## TABLE OF CONTENT

### PART I:

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>04</td>
</tr>
<tr>
<td>Changes in Humanitarian Context</td>
<td>07</td>
</tr>
<tr>
<td>Needs Update</td>
<td>13</td>
</tr>
<tr>
<td>Strategic Objectives: Achievements to Date</td>
<td>15</td>
</tr>
<tr>
<td>Preparedness Efforts</td>
<td>25</td>
</tr>
<tr>
<td>Key Gaps</td>
<td>26</td>
</tr>
<tr>
<td>Challenges</td>
<td>27</td>
</tr>
<tr>
<td>Funding Analysis</td>
<td>28</td>
</tr>
</tbody>
</table>

### PART II: CLUSTER ACHIEVEMENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>30</td>
</tr>
<tr>
<td>Camp Coordination &amp; Camp Management</td>
<td>36</td>
</tr>
<tr>
<td>Early Recovery &amp; Livelihoods</td>
<td>38</td>
</tr>
<tr>
<td>Education</td>
<td>40</td>
</tr>
<tr>
<td>Food Security &amp; Agriculture</td>
<td>43</td>
</tr>
<tr>
<td>Health</td>
<td>51</td>
</tr>
<tr>
<td>Nutrition</td>
<td>56</td>
</tr>
<tr>
<td>Shelter/NFI</td>
<td>59</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>62</td>
</tr>
<tr>
<td>Logistics</td>
<td>64</td>
</tr>
</tbody>
</table>

### PART III: ANNEXES

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Cluster Indicators</td>
<td>66</td>
</tr>
</tbody>
</table>
Summary

Key Facts and Figures

13.6M
People in need of humanitarian assistance, of whom 5.9M are children.

5.8M
People live in areas where the overall levels of need are considered severe.

540K
People are trapped in UN-declared besieged areas*, of whom 232,200 are children.

6.3M
People are internally displaced in Syria.

1.3M
Displacements have occurred during the first 6 months of 2017.

513K
Spontaneous IDP returns** were recorded during the first six months of 2017, the vast majority of which occurred in Aleppo governorate.

995
Grave violations against children were verified during the first 6 months of 2017, including 524 cases of killing and maiming of children.

13.2M
People or 69% of the population of Syria lives in extreme poverty***. 83% of the population lives below the poverty line.

1.57M
Children are out of school, with a further 1.35M at risk of dropping out.

7M
People are food insecure**** and a further 2M people are at risk of food insecurity.

4.4M
People are at risk of malnutrition and in need of preventive and curative nutrition services.

1.9M
People are in acute and immediate need of life-sustaining shelter assistance.

2/3
Of the population has no consistent access to safe water.

---

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

**Spontaneous IDP returns represent estimated IDP returnees to their community of origin as estimated by available tracking mechanisms. The returns are not monitored or organized IDP returns, and do not imply a durable solution has been achieved.

***Three indices of consumption deprivation are used to measure the depth and incidence of poverty. These include: “overall poverty” based on the upper poverty line, which is the minimum necessary goods and services that a household requires to survive; “extreme poverty” based on the lower poverty line, which is the very basic food and non-food items that a household requires to live; and, “abject poverty” based on the food poverty line.

****As per the WFP criteria, people are considered food insecure when they do not have availability and adequate access at all times to sufficient, safe, nutritious food to maintain a healthy and active life.
HIGHLIGHTS OF ACHIEVEMENTS (JAN-JUNE 2017)

**Protection**
3.5M protection interventions provided in 211 sub-districts through one or more prevention/risk mitigation, response or capacity-building activities.

Over 1,68M people were reached through explosive hazard risk education; more than 27,000 children were engaged in structured and sustained child protection programmes, including psychosocial support and 179,118 people were reached with women and girls empowerment and protection activities.

**Food Security**
An average of 5.4M people reached every month with food assistance, and 1.5M people with one-off emergency food assistance.

Nearly 47,000 households benefitted from agriculture and livelihood activities.

**Camp Coordination and Camp Management**
Over 364,000 internally displaced persons (IDPs) reached with multi-sector assistance in planned camps, informal tented settlements, transit camps, and collective centers in four governorates.

**Health**
Nearly 9M medical procedures supported/carry out and almost 6M treatment courses distributed. Over 131,000 children reached with immunization campaigns.

**Early Recovery and Livelihoods**
Nearly 3.5M people benefited from improved safe access to basic and essential services and infrastructure.
3M people have better access to clean and healthy work and living environment, with more than 25,000 people employed in debris and solid waste management of affected neighborhoods.

**Education**
Around 1.1M children and adolescent reached with formal and non-formal education services.
Nearly 180,000 children and adolescents have benefited from life skills and citizenship education programmes in informal settings.

**Nutrition**
690,000 children under five were screened for acute malnutrition.
733,000 children under five received lipid-based nutrient supplements (LNS) or high energy biscuits.

**NFI Shelter/NFI**
2.6M people received winter support and supplementary non-food items (NFI) assistance.
Almost 105,000 people in need assisted with shelter assistance.

**WASH**
8M people reached with direct humanitarian WASH assistance.

**Logistics**
Nearly 23,815 m³ of relief items dispatched through 27 convoys to the most hard-to-reach and UN-declared besieged locations.
700 trucks crossed to Syria using the Ramtha crossing, 481 trucks using the Kilis hub and 2,148 trucks using the Reyhanli hub. 11,963 m³ of relief items were stored in multiple warehouses inside Syria.
Humanitarian Needs

Humanitarian needs remain staggering in terms of scale, severity and complexity indicating little overall improvement in the humanitarian situation in Syria. Against the continued backdrop of high levels of violence and systemic violations of International Humanitarian Law (IHL) and International Human Rights Law (IHRL), no amount of humanitarian assistance and protection services can substitute for a political solution.

The Centrality of Protection

Hostilities remain the principal cause of Syria’s humanitarian crisis, resulting in countless deaths and injuries, mass internal displacement, lost livelihoods and widespread poverty and destitution. In this context protection needs should remain a priority, with the implementation of the Whole of Syria (WoS) Protection Strategy essential in fostering an inter-sector approach that enhances the overall protective environment in Syria.

Humanitarian Funding

With the 2017 Humanitarian Response Plan (HRP) only 33.4 per cent funded as of August 2017, humanitarians have prioritized helping those people in the most critical need of humanitarian aid. Continued under-funding will likely interrupt life-saving emergency assistance programmes, adversely affecting the ability of humanitarian organizations to reach these people. In this context, the support of member states is essential to i) make effective all pledges and ii) increase their financial commitment to principled and coordinated action in Syria.

Humanitarian Presence, Access and Reach

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

Humanitarian Analysis and Prioritization

Amidst a challenging funding environment and given the scale of needs in Syria, continued analysis to ensure humanitarian aid reaches the most vulnerable people is essential. In this vein, efforts to provide granular analysis of needs and robust response analysis at the WoS level will be pursued to facilitate a common understanding of the humanitarian situation and to support targeted interventions.

Quality Assurance Efforts

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

Enhancing Resilience

With the crisis now in its seventh year, there is a need to reflect on the parameters of the response inside Syria. Efforts should be made to explore improving the resilience component of the response, to mitigate aid dependency and enhance community capacity in those areas of the country conducive to the implementation of more sophisticated programming.
During the first half of 2017, hostilities continued to drive large-scale displacement and generate significant humanitarian needs across Syria. While localized ceasefire agreements resulted in some reductions in violence in some parts of the country, escalations in hostilities, population movements, and the continuation of access restrictions exacerbated humanitarian needs in many other areas.

In May, Iran, the Russian Federation and Turkey signed a memorandum on the creation of four de-escalation areas (DEAs), where hostilities between armed actors—excluding entities designated as terrorist groups—are to cease (including the use of aerial assets). The memorandum references the facilitation of rapid, safe and unhindered humanitarian access, but does not provide any details on how the parties plan to accomplish this, or whether it would meet humanitarian standards. While violence decreased in the areas likely to be included in the DEAs following the signing of the memorandum, some military activities continued to be reported inside and outside the likely de-escalation areas, particularly in Dar’a governorate, where violence reportedly increased. Access to some of the DEAs, such as East Ghouta, remained extremely challenging. As of the end of June, discussions continued regarding the precise implementation arrangements of the DEAs.

Hostilities in several governorates, including Ar-Raqqa, Idleb, Rural Damascus, Hama and Dara’a have further increased humanitarian needs among civilians, with protection threats especially acute in the first half of the year. Meanwhile, the burden of protracted besiegement has continued to contribute to acute needs among hundreds of thousands of civilians living in UN-declared besieged areas. Access to such areas remains minimal, contravening the obligations of armed actors to facilitate rapid, safe, unhindered, unconditional and sustained access to people in need in accordance with International Humanitarian Law (IHL) and relevant Security Council resolutions. Although the number of UN-declared besieged areas has decreased from sixteen to eleven during the first half of 2017, this reduction has largely been a result of local agreements which are preceded by intense hostilities and result in the forced displacement of part of the civilian population. Additional violations of IHL have also been widely reported across Syria, with air and ground-based strikes continuing to damage civilian infrastructure and kill and injure civilians in significant numbers. The offensive on Ar-Raqqa city by the Syrian Democratic Forces supported by the US-led Coalition is also notable, with tens of thousands of people displaced and Ar-Raqqa city surrounded by armed forces by the middle of the year with 18,000-25,000 civilians trapped inside.

1. The four areas identified are (a) Idleb Governorate and certain parts of neighbouring Ladhijjah, Hama and Aleppo governorates, (b) parts of northern rural Homs Governorate, (c) East Ghouta in Rural Damascus Governorate, and (d) certain parts of southern Syria (Dar’a and Quneitra governorates).

