveys, assessments and studies conducted	n/a	4 studies	Study reports	Quarterly
Activity: Ensure sustainable, predictable and high-quality nutrition supplies pipeline	# of sub-districts stoking out from nutrition supplies for more than a week	n/a	0 sub-districts	4Ws (WoS)	Monthly

Shelter and Non-Food Items

SNFI objective 1: Provide life-saving and life-sustaining shelter and non-food item (NFI) support [related to strategic objective 1]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 1.1: Targeted crisis-affected households, including those in underserved communities, have their core and essential non-food item needs met		3.4 m households	4.3 m households	4Ws	Monthly
Objective Indicator 1.2: Targeted people are protected from seasonally and adverse weather conditions		3.4 m people	2.7 m people	Winterization update	Monthly (during winter)
Objective Indicator 1.3: Targeted crisis-affected households are provided with timely life-saving and life-sustaining shelter support (medium-term/temporary shelter), including those in protracted displacement, returnees, Palestinian refugees		1.14 m households	0.16 m households	4Ws	Monthly
Activity: Provision of core and essential NFIs, e.g. mattress, plastic sheeting, blankets, jerry cans, kitchen sets, solar lamps; including market-based interventions for these items	# of people whose core and essential NFI needs are met	3.4 m people	4.3 m people	4Ws	Monthly
Activity: Provision of seasonal and supplementary NFIs and shelter assistance, e.g. winter clothing, fuel, winter-specific shelter upgrades; or summer/ flood assistance including market-based interventions for these items	# of people whose seasonal and supplementary NFI needs are met	3.4 m people	2.6 m people	Seasonal update	Monthly (during the season)
	# of people whose seasonal emergency shelter needs are met	5.7 m people	167,150 people	Seasonal update	Monthly (during the season)
Activity: Provision of emergency shelter, e.g. tent installation in camps, transit sites and spontaneous settlements with associated infrastructure, distribution of emergency shelter materials and kits; rental assistance, including market-based interventions for these items	# of people assisted with tents	5.7 m people	72,945 people	4Ws	Monthly
	# of people assisted with tents with associated infrastructure	5.7 m people	533,000 people	4Ws	Monthly
	# of people assisted with distributed/installed emergency shelter materials/kits	5.7 m people	810,028 people	4Ws	Monthly
	# of people assisted with rental assistance (either free rent, cash-for-rent, or subsidy)	5.7 m people	23,000 people	4Ws	Monthly
Activity: Rehabilitation of collective centres and transitional shelters, including: in-kind, market-based interventions, physical repair, etc.	# of people assisted by rehabilitated collective centers	5.7 m people	107,870 people	4Ws	Monthly
	# of people assisted by upgraded unfinished buildings	5.7 m people	37,690 people	4Ws	Monthly

SNFI objective 2: Support an enabling protection environment and social cohesion by improving housing and related community/public infrastructure [related to strategic objective 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 2.1: Increase in adequate housing stock available to targeted households and communities		1.14 m households	0.32 m households	4Ws	Monthly
Objective Indicator 2.2: Increased capacity of Shelter / NFI stakeholders and partners		NA	4,686 stakeholders	4Ws	Monthly
Activity: Support to sustainably repair/rehabilitate housing and related community/public infrastructure and facilities to owners/tenants/returnees/host families (can include: materials, market-based interventions, cash-for-work, labour, etc.)	# of people assisted by rehabilitated damaged houses	5.7 m people	281,620 people	4Ws	Monthly
	# of people assisted by semi-permanent shelter	5.7 m people	1.3 m people	4Ws	Monthly
	# of people assisted by repaired/rehabilitated community/public infrastructure and facilities	5.7 m people	14,200 people	4Ws	Monthly
Activity: Training of stakeholders on resilience and quality-oriented shelter/NFI skills and capacities	# of Shelter/NFI actors trained	n/a	4,686 actors	4Ws	Monthly