2. The UN uses the term “besieged” as per a number of UNSC resolution on the situation in the Syrian Arab Republic (see: UNSC Res. 1624, 2139, 2165, 2191, 2254, 2258). The use of the words siege/ besieged is not endorsed by the Government of Syria.
An estimated 1.3 million people were displaced in the first half of 2017, at an average of 7,000 displacements per day, exceeding the 6,000 people displaced on average each day during the first six months of 2016. Between January and June 2017, some 513,000 spontaneous IDP returns were recorded, most of which (303,462) occurred in Aleppo Governorate. The number of people subject to prolonged internal displacement remained the same at approximately 6.3 million as of 30 June 2017.

New displacements have been most frequent in northeastern and central Syria as a result of the “Euphrates Wrath” anti-ISIL military offensive carried out by the Syrian Democratic Forces (SDF) supported by the US-led Coalition. Since the start of the operation in November 2016, Ar-Raqq Governorate has witnessed the displacement of some 227,000 IDPs. Of these, some 190,000 displacements took place from 1 April to 30 June 2017, mostly to locations within Ar-Raqq, Al-Hasakeh and Aleppo governorates. Many of these displacements occurred in immediate advance of and during the SDF military operation supported by the US-led coalition to gain control of Ar-Raqq city. Tens of thousands of people have so far fled the city while an estimated 18,000-25,000 civilians remained trapped within the confines of the city. People remaining within the city are exposed to numerous protection risks as a result of the proximity of hostilities, restrictions of freedom of movement and constraints on their ability to reach safety, including due to the contamination of exit routes. The situation on the ground in Ar-Raqq remains highly fluid, with displacements and returns continuing to be reported on a daily basis as front lines shift. As such, and as military operations continue, many people are likely to flee to safer areas closer to their areas of origin to enable a swift return once these areas become secure.

3. Spontaneous IDP returns represent estimated IDP returnees to their community of origin as estimated by available tracking mechanisms. The returns are not monitored or organized IDP returns, and do not imply a durable solution has been achieved.
Sporadic escalations in hostilities have also contributed to
the displacement of tens of thousands of people in Dar’a and
Hama governorates. Some 30,000 people from Dar’a city and
surrounding areas in the southern governorate were displaced
between February and March as the GoS and NSAGs vied
for control of the city and NSAGs fought the ISIL-affiliated
Jaysh Khalid Bin Walid for control of south-western Dar’a.
In the absence of sustained stability and security, only a
few tens of families had returned as of the end of June. In
addition, clashes between the GoS and NSAGs in northern
and western areas of Hama Governorate in March resulted in
the displacement of some 40,000 people to locations in Hama,
Homs, Tartous and Lattakia governorates. Further fighting in
northwestern Syria risks further displacement in the second
half of the year as front lines shift.

Displacements to northwestern Syria, particularly Idleb
Governorate, also occurred as a result of local agreements
between armed actors. These agreements generally involved
NSAGs handing over UN-declared besieged or militarily
encircled areas to the GoS and its allies while civilians and
combatants were relocated to NSAG areas.

Local agreements reached between armed actors resulted
in the displacement of over 36,400 people from UN-
declared besieged areas to northwest Syria, including almost
23,000 people to Idlib alone between April 1 and June 2.
Overall, some 21,000 people were “relocated” from Al Waer
neighbourhood of Homs city; 4,600 from the towns of
Madaya and Zahabadi; and 10,500 from Barzeh, Qaboun,
Tishrin, and other areas of Damascus/East Ghouta. 13,000
of these people were relocated to the Jarabulus area of Aleppo
Governorate, about 350 to Homs Governorate, and 23,000 to
Idlib Governorate.

In total an estimated 200,000 individuals have been
displaced to/within Idlib Governorate in first half of 2017.
These new IDPs were in addition to the estimated 528,000
people displaced to Idlib over the course of 2016. IDPs now
comprise close to half of Idlib Governorate’s population of
approximately 2 million. Infighting between NSAGs, access
to humanitarian assistance is constrained, with only one UN
inter-agency convoy delivering assistance to eastern Ghouta between October 2016 and June 2017.

In addition to those internally displaced within Syria’s border,
UNHCR report that an estimated 5.1 million people have
fled to neighboring countries (Jordan, Lebanon, Turkey and
Iraq) since the beginning of the crisis, a marginal increase
from 5 million as of the end of 2016. The reduction in rates of
asylum indicates that asylum space for those seeking refuge
outside of Syria has continued to shrink in the first 6 months
of 2017, with neighboring countries such as Lebanon, Jordan
and Turkey restricting the ability of prospective refugees to
enter. With host governments and communities continuing
to shoulder the greatest burdens from the political, economic,
social and security spillovers of the Syria crisis, solidarity
and responsibility-sharing with front line neighboring states
remains critical.

The number of people living in UN-declared besieged areas has
decreased from approximately 970,000 in December 2016 to
540,000 as of June 2017. This reduction in the number of people
living under siege is due to the GoS military takeover of Aleppo
city in December and, to a lesser extent, local agreements in
other UN-declared besieged areas over the first half of the year.
While the overall number of people living under siege has
decreased, the situation for many of these people has further
deteriorated during the first six months of 2017.

Between January and March, a sharp escalation in hostilities
between the GoS and NSAGs was observed in the UN-
declared besieged East Ghouta enclave and surrounding areas
of Barzeh and Qaboun. The escalation in hostilities cut-off
already severely disrupted informal commercial access routes
to the enclave. While some commercial and humanitarian
access has since resumed, access remains extremely poor
overall, with only one UN inter-agency convoy delivering
assistance to eastern Ghouta between October 2016 and June
2017. This was for 30,000 people in Duma in May, out of

4. The UN and the humanitarian community have had no part in any of these agree-
ments or their negotiations.

### NUMBER OF IDPs BY GOVERNORATE

| Governorate | IDPs
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Damascus</td>
<td>1,345,034</td>
</tr>
<tr>
<td>Idlib</td>
<td>937,272</td>
</tr>
<tr>
<td>Aleppo</td>
<td>556,346</td>
</tr>
<tr>
<td>Damascus</td>
<td>426,702</td>
</tr>
<tr>
<td>Lattakia</td>
<td>346,728</td>
</tr>
<tr>
<td>Dar’a</td>
<td>350,287</td>
</tr>
<tr>
<td>Homs</td>
<td>358,324</td>
</tr>
<tr>
<td>Hama</td>
<td>230,232</td>
</tr>
<tr>
<td>Al-Hasakeh</td>
<td>208,356</td>
</tr>
<tr>
<td>Tartous</td>
<td>161,291</td>
</tr>
<tr>
<td>Deir-ez-Zar</td>
<td>148,935</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>67,289</td>
</tr>
<tr>
<td>As-Sweida</td>
<td>53,549</td>
</tr>
<tr>
<td>Quneitra</td>
<td>53,549</td>
</tr>
</tbody>
</table>

### BESIEGEMENT

The number of people living in UN-declared besieged areas has
decreased from approximately 970,000 in December 2016 to
540,000 as of June 2017. This reduction in the number of people
living under siege is due to the GoS military takeover of Aleppo
city in December and, to a lesser extent, local agreements in
other UN-declared besieged areas over the first half of the year.
While the overall number of people living under siege has
decreased, the situation for many of these people has further
deteriorated during the first six months of 2017.

Between January and March, a sharp escalation in hostilities
between the GoS and NSAGs was observed in the UN-
declared besieged East Ghouta enclave and surrounding areas
of Barzeh and Qaboun. The escalation in hostilities cut-off
already severely disrupted informal commercial access routes
to the enclave. While some commercial and humanitarian
access has since resumed, access remains extremely poor
overall, with only one UN inter-agency convoy delivering
assistance to eastern Ghouta between October 2016 and June
2017. This was for 30,000 people in Duma in May, out of

4. The UN and the humanitarian community have had no part in any of these agree-
ments or their negotiations.
an overall population estimated at some 390,000 people in East Ghouta. As a result, the humanitarian situation remains precarious, particularly after the eruption of inter-NSAG fighting in the enclave since May.

Similarly, ISIL continues to besiege parts of Deir-ez-Zor city, depriving approximately 93,500 people of regular access to services and essential items. The UN-declared besieged areas of the city were split into two enclaves in January, following an offensive from ISIL. As the enclaves cannot be accessed by land due to the presence of ISIL, the civilian population is entirely dependent on WFP airlifts to receive life-sustaining food, medical and hygiene supplies. WFP airdrops were temporarily put on hold for parts of January and February 2017 due to fighting between the GoS and ISIL close to the landing site.

### Changes of besieged, hard-to-reach, pin over last eight months

<table>
<thead>
<tr>
<th></th>
<th>NOV 2016</th>
<th>JAN 2017</th>
<th>APRIL 2017</th>
<th>JUNE 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other hard-to-reach</td>
<td>4.9M</td>
<td>4.7M</td>
<td>4.5M</td>
<td>4.54M</td>
</tr>
<tr>
<td>ISIL</td>
<td>1,558,702</td>
<td>1,857,790</td>
<td>2,058,050</td>
<td>2,072,895</td>
</tr>
<tr>
<td>Military encircled</td>
<td>1,421,430</td>
<td>1,340,309</td>
<td>1,116,445</td>
<td>1,098,523</td>
</tr>
<tr>
<td>Besieged</td>
<td>935,500</td>
<td>879,162</td>
<td>728,528</td>
<td>829,402</td>
</tr>
</tbody>
</table>

### ACCESS

The delivery of humanitarian assistance to people in need remains extremely challenging across much of Syria as a result of active hostilities, shifting control lines, administrative impediments and deliberate restrictions on the movement of people and supplies by all armed actors.

Overall, access to people living in UN-declared besieged and hard-to-reach areas declined during the first six months of 2017. As of June 2017, only 27 UN inter-agency convos were able to deliver assistance to people living in UN-declared besieged and hard-to-reach areas, compared to 86 during the first half of 2016. In terms of people reached, a monthly average of 22.5 per cent (143,000) of people living in UN-declared besieged areas have received assistance between 1 January and 30 May 2017, compared to a monthly average of 44.5 per cent (288,000) in 2016.

Efforts to reach people in hard-to-reach areas through cross-border programming has also been challenging. Restrictions on cross-border access from Turkey to Kurdish-controlled areas of northeastern Syria have hampered efforts to scale up the response to people affected by SDF military operations against ISIL in Ar-Raqqa and Al-Hasakeh governorates. The “Euphrates Shield” military operation, conducted by Turkish-supported forces in northern Aleppo Governorate, concluded in March 2016. The Government of Turkey has maintained security and administrative presence and requires humanitarian organisations to apply to Turkish local authorities to work in this area. Imposed restrictions have made it difficult for partners to provide principled humanitarian assistance.

Humanitarian access for the Turkey-based cross-border partners to Idlib Governorate has also reportedly faced more challenges, following increased restrictions on humanitarian aid by Security Council-designated terrorist groups and local authorities as well as hostilities between armed groups. These restrictions include new registration demands, requests for information and interference in staffing.

Turkish bureaucratic challenges for Turkey-based cross-border partners remain, with significant delays in processing registration and work permit requests. As a result, many international NGOs are temporarily or permanently moving their operations to Jordan or Iraq to ensure continuity. Numerous programmes in northern Syria have closed, were handed over to other agencies, or scaled down as a result, including many life-saving health programmes.
PROTECTION AND INTERNATIONAL HUMANITARIAN LAW

The first six months of 2017 witnessed reported violations of International Humanitarian Law (IHL) and International Human Rights Law (IHRL). Armed actors continued to use siege as a military tactic, inflicting suffering upon the civilian population by depriving them of the necessary means for survival. Where UN inter-agency convoys have been permitted to deliver assistance to people living in UN-declared besieged areas, selected medical supplies have been systematically removed or reduced in quantity, resulting in further civilian suffering.

While local agreements have been reached in several UN-declared besieged and hard-to-reach areas, such settlements are often reached after prolonged periods of fighting and access restrictions and have resulted in the forced displacement of population.

Those that are displaced from their homes as a result of such agreements are often rendered particularly vulnerable. For example, following an evacuation from Foua and Kefraya in mid-April, at least 125 people, including at least 67 children, were killed in a bombing targeting the evacuees at the Al-Rashidin checkpoint in Aleppo. In addition, for those people evacuated to Idleb Governorate, insecurity remains a serious risk either because of hostilities between armed groups or due to airstrikes or other offensives from the GoS and its allies, as well as the US-led coalition.

In many parts of Syria, attacks affecting civilians and civilian infrastructure have continued unabated, particularly in heavily populated urban areas. A periodic escalation of hostilities around Dar’a city between GoS and NSAG forces in February saw an intensification of air and ground-based strikes in civilian areas, killing scores of civilians and inflicting significant damage on civilian infrastructure—including schools and hospitals. According to some reports, over 70 per cent of infrastructure within the Dar’a al-Beled neighbourhood sustained such significant damage over time that it is essentially destroyed. Similarly, the offensive against Ar-Raqqa city by the US-backed Kurdish forces and supported by the US-led Coalition’s aerial bombardment has triggered serious protection concerns, with airstrikes on the city and surrounding areas not only contributing to the displacement of civilians from their homes but also reportedly leading to a ‘staggering’ loss of civilian life. Reports that ISIL is preventing civilians from fleeing the city are likely to further compound the effects on civilians of an increase in air operations and urban warfare.

Frequent attacks on health facilities and personnel continued during the first half of 2017. In total, the Syria Monitoring and Reporting Mechanism (MRM) on grave violations against children in situations of armed conflict verified 368 attacks against health in the first six months of 2017. Attacks against hospitals and places where the sick and wounded are collected are prohibited under international humanitarian law and may constitute war crimes. Attacks on health care facilities and workers also constitute violations of IHRL.

Such attacks against civilian infrastructure, as well as the high number of civilian casualties over the previous six months, continue to raise questions as to whether the principles of distinction (and related prohibition on directing attacks against civilians) and proportionality are being fully respected. As the crisis approaches its seventh year, the apparent disregard for such principles leaves civilians bearing the burden of lives lost and livelihoods destroyed.

FEATURE: Monitoring of Grave Violations against children

The MRM4Syria\(^5\) verified over 1,000 grave violations against children in Syria between January and June 2017, including recruitment and use of children by armed actors (300); detention of children for alleged association with armed actors (75); killing and maiming of children (524); rape and other forms of sexual violence against children (4); education and health related incidents (72); abduction of children (54); and instances of denial of humanitarian access (43). While these numbers provide an overview of trends affecting children in Syria, they are not indicative of the overall scale of violations, but rather of the violations it was possible to capture and verify.

Recruitment and use of children: The MRM4Syria verified the recruitment and use of 300 children aged as young as 12 years old, including 289 boys and 11 girls. Of the verified cases, 265 served in a combat role (88 per cent) and 35 served in a support role (12 per cent), ranging from guarding checkpoints, prison guards, patrolling streets, aides-de-camp and for sexual exploitation. A total number of 53 children were below the aged of 15 (18 per cent).

Detention of children allegedly associated with armed actors: Children continued to be arrested and detained on the basis of their alleged association with opposing armed groups. The MRM4Syria verified the ‘arrest and detention’ by armed actors of 75 children aged between 10 and 17 years, including 49 boys and 26 girls. In 71 of the cases, the status of the children remained unknown at the time.

---

6. The MRM4Syria is a Security Council-mandated Monitoring and Reporting Mechanism (MRM), activated in Syria following the listing of parties to the conflict for grave violations against children in the Secretary-General’s Annual Report on Children and Armed Conflict. The MRM4Syria is tasked with timely documentation of grave violations against children in Syria with a view to feeding into regular Security Council reporting and providing an evidence basis for advocacy, dialogue and response. The MRM4Syria utilizes a strict methodology of verification of cases.

---

CHANGES IN HUMANITARIAN CONTEXT

of writing. In 37 of the cases, the detention of the children was aggravated by torture and ill-treatment. In one case a child was subjected to rape; and in another case the child was executed.

Killing and maiming of children: the MRM4Syria verified the killing of 322 children and maiming of 202 children (229 boys, 121 girls and 174 sex unknown). Airstrikes on civilians continued to be the main cause of child casualties (37 per cent). Children were also affected by shelling of civilian areas (22 per cent); IED attacks (22 per cent); victim-activated IEDs; unexploded ordinance (6 per cent); shooting (4 per cent); execution (4 per cent); sniper attacks (five children); crossfire (four children); and torture (one child).

Rape and other forms of sexual violence against children: Although incidents of sexual violence attributed to armed actors are likely under-reported, the handful of reports that have been verified confirm that some girls as young as 13 years old are driven by fear of reprisal or financial insecurity—being married out to fighters, sometimes multiple times.

Incidents affecting education: the MRM4Syria verified 26 attacks on schools and education personnel. In 18 cases, schools and education personnel were affected by airstrikes; in seven by shelling and in one by an IED attack. The MRM4Syria further documented seven instances of military use of schools, as barracks, training facilities and temporary hide-outs. In at least one of these incidents, the school was subsequently a target of attack.

Incidents affecting health: the MRM4Syria verified 36 attacks on medical facilities and personnel. In 27 cases, medical facilities and personnel were affected by airstrikes, in three cases by raids, in two by shelling, in one case by an IED, in one by crossfire, in one by sniper, and in another by a suicide attack. The MRM4Syria further documented three instances of military use of hospitals in Aleppo Governorate as base commands and facilities for treating injured combatants only. In at least two cases, the hospitals were subsequently a target of attack.

Abduction of children: the MRM4Syria verified 54 cases of abduction of children aged between a few months and 17 years old, including 21 boys, 19 girls and 14 sex unknown. Children were most often taken away together with their relatives and deprived of their liberty in the context of suspected affiliation with an opposing armed group.

Denial of humanitarian access: the MRM4Syria verified 43 instances of denial of humanitarian access, comprising 27 attacks on humanitarian facilities, transport and personnel (resulting in the killing of 12 and injuring of 22 humanitarian workers) and 17 cases of deliberate denial of humanitarian access. Of the 24 attacks on humanitarian facilities, 12 were airstrikes, three shootings, three shellings, two suicide attacks, two victim-activated IEDs, one unexploded ordnance and one threat of attack.

SUMMARY OF VIOLATIONS IN 2017

OVER 1000 GRAVE VIOLATIONS AGAINST CHILDREN IN FIRST HALF OF 2017

300 Incidents of recruitment and use of children
75 Incidents of detention of children associated with armed parties
54 Cases of abduction of children
524 Killing and injuring of children
62 Attacks on education and health
22% 37% 22% 26 36
Against the backdrop of sustained hostilities, continued besiegement and limited livelihood opportunities there has been little improvement in the overall humanitarian situation for people living in Syria during the first half of 2017. 13.6 million people require humanitarian assistance, whilst the number of people facing prolonged internal displacement remains at 6.3 million. Although the number of people living in UN-declared besieged areas has declined from approximately 970,000 people as of December 2016, to an estimated 540,000 as of June 2017, the situation of many people in these areas has become more dire amidst and intensification of hostilities and expanded access restrictions. At the same time, some 69 per cent of the population remains in extreme poverty, with ongoing hostilities and instability, as well as access challenges precluding opportunities to enhance resilience through increased livelihoods and service delivery in many parts of Syria.