Water, Sanitation and Hygiene

WASH objective 1: Support to water, sanitation/sewage and solid waste management systems to ensure regular services for affected people in Syria [related to strategic objective 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 1.1: Estimated # of people with improved access to WASH services as a result of repair, rehabilitation and operational support to WASH systems and establishment of water safety plans		10.7 m people	10.7 m people	4Ws	Quarterly
Objective Indicator 1.2: Estimated # of people with access to safe water as a result of provision of water disinfectants		20.4 m people	15.5 m people	4Ws	Quarterly
Activity: Repair and rehabilitation of water systems	Estimated # of people with improved access to water as a result of repair and rehabilitation of water systems	8.6 m people	6.0 m people	4Ws	Quarterly
Activity: Support to water quality assurance, operation and maintenance of water supply systems	Estimated # of people with improved access to water due to provision of water disinfectants	20.4 m people	15.5 m people	4Ws	Quarterly
	Estimated # of people with improved access to water through the operation and maintenance support to the water systems	2.5 m people	2.0 m people	4Ws	Quarterly
	Estimated # of people with improved access to water through establishment of water safety plans	955,187 people	1.0 m people	4Ws	Quarterly

Activity: Repair, rehabilitation and operational support to sanitation/sewage and solid waste management systems	Estimated # of people with improved access to sanitation services through support to sanitation systems, including sewage networks, wastewater treatment plants	4.7 m people	2.0 m people	4Ws	Quarterly
	Estimated # of people with improved access to Solid Waste Management (SWM) services through support to SWM systems	4.7 m people	2.0 m people	4Ws	Quarterly

WASH objective 2: Deliver humanitarian WASH supplies and services, and improve hygienic behavior and practices of most vulnerable people [related to strategic objectives 1 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 2.1: # of people with improved access to humanitarian life-saving emergency WASH facilities and services, and with improved hygienic behavior and practices		6.8 m people	6.8 m people	4Ws	Quarterly
Activity: Distribution of essential WASH non-food items (NFI) and hygiene promotion	# of people who received essential WASH NFIs	4.9 m people	3.0 m people	4Ws	Monthly
	# of people reached by hygiene promotional activities and campaigns	6.1 m people	1.5 m people	4Ws	Monthly
Activity: Improved access to humanitarian life-saving/ emergency WASH facilities and services	# of people with improved access to water through humanitarian life-saving/emergency water facilities and services	6.1 m people	4.0 m people	4Ws	Monthly
	# of people with improved access to sanitation through humanitarian life-saving/emergency sanitation/sewage facilities and services	6.1 m people	4.0 m people	4Ws	Monthly
	# of people reached through humanitarian life-saving/emergency solid waste management and vector control facilities and services	6.1 m people	3.0 m people	4Ws	Monthly
Activity: Market-based assistance for WASH services	# of people who received market-based assistance for WASH services	4.6 m people	1.0 m people	4Ws	Monthly

WASH objective 3: WASH coordination structures facilitated and enhanced [related to strategic objective 1]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 3.1: # of joint needs analysis and response planning exercises developed across response hubs		n/a	3 analyses	Meeting minutes / Assessment reports	Yearly
Activity: Facilitation of WASH sector coordination	# of WASH sector coordination meetings held across response hubs	n/a	60 meetings	Meeting minutes	Yearly
	# of sector-specific needs assessments conducted and analysed	n/a	3 assessments	Assessment reports	Yearly

Activity: Strengthen prevention and mitigation of WASH-related protection risks	# of WASH projects/proposals that include at list one GBV risk-reduction objective, activity or indicator, and/or a dedicated budget	87	10 projects	HRP project proposals / 4Ws	Bi-annually
	# of WASH projects/proposals that include explosive hazard risk mitigation objective, activity or indicator, and/or a dedicated budget	87	1 project	HRP project proposals / 4Ws	Bi-annually

WASH objective 4: Improve WASH facilities and services in institutions to minimize sub-standard WASH conditions of the most vulnerable people in Syria [related to strategic objective 1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 4.1: # of people with improved access to gender and disability friendly WASH facilities and services in schools, child friendly spaces and health care facilities		n/a	750,000 people	4Ws	Quarterly
Activity: Support to WASH facilities and services in schools and child friendly spaces in close coordination with Education and Protection sectors	# of (pre)school children gaining access to gender and disability friendly WASH facilities and services	n/a	500,000 children	4Ws	Monthly
Activity: Support to WASH facilities and services in health care facilities in close coordination with Health sector	# of people gaining access to gender and disability friendly WASH facilities and services in health care facilities	n/a	250,000 people	4Ws	Monthly
	# of people benefitting from improved medical waste management systems	n/a	100,000 people	4Ws	Monthly