The overall humanitarian situation has remained relatively constant over the first six months of 2017. The total number of people in need has marginally increased from 13.5 million as of the end of 2016 to approximately 13.6 million as of the end of June 2017, while the number of people living in high severity of need communities (where the levels of need have reached catastrophic, critical or severe levels) has marginally increased from 5.7 million to 5.8 million in the same period. Despite the decline in the number of people living in UN-declared besieged areas, significant displacement as a result of the anti-ISIL offensive has contributed to the emergence of severe needs in north-eastern and central Syria.

In these high severity of need communities various factors have contributed to a convergence of multi-sectoral needs that leave people in acute need of humanitarian assistance. These factors include the intensity of and proximity to hostilities, extreme restrictions on freedom of movement and access to life-sustaining supplies as well as displacement - often multiple times - that can disrupt both the livelihoods and social support networks essential in managing shocks and stresses.

Most immediately, Syria remains a protection crisis. During the first half of 2017 intense hostilities remained the principal driver of needs in Syria. In the first six months of 2017 large numbers of civilians continued to be killed as a direct result of hostilities. The escalation of hostilities in many heavily populated urban areas such as Ar-Raqqa city, Daraa city and East Ghouta in Rural Damascus Governorate, continue to indicate that attacks may directly target civilians and civilian infrastructure, or be indiscriminate and in breach of IHL. In addition to the numerous protection threats presented by persistent and extreme violence, high levels of poverty, forced displacement, family separation, a lack of civil documentation and issues related to housing, land and property have extended the scope and severity of protection threats faced by people in Syria.

The prolonged displacement of an estimated 6.3 million people inside Syria has exacerbated many of these protection threats, while also leaving many in acute need due to a convergence of humanitarian risk factors. Although displacement trends indicate that most new displacements have been of short duration, with populations remaining close to their areas of origin to enable a quick return when the situation stabilizes, many people have been displaced multiple times. Exposed to an increased risk of family separation, psychological distress, trauma, destruction of property and a loss of assets, these people tend to be especially vulnerable. Of particular concern during the first half of 2017 has been the high numbers of IDPs in so called ‘last resort settlements’ such as planned camps, informal tented settlements, transit centres and collective centres. For instance, of the more than 227,000 people who have been displaced since the onset of the Ar-Raqqa offensive in November 2016-190,000 of whom have been displaced since April 2017 - the highest turnover of IDPs is reported in last resort settlements, many of which are located in rural areas where people are significantly more vulnerable than in urban areas.

The severity of needs is especially acute in UN-declared besieged areas, with 540,000 people in these areas facing ‘catastrophic problems’, the highest severity level on the inter-sector severity categorization tool. While the number of people living in UN-declared besieged areas declined during the first six months of 2017, the situation of many people in these areas actually deteriorated amidst an intensification of hostilities and expanded access restrictions in areas such as East Ghouta. The burden of siege, characterized by severe shortages in life-sustaining supplies and increased exposure to protection risks as a result of the proximity of hostilities to heavily populated civilian areas, continues to disproportionately affect the civilian population.

In some areas of the country, displacement, combined with continued access restrictions and hostilities, has disrupted livelihoods and core services, precluding opportunities for more sustainable outcomes aimed at enhancing resilience and providing the foundations for longer-term recovery. In northwestern Syria, particularly Idlib, the ever growing presence of IDPs has exerted significant pressure on the governorate’s core services/infrastructure while also contributing to the depletion of the host community’s resources. In Idlib, where IDPs comprise close to half of the 1.78 million people estimated to live in the governorate, there are significant limitations in access to essential services/ infrastructure (such as water and electricity) as well as heightened competition over limited livelihood opportunities. This contributes to a cycle of poverty and destitution, whereby people are often forced to resort to unsafe and undignified coping strategies such as early marriage, child labour and
recruitment to access core services and goods critical to their family’s survival. These socio-economic challenges also present a significant threat to the social fabric of communities. This challenge is especially pressing in areas which are hosting a large number of IDPs, while simultaneously witnessing significant levels of destruction to the local infrastructure and extensive access restrictions.

In addition to the 5.8 million people living in high severity of need areas, there are approximately 7.8 million people living in areas where needs tend to be lower. Most people in these areas experience relative security, consistent services and markets that are both functional and accessible. In these areas a stronger engagement in livelihoods and service delivery is critical to manage issues such as unemployment, higher prices and demographic upheaval.

INTERSECTORAL SEVERITY OF NEEDS AS OF JUNE 2017

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

ACHIEVEMENTS TO DATE

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

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

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

People Targeted/Reached by Sector up to May 2017

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PEOPLE IN NEED (AS PER 2017 HNO)</th>
<th>REACHED (JAN-MAY 2017)</th>
<th>TARGETED (2017 HRP)</th>
<th>% REACH AGAINST TARGET</th>
<th>% REACH AGAINST PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCCM</td>
<td>6.3M</td>
<td>1.7M</td>
<td>0.45M*</td>
<td>372%</td>
<td>27%</td>
</tr>
<tr>
<td>Early Recovery &amp; Livelihoods</td>
<td>13.8M</td>
<td>3.8M</td>
<td>5.5M</td>
<td>69%</td>
<td>20%</td>
</tr>
<tr>
<td>Education</td>
<td>6.1M</td>
<td>1.1M</td>
<td>4.6M</td>
<td>23%</td>
<td>10%</td>
</tr>
<tr>
<td>Food Security: Food Assistance</td>
<td>9M</td>
<td>5.4M**</td>
<td>7M***</td>
<td>77%</td>
<td>NA</td>
</tr>
<tr>
<td>Food Security: Livelihoods/Agriculture</td>
<td>9M</td>
<td>0.9M</td>
<td>5.1M</td>
<td>18%</td>
<td>NA</td>
</tr>
<tr>
<td>NFI</td>
<td>5.8M</td>
<td>0.8M</td>
<td>4.9M</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>4.4M</td>
<td>1.6M</td>
<td>2.6M</td>
<td>62%</td>
<td>36%</td>
</tr>
<tr>
<td>Shelter</td>
<td>4.3M</td>
<td>0.1M</td>
<td>0.74M</td>
<td>14%</td>
<td>2%</td>
</tr>
<tr>
<td>WASH****</td>
<td>8.2M</td>
<td>3.9M</td>
<td>8.2M</td>
<td>48%</td>
<td>48%</td>
</tr>
<tr>
<td>Health</td>
<td>12.8M</td>
<td>8.8M</td>
<td>12.8M</td>
<td>69%</td>
<td>69%</td>
</tr>
<tr>
<td>Protection: Interventions</td>
<td>13.5M</td>
<td>3.1M</td>
<td>9.7M</td>
<td>32%</td>
<td>23%</td>
</tr>
</tbody>
</table>

* Displacements reported to and verified by the CCCM Cluster from April 2015 to present are 3.2 Million
** Average food baskets: 5,380,344 people and cumulative emergency food rations: 994,065 people. Percentage reach against target based on regular food basket distributions.
*** The sector targets the estimated 7 million food-insecure people (HNO 2017) and an additional projected 1 million people from the caseload of emergency response (based on needs) to shift from short-term support to longer-term regular assistance until needed.
**** WASH PIN and target represents the WASH sector response to the acute humanitarian needs.
The 2017 HRP aims to provide up to nine million people in need with direct assistance and 12.8 million people in need with improved access to basic social services.

During the first half of 2017, humanitarian partners provided humanitarian life-saving assistance to a monthly average of 7.4 million people in need to achieve these objectives. Significant efforts were made to identify and reach those most in need, particularly in UN-declared besieged areas, for displaced people and host communities, and for those living in areas impacted by hostilities.

Despite significant challenges in reaching people living in some locations, as well as significant funding shortages for the Humanitarian Response Plan (HRP), the humanitarian community was able to use multiple response modalities to expand reach, particularly to people in high severity of need communities. According to data available, in the first five months of 2017 approximately 65 per cent of the humanitarian response was delivered from within Syria, comprising regular programming (54 per cent), cross-line deliveries (10 per cent) and airdrops (1 per cent). A further 35 per cent of the response was delivered through NGO (26 per cent) and UN (8 per cent) cross-border assistance. Due to underreporting of the response by cross-border partners, cross-border assistance is likely significantly larger. All cross-border programs are implemented by NGOs, even if supplies are delivered by the UN. These programs provide sustained services on site and are usually remotely managed from neighbouring countries. Cash assistance may also be provided. The various delivery modalities are used to ensure assistance gets to those people who need it most in as timely a manner as possible, utilizing comparative advantages. Regular programming and airdrops are used primarily for GoS areas, while cross-border assistance from neighbouring countries and cross-line convoys from GoS areas are used to reach contested areas and include remotely managed cross-border programmes, including service delivery and cash assistance.

Through this combination of modalities, partners were generally able to maintain basic service delivery and to increase efforts to preserve or restore livelihoods, helping to mitigate protection risks linked to poverty and the exhaustion of positive coping mechanisms. The below presents the highlights of achievements to date:

### HUMANITARIAN DELIVERIES PER MODALITY BY MONTH

<table>
<thead>
<tr>
<th>Regular programme:</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>UN</td>
<td>43%</td>
<td>41%</td>
<td>46%</td>
<td>47%</td>
<td>51%</td>
<td>41.5%</td>
</tr>
<tr>
<td>NGO</td>
<td>5%</td>
<td>9%</td>
<td>6.5%</td>
<td>3%</td>
<td>1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>4%</td>
<td>3.5%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cross-border:</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>UN</td>
<td>4%</td>
<td>8%</td>
<td>7%</td>
<td>8%</td>
<td>8%</td>
<td>6.5%</td>
</tr>
<tr>
<td>NGO</td>
<td>17%</td>
<td>8%</td>
<td>8%</td>
<td>27%</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>17%</td>
<td>18%</td>
<td>16%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cross-line</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>UN</td>
<td>3%</td>
<td>8%</td>
<td>9%</td>
<td>10%</td>
<td>9%</td>
<td>21.5%</td>
</tr>
<tr>
<td>NGO</td>
<td>5%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Unspecified</td>
<td>1%</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Airdrops</td>
<td>1%</td>
<td>0.5%</td>
<td>0.5%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

7. Damascus-based sustained humanitarian programming - including service delivery - in areas easily accessible (mostly but not exclusively Government held areas). The majority of this comprises UN activities.
STRATEGIC OBJECTIVE

Provide humanitarian life-saving assistance to the most vulnerable people

Of the estimated 13.6 million people in need, some 5.8 million live in high severity of need areas where needs are particularly acute due to the combined impact of high intensity hostilities, displacement, limited access to basic services, dysfunctional markets and reliance on negative coping mechanisms.

PROGRESS MADE

Between January and May 2017 humanitarian partners reached some 3.5 million of the 5.8 million people living in high severity of need communities with some form of humanitarian assistance (see severity map). During the first five months of 2017, humanitarian partners prioritized assistance to these communities, with 100 per cent of people facing ‘critical problems’ and 71 per cent of people facing ‘severe problems’ receiving some form of assistance over this period, although this assistance was not always consistent or to the scale needed.

Although assistance to high severity of need communities was prioritized, access restrictions complicated efforts to deliver assistance to people facing catastrophic problems, the highest severity of need registered on the inter-sector severity categorization tool. Of these, only 35 per cent, or 507,520 people, received some form of assistance, and this not to the scale required. Those in most severe need include the estimated 540,000 people who live in UN-declared besieged areas, who are subjected to severe hostilities, including indiscriminate attacks and airstrikes, as well as a lack of freedom of movement of goods or people that results in negligible market functionality, high prices, and limited services. In these areas insecurity and deliberate restrictions on the movement of people and supplies by armed actors prevented humanitarian partners from reaching over 900,000 people in besieged and hard-to-reach areas facing catastrophic problems.

People reached through humanitarian life saving interventions

As of June 2017, an average of 5.4 million people benefited from regular monthly food assistance (77 per cent of the sector target), with HRP partners assisting on average 4.4 million people each month, while non-HRP partners provided assistance to, on average, nearly 1 million people every month. It is estimated that half of the people reached were IDPs. The targeted people were reached in 183 sub-districts across 14 governorates, in varying degrees due to access challenges.

Almost 690,000 children under five (47 per cent of the target) were screened for acute malnutrition. Around 9,709 children who presented with severe acute malnutrition (SAM) or moderate acute malnutrition (MAM) were referred to therapeutic or supplementary feeding programmes for treatment. While delivery of micronutrients for children under five and pregnant women remained insufficient and largely below the target, around 733,000 girls and boys under five (63 per cent of target) received lipid-based nutrient supplements (LNS) or high energy biscuits.

---

1. Some interventions, such as the restoration of WASH infrastructure, benefit the entire population within the targeted catchment area, regardless of status or need.
Regarding humanitarian life-saving and life-sustaining health services, almost 8.9 million medical procedures were carried out by health sector partners (68 percent of the target), including outpatient consultations, trauma cases and assisted births. Significant progress was made in expanding vaccination coverage with over 131,000 children under five being covered by DPT3 (86 percent of the target). Nonetheless, violence, insecurity, and shifting fighting lines continued to obstruct timely deliveries of vaccines, medicine and health supplies to affected people and only 5.7 million treatment courses were delivered in health facilities across the country (27 percent of the target).

As of May 2017, WASH supported services covered 93 percent of the planned catchment population (13.1 million) and almost 8 million people (52 percent of the target) also benefited from other WASH assistance. Sewage and solid waste systems now cover approximately double the beneficiaries covered in 2016 and cash assistance, for the first time, has been reported as a modality with a substantial number of beneficiaries. WASH partners also scaled up the provision of humanitarian life-saving WASH services to people displaced by the Ar-Raqqa offensive.

### Assistance in UN-declared besieged and hard to reach area

In the first five months of 2017 the UN and partners reached a monthly average of 1.3 million of the 4.5 million people living in UN-declared besieged and hard-to-reach areas. Of these, an average of 143,300 people per month of the 540,000 people in UN-declared besieged areas were reached with some form of assistance. These people were reached through a combination of delivery modalities, with 40 percent of people provided assistance through cross-line, 14 percent through cross-border and 46 percent through airdrops, which were used exclusively to reach 93,500 living in areas of Deir-ez-Zor city besieged by ISIL. On average, 77.5 percent of people living in UN-declared besieged areas were not reached each month with any form of assistance. In hard-to-reach areas an average of 1.2 million people per month out of the 4 million living in hard-to-reach areas were reached with some form of assistance. These people were reached through a combination of cross-line and cross-border modalities, with 66 percent of people provided assistance through cross-line and 34 percent through cross-border respectively. On average, 70.5 percent of people living in hard-to-reach areas were not reached each month with any form of assistance.
Between January and June 2017, the UN and partners successfully delivered multi-sectoral assistance through inter-agency convoys to more than 693,250 people in UN-declared besieged and hard-to-reach areas. As of June 2017, 27 inter-agency convoys had been undertaken, including one to Khan Elshih in which UNRWA and UN agencies reached 5,000 Palestine refugees and 1,000 Syrian nationals respectively. In addition, during the first half of 2017, 101 WFP-led airdrops dispatched 2,081 metric tons of food supplies to the besieged parts of Deir-ez-Zor city.

However, compared to the 86 convoys that had occurred by the same time last year, access to UN-declared besieged and hard-to-reach areas has significantly worsened. Limited assistance was provided by cross-border partners in UN-declared besieged areas, while their presence in many hard-to-reach locations was significant.

### Multi-sectoral assistance to IDPs

960,500 unique displacements were tracked by CCCM partners in 1,008 communities within nine governorates since the last Humanitarian Needs Overview (HNO) in September 2016. Monthly gap analysis of all 360 IDP sites served by partners was conducted in order to facilitate the coordination of the multi-sectoral response in these sites.

### Support to IDPs in last resort settlements

364,000 IDPs currently live in the governorates of Aleppo, Ar-Raqqqa and Idleb (including in planned camps, informal tented settlements, transit camps and collective centres) benefited from continuous multi-sectoral assistance. This included access to potable water, waste removal and sanitation services, shelter, food and NFIs on a monthly basis. Overall, 81 per cent of IDPs in these sites received multi-sectoral assistance.

### Rapid response to sudden-onset IDPs

1.5 million displaced people benefited from emergency food assistance (short-term support of 2-4 weeks through reduced food baskets, ready-to-eat rations and cooked meals)¹. This included repeated assistance to people who were displaced multiple times. This response reached 77 sub-districts in 10 out of 14 governorates, with a significant focus on responding to the needs of people displaced in Aleppo, Idleb, Dar’a, Rural Damascus and Ar-Raqqqa governorates.

¹ HRP partners assisted 761,536 people, while non-HRP partners provided assistance to 749,120 people
Enhance the prevention and mitigation of protection risks, and respond to protection needs through supporting the protective environment in Syria, by promoting international law, IHL, IHRL and through quality principled assistance

From 1 January to 30 June 2017, the Protection sector conducted 3.5 million interventions (36 per cent of the 2017 HRP target) in 1,469 communities located in 211 out of 272 sub-districts in Syria. This includes 2.8 million protection interventions from the Syria hub, 611,900 from the Turkey hub, 81,100 from the Jordan hub and 5,400 through northeast Syria INGOs. Many activities were implemented through community centres, child friendly/ women and girls’ safe spaces and in schools. Aside from the interventions conducted through these facilities, the sector continued to expand its mobile capacity, through outreach volunteers and mobile teams. This enabled the sector to ensure increased coverage and outreach to the most vulnerable and isolated segments of the population, including in certain UN-declared besieged and hard-to-reach areas, as well as sub-districts ranked with high severity.

In terms of general protection services, 330,800 people were reached through awareness raising sessions on protection risk mitigation (97 per cent of HRP target) and 350,000 through community-based protection services (22 per cent of HRP target). A total of 95 communities now have at least one type of specialized gender based violence (GBV) service available and nearly 20,000 GBV services were provided. 279,000 girls and boys engaged in structured child protection programmes (30 per cent of HRP target) and 16,600 received specialized child protection services through case management (38 per cent of HRP target). 16 per cent of people targeted received legal counselling or assistance including on civil status documentation and housing land and property (HLP) issues. As of the end of June, explosive hazard risk education activities reached more than 1.8 million beneficiaries. 47 per cent of the protection response so far in 2017 was delivered in sub-districts with a severity ranking of 5 or 6 in the 2017 HNO. In total, protection interventions reached 22 UN-declared besieged areas in the first half of 2017 (out of 33).

Important efforts were made to structure, reinforce and expand protection coordination structures. In northeast Syria, support from the sector at WoS level and increased engagement at the hub level, enabled more regular interactions between protection operational partners and an improved response, with a priority focus being needs, response and gap analysis for the Ar-Raqqa response. Coordination structures at the sub-national level for protection, GBV and child protection were strengthened from the Syria hub with Protection Working Groups now active in several locations (Aleppo, Lattakia/Tartous, Homs, Qamishly and Sweida), with variable sizes depending on partners’ presence, as a way to enhance coordination of the protection response closer to the affected population.