Logistics

Logistics objective 1: Provide logistics services, including surface transportation, transshipment, and warehousing to humanitarian organizations responding to the Syria crisis [related to strategic objective 1]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 1.1: # of humanitarian partners across Whole-of-Syria benefiting from augmented logistics capacity		n/a	10 partners	Sector records	Monthly
Activity: Maintain common UN logistics services, including common transport, coordination of convoys, storage, transshipment and air transport support	# of m² of storage capacity maintained inside Syria	n/a	11,500 m²	Sector reports	Ad hoc
	# of Inter-Agency humanitarian convoys per year	n/a	8 convoys	Sector reports RITA	Ad hoc
	# of operational hubs used for cross-border transshipment operations	n/a	2 hubs	Sector reports	Monthly
	% of requests for passenger and light cargo transport fulfilled	n/a	100%	UNHAS reports	Ad hoc

Logistics objective 1: Maintain regional Whole-of-Syria inter-agency logistics coordination and information management in order to support humanitarian actors [related to strategic objective 1]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 2.1: % rate of partner satisfaction with the Logistics Sector's performance		n/a	90%	Sector satisfaction survey	Twice a year
Activity: Organize regular and ad-hoc coordination meetings in Syria and Turkey	# of meetings held across Syria and Turkey	n/a	30 meetings	Meeting minutes	Ad hoc
Activity: Provide partners with up-to-date information on regular basis for operational decision-making and planning	# of Information Management (IM) products shared	n/a	54 products	Sector reports	Monthly
Activity: Organize quarterly Steering Committee meetings for overall guidance on the running of the UNHAS air service	# of meetings held	n/a	3 meetings	UNHAS meeting minutes	Quarterly
Activity: Organize monthly User-Group meetings to ensure a platform for partner needs to be voiced	# of meetings held	n/a	8 meetings	UNHAS meeting minutes	Monthly

Logistics objective 1: Enhance the capacity of humanitarian organizations to effectively manage the logistics of humanitarian operations in Syria [related to strategic objective 1]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 3.1: Produce an overview of logistics gaps and needs, including trainings in the WoS		n/a	1 overview	Gaps and Needs Analysis	Annual
Objective Indicator 3.2: Enhance the capacity humanitarian organisations to effectively manage the logistics (in line with the 2020 GNA exercise)		n/a	90% satisfaction rate	Sector satisfaction survey	Annual
Activity: Consult a Gaps and Needs Assessment (GNA) that identifies the logistics gaps and challenges faced by responding organisations	# of Gaps and Needs Assessments conducted	n/a	1 GNA	Gaps and Needs Analysis	Annual
Activity: Conduct trainings that enhance the technical capacity of humanitarian actors, addressing the needs identified in the various gaps and needs exercises	% of trainings recommended by the LC 2020 GNA implemented (under Logistics Sector mandate)	n/a	100%	Sector reports	Monthly

Emergency Telecommunications

ETC objective 1: Provide common security telecommunications, voice and data connectivity services to humanitarian partners [related to strategic objectives 1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 1.1: # of humanitarian agencies supported with security telecommunications and data communications services		n/a	15 agencies	Cluster reports	Annual
Objective Indicator 1.2: # of staff effectively supported with security communication and data services		n/a	600 staff	Cluster reports	Annual
Activity: Support effective response through the provision of emergency telecommunications and data communications services to humanitarian partners throughout Syria and the surrounding countries in 15 common operational areas	# of UN operational areas where common security telecommunications (radio) networks have been upgraded	n/a	15 areas	Cluster reports	Annual
Activity: Deploy connectivity services in new operational hubs	# of connectivity services deployed in new operational hubs	n/a	4 services	Cluster reports	Annual
Activity: Expand very/ultra high frequency (VHF/UHF) radio network in common operational areas	# of new VHF/UHF radio networks established in common operational areas	n/a	4 networks	Cluster reports	Annual

ETC objective 2: Lead inter-agency emergency telecommunications coordination and information sharing to support the operational needs of humanitarian partners [related to strategic objectives 1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Activity: Provide an online platform for information sharing and coordination	ETC web portal operational with secure member access and regular updates posted	n/a	1 website	ETC website / sector reports	Annual
Activity: Prepare Information Management (IM) products and convene coordination meetings across Whole-of-Syria (WoS) response	# of IM products, including dashboards, situation reports, produced and shared via email, task forces, OPweb, Reliefweb and on the ETC platform	n/a	30 IM products	ETC website / ReliefWeb updates	Every 2 months
Activity: Lead coordination among humanitarian partners to ensure the delivery of data and security telecommunications services	# of global and local ETC coordination meetings conducted	n/a	18 meetings	Cluster reports/ minutes	Monthly

ETC objective 3: Build technical capacity of humanitarian partners and strengthen their ability to ensure safety of staff and assets in the field [related to strategic objectives 1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 3.1: # of humanitarian staff trained		n/a	25 staff	Training logs	Annual
Objective Indicator 3.2: # of humanitarian staff effectively supported		n/a	200 staff	UNDSS list of staff	Annual
Objective Indicator 3.3: % of humanitarian staff satisfied with ETC services		n/a	80%	User satisfaction survey	Annual
Activity: Install 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 humanitarian staff	# of radio repeaters installed to support UN operations and humanitarian staff	n/a	7 radio repeaters	Cluster reports	Annual
	# of fully manned Security Operations Centres (SOCs) in support of UN operations and humanitarian staff	n/a	6 SOCs	Cluster reports	Annual
Activity: Deliver ETC security communication technical trainings in 2020	# of trainings effectively delivered	n/a	2 trainings	Training logs	Annual
Activity: Provide dedicated ICT helpdesk support personnel at hubs serving the Syria response, including Syria, Turkey, Lebanon, Jordan	# of location with ICT helpdesk	n/a	5 locations	Cluster reports	Annual
Activity: Provide regular maintenance/trainings to keep ETC services fully functional	# of times ETC services maintained	n/a	15 maintanances	Cluster reports	Annual
	# of times staff trained on ETC service maintenance	n/a	15 maintanances	Training logs	Annual
Activity: Provide technical ETC capacity-buiding training to national technical staff	# of national staff trained on technical capacity-building	n/a	25 trainings	Training logs	Annual

ETC objective 4: Provide targeted assistance to national NGOs that demonstrate a need for telecommunications assistance beyond their organizational capacity [related to strategic objectives 1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Activity: Provide support services to other agencies and SARC, namely helpdesk/ technical assistance, radio installations, radio training, radio programming and radio troubleshooting	# of national agencies supported	n/a	2 agencies	Cluster reports	Annual

Coordination and Common Services

CCS objective 1: Provide effective coordination support across response modalities and a reinforced response [related to strategic objectives 1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Activity: Facilitate inter-sector/ cluster coordination	# of active inter-sector/cluster coordination groups	n/a	3 groups	Meeting readouts	Bi-weekly (Syria) Monthly (across response hubs)
	# of OCHA-led trainings provided for humanitarian partners	n/a	6 trainings	Training records & readouts	Quarterly
	# of coordinated assessment exercises (MSNA and surveys) informing needs analysis and response planning	n/a	1 assessment excercise	MSNA / similar survey records	Annually
	% of partners satisfied with OCHA's HPC coordination	n/a	50%	Partner survey	Annually
Activity: Increase the access to and the disbursement of Country-Based Pooled Funds to national partners	% of funding from Country-Based Pooled Funds disbursed to national implementing partners (average for Syria and Syria cross-border pooled funds serving Syria operation)	n/a	10%	CBPF Annual Report	Annually
Activity: Provide the tools and resources to enhance common situational awareness of humanitarian needs, and enable more informed decision-making	# of reports used by humanitarian leadership to inform their decision making	n/a	12 reports	Monthly reports	Monthly
	# of population baseline updates informing needs analysis and response planning	n/a	3 population baseline updated	Bi-annual reports	Bi-annual
	# of ad-hoc assessments and situation reports issued within the first 72 hours after the onset of an emergency	n/a	3 assessments and situation reports	Reports / Datasets	Ad hoc
	# of IDP dashboards published	n/a	4 IDP dashboards	Quarterly reports	Quarterly
	# of inquiries on humanitarian services received through hotlines, online service mapping applications and other tools facilitating Accountability to Affected Populations	n/a	3,600 inquiries	Statistics of various AAP instruments	Quarterly
Activity: Support the strengthening and establishment of mechanisms for the Prevention of Sexual Exploitation and Abuse (PSEA) by humanitarian actors	% of organisations funded by Country-Based Pooled Funds that have integrated PSEA in their code of conducts signed by staff members	n/a	100%	CBPF Annual Report	Annually
	# of multi-sectoral household surveys conducted with questions relating to PSEA	n/a	3 HH surveys	HH surveys	Ad hoc
	# of PSEA network member humanitarian organizations that are actively participating in PSEA mechanisms	n/a	130 members	xx	xx