In order to ensure a more effective response to protection needs and risks, efforts to promote the centrality of protection in the humanitarian response continued during the first half of 2017. The protection sector has undertaken a review of the initiative to assist other sectors in improving the protection risk analysis for their projects included in the 2017 Humanitarian Programme Cycle (see “cross-cutting commitments” section). In addition, the protection sector continued to provide guidance and support to other sectors as well as humanitarian partners more generally, for example with the development of ‘microplans’ in newly accessible areas (Syria hub) and support to the humanitarian leadership on key protection priorities (Turkey hub). The roll-out of the Global Protection Cluster protection mainstreaming tool (PRoMMS) has continued in the Turkey hub, working with six actors providing health, shelter/non-food items (S/NFI) and food security and livelihood (FSL) services in Syria. The child protection area of responsibility in Turkey has also worked closely with the FSL and nutrition sectors to issue joint guidance to help maximize the child protection impacts of these sectors’ interventions. The revision of the WoS Protection Strategy consolidated efforts to ensure the centrality of protection across the WoS response. The Protection sector also engaged in advocacy interventions to sensitize various stakeholders on the importance of

10. These interventions have included: awareness raising on various protection topics (Child Protection, GBV, civil registration/documentation, psychological well-being etc.), mine risk education, protection monitoring, individual and group psychosocial support, legal counselling and representation, particularly on civil registration/ documentation, identification and referrals to specialised services as well as structured case management in GBV, child protection and PSS, material/cash assistance for persons with specific needs and community mobilization activities.
upholding protection principles across the response and to address specific protection issues with key stakeholders and duty bearers. In the context of the Ar-Raqqa response, the sector developed key messages on the protection of civilians in the context of military offensives, that were subsequently communicated to the US-led Coalition members through the Humanitarian Military Coordination Cell (HuMiCC) mechanism, and supported by advocacy initiatives at the WoS and hub levels, in particular on the freedom of movement of IDPs. Other specific examples relate to the development of a series of recommendations and advocacy messages on the East Ghouta situation (Syria hub) and the support brought by the Cluster (Turkey hub) to the Deputy Regional Humanitarian Coordinator (DRHC) through the establishment of an advocacy working group.

Protection monitoring

Building on the achievements of 2016, protection monitoring efforts, in cooperation with the Syrian state to the extent feasible, were strengthened in 2017 in the Turkey and Jordan hubs to address information gaps and better inform the response. In the Turkey hub, increased participation in and coverage of the Protection Monitoring Task Force was crucial, allowing a steady increase in community-level interviews in NSAG areas, with 504 such interviews conducted in 159 communities across seven governorates. Beyond the regular monthly monitoring, the Turkey-based Protection Cluster further conducted rapid protection assessments in response to significant changes on the ground in Syria. The analysis produced through protection monitoring (both monthly and rapid assessments) was referred to the relevant clusters when applicable and used to inform decision making, prioritization, advocacy and programme design. From the Jordan hub, monthly community-level monitoring reports have continued to be produced by the lead partner and included a focus on specific thematic topics: protection of women and girls (January), access to mental health and psychosocial support (February), and unaccompanied and separated children (March).

Building protection capacity of national actors

The Protection sector took a number of steps to expand and reinforce protection capacity. A variety of thematic training sessions were provided across the hubs, on psychological first aid, case management for various types of beneficiaries, including GBV, psycho-social support (PSS) and child protection cases. Progress was made in rolling out the use of local service mapping data to facilitate referral mechanisms. By the end of June 2017, the Protection sector had reached more than 1,276 front line responders (65 per cent women) and 13,851 humanitarian workers with general protection training. A series of initiatives were taken in relation to capacity-building, such as increasing the use of e-learning tools; supporting capacity development towards more specialized service provision; devoting more attention to improving the quality of standard protection reporting and the capacity to detect overlaps and gaps in coverage; and strengthening sub-national protection coordination structures with the assignment of field level protection, child protection and GBV focal points (see above). Training sessions were organized at the hub level on a variety of topics, including the ongoing Protection in Practice (PIP) training of trainers in the Turkey hub.

12. Since January, the Cluster produced four reports: one on the impact of the ceasefire on civilian (January), two on displacement into Menbij (March) and one on the ‘evacuation’ following a local agreement in Al Wa’er (April).
The 2017 HRP underscored the humanitarian community’s recognition of the need to strengthen the resilience of affected communities, households and individuals through measures which protect and restore livelihoods, enable access to essential services and carry out light rehabilitation of infrastructure. The number of resilience partners continued to increase in the first half of 2017, with the Early Recovery and Livelihood (ERL) sector partners almost doubling between 2016 and 2017. Since the beginning of the year, significant efforts were made to increase resilience at the local level by restoring access to basic and social services and infrastructure (roads, schools, hospitals and markets), benefiting some 3.5 million people (85 per cent of the target). However, achievement against the livelihoods restoration targets and the promotion of social cohesion remained low (13 per cent) mainly due to a lack of funding.

Significant progress was made in enhancing access to basic social infrastructure and services across sectors. Building on the achievements of 2016, advances continued to be made in expanding community-based protection responses through the establishment and expansion of the network of community centres. Regarding access to education, partners reached around 1.1 million children and adolescents with equitable access to quality learning and skills development opportunities during the reporting period, including some 301,000 (28 per cent) of those living in UN-declared besieged and hard-to-reach areas. Capacity development on active learning pedagogy is currently underway for 6,000 teachers.

In addition, following the implementation of debris and solid waste management activities, 3 million people have improved access to cleaner and healthier environments to work and live in (115 per cent of the target).

As of May 2017, only 13 per cent of the affected population targeted were reached through activities supporting the restoration of disrupted livelihoods, intended to strengthen social protection and positive coping mechanisms.

Only 15,000 households (2 per cent of the target) were reached through income generating activities carried out by the food and agriculture sector in 29 sub-districts in seven governorates such as supporting the establishment of small businesses, providing vouchers and offering training opportunities. ERL partners also employed over 25,000 people in debris and solid waste management as well as the rehabilitation of affected neighborhoods (231 per cent of the target) and 7,200 people in basic and social infrastructure rehabilitation (83 per cent of the target).

Support to socio-economic infrastructure

Since the beginning of the year, low funding across sectors hampered efforts to support the rehabilitation of socio-economic infrastructure.

Although efforts to rehabilitate and reinforce health facilities to provide safe environments for health-service delivery continued in the first half of 2017, only 14 health facilities were rehabilitated or reinforced (5 per cent of the target) due to a lack of funding.

Similarly, the WASH sector was unable to implement significant light rehabilitation projects (such as in Aleppo city) or provide additional support to existing water, sanitation and solid waste management systems. Consequently, the economic strain on already vulnerable households increased as people were forced to purchase their water from the private sector.

Only 19,000 households (11 per cent of the target) benefited from the rehabilitation of bakeries, cash-for-work projects, dairy production kits for communities, solar system irrigation equipment, and rehabilitation of irrigation canals, pumps, pipes and generators.

Similarly, achievements related to the rehabilitation of electricity infrastructure remained low with only 21,000 people reached (14 per cent of the target).
PROGRESS MADE IN CROSS-CUTTING COMMITMENTS

Protection:

In 2017, the Whole of Syria (WoS) Protection sector proposed a shift from a “mainstreaming” approach to a strategy that promotes and supports “Do No Harm” programming across the response. As a step to achieve the above, all sectors/clusters were required to carry out sectoral-level protection risk assessments/Analyses (PRA) for the 2017 HRP. At the project level, all organizations submitting HRP projects were required to demonstrate evidence of how they reflected upon and ensured efforts to Do No Harm.

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

With regard to compliance, the review found that 60 per cent of the OPS projects (351) incorporated PRA (with different levels of quality) while 40 per cent of the projects (230) did not have any mention of PRA or Do No Harm. Compliance was mixed across hubs and sectors, although none were 100 per cent compliant. To overcome this low compliance rate, the review recommended that the OPS template be revised and have a specific section for PRAs. In addition, the Protection sector will lead a series of training workshops on the importance of the PRA and how to carry out this exercise.

The review concluded that the PRA was a worthwhile exercise. Despite some challenges, it did make a difference and had a positive impact on the response, generating a more complete understanding and consideration of the Do No Harm imperative. The PRA held the sectors and the submitting agencies/organisations accountable for addressing this imperative across the board.

Resilience mainstreaming

Several sectors expanded their activities to enable access to essential services, to undertake light rehabilitation of socio-economic infrastructure and to contribute to the creation of livelihood opportunities. These activities aim to increase people’s capacity to confront and withstand continuous shocks and shore up livelihoods whenever possible.

These activities and achievements included supporting people in resuming or strengthening their agricultural, livestock and food production capabilities; basic infrastructure rehabilitation, social service delivery and sector management capacity development (e.g. in health, education and WASH sectors); and socio-economic recovery and livelihoods support.

Multi-sectoral cash programming

The majority of assistance in Syria continues to be delivered in-kind. Sectoral and multi-sectoral cash assistance remains relatively small scale, although some new initiatives were implemented. In the meantime opportunities for increased engagement around cash assistance continue to be sought.

As of June 2017, cash and voucher programming represented 21 per cent of the overall response in the NFI/Shelter sector, 5 per cent of the overall Food Security sector response and 9 per cent of the overall livelihood response.