Activity: Provide comprehensive capacity development activities to humanitarian actors for a reinforced response	# of capacity-building activities received by humanitarian partners	n/a		56 activities	Agency reports & Partnership working group database	Quarterly
	# of capacity building trainings and coaching sessions conducted	n/a		120 trainings	Agency reports & Partnership working group database	Quarterly
	# of internal organizational policies and procedures revised and/or developed by humanitarian partners	n/a		30 policies	Agency reports & Partnership working group database	Quarterly
Activity: Enhance the institutional capacity and coordination of NGOs, towards an effective and efficient role in serving and advocating for the most vulnerable populations in Syria	# of Syrian NGOs enhancing gender equality programming, including gender responsive programme design, implementation and monitoring	125	NGOs	125 NGOs	Progress reports	Bi-annual
	# of NGOs and NGO networks that have enhanced their collective actions, joint programming and implementation, and sharing of resources for improved dialogue and cooperation to serve and advocate for the most vulnerable populations in Syria	125	NGOs	125 NGOs	Progress reports	Bi-annual

CCS objective 2: Maintain coordination and operational capacity for UNRWA-led programmes targeting Palestine refugees [related to strategic objectives 1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED		TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 2.1: % of security risk assessments completed for programmes and projects at field level		n/a		100%	Compliance check-list	Annual
Activity: Train UNRWA staff on safety and security	# of UNRWA staff trained on safety and security	n/a		381 staff	Training reports	Quarterly
Activity: Provide enhanced operational support for effective response to Palestine refugees	% of UNRWA facilities with adequate security, equipment, personnel and services	n/a		100%	Compliance check-list	Quarterly
Activity: Ensure adequate staffing of humanitarian positions for quality and timely service delivery to Palestine refugees	% of required positions filled	n/a		100%	Recruitment reports	Quarterly

CCS objective 3: Enhance security risk management measures to ensure the safety and security of UN personnel and continuity of humanitarian programme delivery [related to strategic objectives 1, 2 and 3]

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)
Objective Indicator 3.1: % of areas of operation reached with safe access		n/a	xx	UNDSS reports	Monthly
Activity: Provide a comprehensive security risk management package to the UN and INGOs	# of incident reports produced, regular reports and advisories	n/a	xx	UNDSS reports	Monthly
	# of missions facilitated	n/a	900 missions	UNDSS reports	Monthly
	# of Security Threat Information (STI), Security Alerts, Security Advisories	n/a	2,100 STIs	UNDSS reports	Monthly
	# of safety and security training for UN staff and INGOs including SSAFE, ETB, Basic Life Support, ERW, and Defensive driving, etc	n/a	24 trainings	UNDSS reports	Monthly