Programming included cash and vouchers for food assistance, NFIs, shelter and WASH supplies, as well as cash-for-work for the rehabilitation of infrastructure and debris and solid waste management. There were approximately 243,830 beneficiaries on average every month receiving cash and/or voucher assistance through food basket assistance and 100,850 people assisted through vouchers and cash under livelihood assistance for the period January to June 2017.
Launched in 2013, the No Lost Generation initiative is an ambitious commitment to action by humanitarians, donors and policy makers to support children and youth affected by the Syria and Iraq crises. The initiative comprises programming for children and youth inside Syria under three pillars (Education, Child Protection and Adolescents & Youth), as well as joint advocacy to promote their priorities and amplify their voices.

The April Conference on ‘Supporting the Future of Syria and the Region’ reaffirmed the commitment from donors and humanitarians to support children and youth. A jointly developed paper “Preparing for the Future of Children and Youth in Syria and the Region through Education: London One Year On”, was presented and in a joint declaration the co-chairs recommitted “to work towards the target of ensuring No Lost Generation of children in Syria and in the region.”

The chair of the thematic event on the situation inside Syria stated: “All actors should promote and enhance education for all Syrian children in order to ensure No Lost Generation, as well as ensuring a more systematic effort to prevent attacks on schools, pupils and teachers”.

Finally, the strengthened focus on adolescents and youth in this year’s HRP has been followed through on several fronts. One inter-agency initiative saw Syrian youth from Homs join a team of young researchers who worked with more than 900 very vulnerable research participants between 10 and 24 years old in Syria, Lebanon and Jordan to build the evidence base on young people’s aspirations and the challenges they face. This youth led research rendered far more nuanced information about the interplay between barriers and opportunities for young people than the conventional research methodology has been able to achieve. The approach further provided an entry point for marginalized young people to develop and employ new skills to directly influence community leaders, policy makers and donors on an ongoing basis. The second half of the year will see the launch of an inter-agency Adolescent and Youth Engagement Toolkit, which uses existing and new evidence to provide practical guidance, tailored to the regional context, on how to systematically engage adolescents and youth in all stages of the programme development and implementation.
PREPAREDNESS EFFORTS

In hot-spots where developments related to the hostilities, changes in areas of control and or shifts in access status were likely to have a significant impact on humanitarian needs and humanitarian access, partners have developed preparedness plans at the intra-hub, inter-hub and WoS levels.

Plans were developed at the WoS level where the response of two or more hubs overlapped, requiring harmonization to ensure a unified and coherent sectoral response. In close coordination with the hubs, the WoS coordinators facilitated the development of the Ar-Raqqa and East Ghouta preparedness and response plans. In Ar-Raqqa, the plan brings together the mainly UN response from within Syria (Qamishli and Damascus cross-line), the cross-border response from Turkey and the NGO response from Iraq/ northeast Syria in an effort to capitalize on the comparative advantages of each. This avoids overlaps, strengthens operational harmonization and harnesses the response capacities of partners across multiple hubs. The plan assesses the humanitarian implications of the continued military offensive in Ar-Raqqa Governorate, particularly Ar-Raqqa city, and outlines the preparedness requirements to meet anticipated needs. The plan estimates that up to 440,000 people may be affected, of whom 330,000 are at risk of displacement. In addition, with humanitarian partners estimating that 18,000 to 25,000 people may remain, either by choice or force, within Ar-Raqqa city itself. The East Ghouta preparedness and response plan was also developed at the WoS level and assesses the likely humanitarian implications of an escalation in fighting / besiegement over the coming months and outlines the response requirements to meet anticipated needs. Taking into account East Ghouta’s designation as a de-escalation area (DEA), the plan outlines key intervention activities to meet the needs of some 390,000 people living in the UN-declared besieged enclave, as well as some 25,000 people living in Barzeh and Qaboun, which recently came under GoS control following a local agreement. The plan estimates that 34,000 people are likely to be displaced from the enclave to GoS areas between July and September 2017.

In addition to these plans, individual hubs also developed contingency plans for areas within the scope of their response. For instance, the Jordan (southern Syria) hub developed a Southern Syria Inter-Agency Preparedness Plan which outlines scenarios for the evolution of the situation in southern Syria and the humanitarian implications under each scenario. The plan outlines four possible scenarios that take into account recent developments including the intensification of hostilities in western Dar’a, the potential formalization of the DEA in the south, as well as the impact of the evolving dynamics in other areas of Syria. Under these scenarios, a maximum of 50,000 people could be displaced as a result of GoS ground offensives. Similarly, the Turkey hub developed a Northern Syria Preparedness Plan that outlines the humanitarian implications of the continued evacuation of civilians to northwest Syria as a result of local agreements reached between the GoS and NSAGs in previously UN-declared besieged or hard-to-reach areas. The plan targets the potential provision of humanitarian life-saving assistance for tens of thousands of people over a six-month period, largely comprising those forcibly evacuated from northern Homs and Rural Damascus governorates to parts of Idleb and Aleppo governorates. The Turkey hub also is also putting in place a preparedness plan for Idleb Governorate due to the increased hostilities, either due to a potential GoS offensive or between NSAG factions.

In addition to area-based response and preparedness plans, the Syria hub, in consultation with cross-border partners, is leading the development of 3-6-month duration micro-plans, covering previously UN-declared besieged and hard-to-reach areas where local agreements between the armed actors resulted in increased access. These micro-plans outline the short and medium term response in newly accessible areas (i.e. the period before regular programming resumes) and are informed by a solid protection risk analysis, operate strictly within the scope of HRP activities, and avoid the humanitarian response acting as a pull factor for return or hindering the voluntary return of IDPs. As of June 2017, the Syria HCT developed the Wadi Barada micro-plan which targets some 45,150 people comprising the host population, IDPs, returnees and potential returnees. Following a local agreement in April, the Syria HCT is also coordinating the development of a micro-plan for the Zabadani Plain.
KEY GAPS

GAPS

• Given the current access, security, administrative and funding challenges, all sectors face difficulties in reaching people in need and addressing critical emergency needs.
• Implementation of rehabilitation projects (particularly in health, WASH, education and shelter), and sustainable activities contributing to more resilience of people in need, has been limited due to insufficient funding.
• The departure of a large number of workers, particularly in the health and education sectors, continues to undermine Syria’s public health and education profile, as well as hamper the sectors’ capacity to deliver.
• While serious protection needs have emerged in the wake of the ongoing military offensive in NE Syria, the presence of protection partners and specialized services remain largely insufficient or even non-existent in Deir-Ez-Zor, where military operations and related displacement are intensifying.
• Heavily populated IDP camps have a limited absorption capacity which hampers the possibility to host new arrivals, while the lack of space for camps at a relatively safe distance from front lines seriously limits the establishment of new IDP sites in these areas.
• Information and evidence generation due to access restrictions remains a key gap for some sectors, resulting in incomplete needs analysis in some areas, while also complicating programming and the capacity development of local partners.
**CHALLENGES**

Access and insecurity, including constraints on the movement of people and humanitarian workers, remain the main impediments facing the humanitarian community in reaching people across Syria.

The ongoing situation in northeast Syria has further endangered IDPs searching for safety and security, while access challenges have hampered the ability of humanitarian partners to deliver a timely response at scale.

Interference in humanitarian work in contravention of globally recognized principles has continued in GoS-controlled areas of Syria, and increased in areas of north and northeast Syria, not only hampering the delivery of assistance, but also blurring the lines between military and humanitarian action and jeopardizing the ability of partners to deliver a principled humanitarian response.

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

Operational constraints for cross-border operations persist. An increasingly restrictive regulatory environment in Turkey has led to a reduction in the number of international actors providing assistance. Constraints on cross-border transportation of specific items has been a particular challenge from Jordan.

Lack of funding remains a barrier to the scaling up of operations for sectors and to the long-term predictable provision of humanitarian supplies, as well as for the full achievement of targets set under the 2017 HRP.
Of the US$3.3 billion requested for the 2017 HRP, US$1.1 billion (or 33.4 per cent of requirements) were mobilized by the beginning of August 2017, according to the Financial Tracking System (FTS). A further US$291 million was reported to be for humanitarian projects outside of the 2017 HRP.

Continued under-funding constitutes a key limiting factor to the predictable provision of humanitarian support to people in need across Syria. In a number of sectors, funding gaps are affecting the ability of partners to sustain humanitarian life-saving assistance and to maintain the scale of their response.