3.5

Acronyms

4W	Who does What, Where and When
ANC	Ante-Natal Care
AoR	Area of Responsibility
BTL	Back- to-Learning
CBPF	Country-Based Pooled Fund
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CFSAM	Crop and Food Security Assessment Mission
CHW	Community health worker
CMAM	Community-Based Management of Acute Malnutrition
COVID-19	Coronavirus disease 2019
CP	Child Protection
ECCE	Early Childhood Care and Education
ECD	Early Child Development
EiE	Education in Emergencies
EmONC	Emergency Obstetric and Newborn Care
ERC	Emergency Relief Coordinator
ERL	Early Recovery and Livelihoods Sector
ESCWA	United Nations Economic and Social Commission for Western Asia
ETB	Emergency Trauma Bag
ETC	Emergency Telecommunication Cluster
EWARN	Early Warning, Alert and Response Network
EWARS	Early Warning, Alert and Response System
FSA	Food Security and Agriculture
FTS	Financial Tracking System
GAM	Global acute malnutrition
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GoS	Government of Syria
HC	Humanitarian Coordinator for Syria
HCT	Humanitarian Country Team
HeRAMS	Health Resources and Services Availability Monitoring System
HH	Household
HLP	Housing, Land and Property
HNO	Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan

IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
ICT	Information and communications technology
IDP	Internally Displaced Person
IFRC	International Federation of the Red Cross
IHL	International Humanitarian Law
IHRL	International Human Rights Law
IM	Information Management
INEE	Inter-Agency Network for Education in Emergency
INGO	International Non-Governmental Organization
ISC	Inter-Sector Coordination
ISIMM	IDP Sites Integrated Monitoring Matrix
IYCF	Infant and Young Child Feeding
IYCF-E	Infant and Young Child Feeding in Emergencies
JOP	Joint Operating Principles
LNS	Lipid-based nutrient supplements
MA	Mine Action
MHPSS	Mental Health and Psychosocial Support
MoLAE	Ministry of Local Administration and Environment
MSNA	Multi-Sector Needs Assessment
NES	North-east Syria
NFE	Non-formal education
NFI	Non-Food Item
NGO	Non-Governmental Organization
NLG	No Lost Generation
NWS	North-west Syria
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OOSC	Out of school children
PHC	Primary healthcare centres
PiN	People in Need
PLW	Pregnant and Lactating Women
PMR	Periodic Monitoring Reports
PRA	Protection risk analysis
PSEA	Prevention of sexual exploitation and abuse
PSN	Persons with Specific Needs
PSS	Psychosocial support
RH	Reproductive health
RHC	Regional Humanitarian Coordinator for the Syria Crisis
RITA	Relief-Item Tracking System

RTE	Ready-to-Eat Rations
SAD	Sex and age disaggregated
SARC	Syrian Arab Red Crescent
SCHF	Syria Cross-Border Humanitarian Fund
SEA	Sexual exploitation and abuse
SHF	Syria Humanitarian Fund
SIOC	Security Information Operations Center
SLP	Self-Learning Programme
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SOC	United Nations Security Operation Centres
SSAFE	Safe and Secure Approaches in Field Environments
SWM	Solid Waste Management
SYP	Syrian Pound
TVET	Technical and Vocational Education and Training
UN	United Nations
UNDSS	United Nations Department for Safety and Security
UNHAS	UN Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
US$	U.S. Dollar
WASH	Water, Sanitation and Hygiene
WFP	United Nations World Food Programme
WHO	United Nations World Health Organization
WoS	Whole of Syria

3.6

How to Contribute

Contributing to the 2020 Syria Humanitarian Response Plan

To learn more about the 2020 Syria Humanitarian Needs Overview and donate directly to the 2020 Syria Humanitarian Response Plan, visit OCHA's Syria web page: 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 Member States, 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/ourdonors/how-donate

Donating through Country-Based Pooled Funds for the Syria Crisis

The 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 countrylevel strategic decision-making. In addition, a CBPF in Turkey is dedicated to funding cross-border projects. The CBPFs in the region have been designed to support and align a comprehensive response to the Syria crisis by expanding the delivery of humanitarian assistance, increasing humanitarian access, and strengthening partnerships with local and international non-governmental organizations. For more information, visit the OCHA Syria web page: www.unocha.org/syria

In-kind relief aid

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

Registering and recognizing your contributions

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

HUMANITARIAN RESPONSE PLAN

SYRIAN ARAB REPUBLIC

ISSUED DECEMBER 2020