### Funding Update to 2017 Syria Humanitarian Response Plan (as of 2 August 2017)

<table>
<thead>
<tr>
<th>Category</th>
<th>Funded</th>
<th>% of Funded</th>
<th>Requirements</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food security &amp; agriculture</td>
<td>521.2 M</td>
<td>39.7%</td>
<td>$1.3 billion</td>
<td>$2.2 billion</td>
</tr>
<tr>
<td>Non-food items (NFIs) &amp; shelter</td>
<td>72.3 M</td>
<td>14.9%</td>
<td>$484.6 million</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>107.5 M</td>
<td>23.1%</td>
<td>$464.9 million</td>
<td></td>
</tr>
<tr>
<td>Protection &amp; community services</td>
<td>20.4 M</td>
<td>7.1%</td>
<td>$286.4 million</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>92.5 M</td>
<td>37%</td>
<td>$249.9 million</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>32.6 M</td>
<td>15%</td>
<td>$217.5 million</td>
<td></td>
</tr>
<tr>
<td>Early recovery &amp; livelihoods</td>
<td>12.9 M</td>
<td>8%</td>
<td>$161.9 million</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>6.3 M</td>
<td>9.6%</td>
<td>$65.5 million</td>
<td></td>
</tr>
<tr>
<td>Coordination and common services</td>
<td>29.1 M</td>
<td>51.4%</td>
<td>$56.6 million</td>
<td></td>
</tr>
<tr>
<td>Camp coordination &amp; camp management</td>
<td>1.9 M</td>
<td>6%</td>
<td>$32.6 million</td>
<td></td>
</tr>
<tr>
<td>Logistics</td>
<td>8.3 M</td>
<td>50%</td>
<td>$16.5 million</td>
<td></td>
</tr>
<tr>
<td>Emergency telecommunications</td>
<td>219.4 M</td>
<td>25.2%</td>
<td>$50.9 million</td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td>212.6 M</td>
<td></td>
<td>$212.6 million</td>
<td></td>
</tr>
</tbody>
</table>

OCHA manages the Financial Tracking Service (FTS) which records all humanitarian contributions, (cash, in-kind, multilateral and bilateral) to emergencies. Please report your contributions to fts@un.org or through the on-line contribution report form at http://fts.unocha.org
### PART II: SECTOR ACHIEVEMENTS

<table>
<thead>
<tr>
<th>Sector</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>30</td>
</tr>
<tr>
<td>Camp Coordination &amp; Camp Management</td>
<td>36</td>
</tr>
<tr>
<td>Early Recovery &amp; Livelihoods</td>
<td>38</td>
</tr>
<tr>
<td>Education</td>
<td>40</td>
</tr>
<tr>
<td>Food Security &amp; Agriculture</td>
<td>43</td>
</tr>
<tr>
<td>Health</td>
<td>51</td>
</tr>
<tr>
<td>Nutrition</td>
<td>56</td>
</tr>
<tr>
<td>Shelter/NFI</td>
<td>59</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>62</td>
</tr>
<tr>
<td>Logistics</td>
<td>64</td>
</tr>
</tbody>
</table>
PART II: PROTECTION

PROTECTION

Progress towards Sector Objectives

Community-based protection

In a fluid and diverse context, significant advances continue to be made in expanding community-based protection responses. Two main humanitarian protection actors progressed in establishing and reinforcing the network of community centres, with 72 centres active as of the end of June 2017 in 11 governorates in Syria. Additional centres are planned for newly accessible areas, as well as areas where high displacement and increased returns are observed. These centres act as community interaction spaces where community members can meet, plan and organize activities. They also offer a wide array of protection services and self-reliance support, to reduce vulnerabilities and protection risks through psycho-social support services; legal aid; informal education services and activities; to improve skills and opportunities to generate income for persons with specific needs; sexual and gender-based violence (S/GBV) prevention and response; child protection services; and assistance for persons with disabilities.

Mobile outreach and emergency response

The community-based protection approach adopted by the sector was also strengthened through an increased mobile capacity. This was largely done via a network of 1,760 outreach volunteers (ORVs) operating from the community centres managed by partners from the Syria hub. These ORVs expand the sector’s reach to affected populations, assessing protection risks and referring those in need to appropriate services. In addition, mobile units are connected to the women and girls safe spaces and community centres to further expand services and coverage. Mobile clinics are active in the context of integrated GBV/Reproductive Health interventions and Child Protection volunteers operate in areas covered by Child Protection Centres. These resources form the backbone of the mobile capacity of the Protection sector in the Syria hub and enable partners to respond more rapidly and extensively to emerging protection needs, expand coverage of services and ensure the inclusion of persons with reduced mobility or visibility. The Protection cluster (Turkey hub) continued to strengthen its emergency response capacity, in response to increasing displacement, as well as populations arriving into areas of north and northwest Syria following ‘local agreements’ between the GoS and NSAGs in UN-declared besieged areas. Existing tools and approaches are being refined in collaboration with the GBV and child protection Areas of Responsibility (AoRs) and a core group of cluster members active in emergency response.

Psychosocial support

Psychosocial support activities remained a fundamental component of the community-based protection response given pervasive trauma and distress, at different degrees of severity, amongst the population in Syria. While specialized interventions for children and GBV survivors have been carried out under respective responses, a variety of general psychosocial support interventions were also offered to other affected populations, largely through women and girls safe spaces and community centres, as well as through mobile units and ORVs. Interventions ranged from basic support (e.g. recreational activities and community mobilization) to more specialized individual/group sessions and referral to specialist mental health partners via the Health sector. An estimated 36 per cent of the initial HRP target has been reached across the response. In the Syria hub, the Working Group on Mental Health and Psychosocial Support (under the Protection and Health Sectors) developed standard ToRs for case managers, needs assessment for MHPSS training, harmonized MHPSS awareness material and mapping of MHPSS services.

Legal counselling/legal assistance

Legal counselling/advice and legal assistance services constitute a core activity of the Protection sector, particularly in registering civil events and obtaining civil status documentation. These activities improve freedom of movement for IDPs within the country, ensure legal recognition, facilitate access to assistance/services and enable the registration of civil status events avoiding potential statelessness. A network of lawyers operating in selected women and girls safe spaces and community centres run by Syria-hub based partners, collective shelters, legal clinics and through mobile teams reaches out to communities to raise awareness on the importance of civil registration/documentation and other legal issues. By the end of June 2017, this network offered individual advice and legal representation to more than 42,800 individuals. From the Syria hub, technical and in kind support to Syrian civil affairs authorities is being provided to restore the capacity of civil registry offices in affected and newly accessible areas, enabling them to serve the population and improve overall access to personal status registration/documentation. House land and property (HLP) issues continue to emerge as a growing demand. Working in coordination with expert agencies, shelter and early recovery partners, the sector started to develop a more solid analysis via surveys and research with a view to building capacity amongst legal aid providers. In addition, a technical HLP Working Group now brings together specialized actors from the Protection and Shelter sectors to share technical expertise. The HLP AoR in the Turkey hub has begun holding cross-sectoral meetings during the reporting period, in order to ensure HLP issues and risks are identified as necessary and addressed as possible in a multi-sectoral manner.
PART II: PROTECTION

Gender-based violence

GBV specialized services are available in 95 communities in 61 sub-districts, of which four communities are reached with services provided by multiple hubs, which represents 60 per cent of the target for 2017. This constitutes an increase of nine communities since the end of 2016. The number of specialized GBV services is 19,998 (13 per cent of the target), with 179,118 people reached with prevention and empowerment services. As of the end of June 2017 the number of humanitarian actors trained on GBV reached 822. Expanded reach of specialized services has been achieved through capacity building initiatives, mobile outreach, increased women and girl safe spaces, community centres, and community-based women committees. Dignity kits and sanitary napkins have been provided to women and girls of reproductive age through inter-agency convoys in UN-declared besieged and hard to reach areas and in the context of the Ar-Raqqa emergency. Referral pathways are functioning in eight governorates (with localized pathways through cross-border operations), with partners reporting an increasing number of referrals through cross border operations. According to the GBV emergency response model, partners provided psychological first aid, referral to specialized services -both health and psychosocial support (PSS) - and distributed dignity kits. For cross-border Turkey coordination, 23 partners have now signed SOPs. The SOPs in the Syria hub and Jordan hub are being finalized with the cooperation of multiple partners with specific expertise. Standards are being set for GBV mobile responses which are a key intervention to access hard-to-reach areas and conduct outreach in communities near women and girls safe spaces. Specialized trainings on establishing women and girl safe spaces and support to partners is being provided to ensure GBV services are inclusive, especially for people living with disabilities. In response to the findings of the 2017 HNO, the GBV and reproductive health actors are developing a strategy to address the specific needs of adolescent girls and mitigate the gender based violence they are exposed to.

Mine Action

While explosive hazard removal by humanitarian mine action partners remains limited, the sector has sought to mitigate the impact of hazards by expanding the reach of risk education and contamination impact surveys in the first half of 2017. As of end June 2017, through NGO partners and ministerial counterparts, risk education had reached more than 1.68 million people across Syria in schools, camps, community centres, as well as through house-to-house sessions, including in hard-to-reach and newly accessible areas. In northern Syria, the sector has integrated the distribution of risk education materials in activities undertaken by NFI/Shelter and Food Security and Livelihoods partners in order to mainstream mine action in the wider humanitarian response. Contamination impact surveys have also expanded, reaching 314 communities as of end of June 2017, thus enabling the sector to advise communities and humanitarian actors of potential hazards in their project locations. The mine action sector has developed and endorsed standardized forms to collect information from communities on casualties, but also on services that are blocked by contamination. Moreover, data collection on explosive hazard contamination and casualties has gone beyond the mine action sector to include partners from the wider Protection sector,
The situation in Syria remains highly fluid, with the lack of involvement of the humanitarian community beyond Ministry of Education to a wider cross-section of the community, beyond schoolchildren. This partnership has extended to the Ministry for Social Affairs and Labor (MOSAL), the Ministry of Local Affairs (MOLA) as well as the Ministry of Information.

Children: Protection

In the first six months of 2017 and in line with the No Lost Generation (NLG) strategic framework, the Child Protection response worked to improve access to quality child protection services in prioritized locations, through investing in a combination of prevention and response strategies. This strategy included centre-based and mobile service delivery modalities at the community level, as well as community-based structures such as child welfare committees and clubs for children. Child Protection responses are available in 153 sub-districts, of which 51 per cent are located in the South, with severity 4, 5 and 6. Child protection actors have provided 278,600 girls and boys (30 per cent of target) with structured child protection and psychosocial support programmes, 31,000 men and women with parenting programmes (39 per cent of target) and a further 382,000 individuals (24 per cent of target) with awareness-raising and social mobilization initiatives on child protection issues, such as prevention of separation and psychosocial/self-care practices. Child protection actors have worked together to harmonize core messages and expand the availability of tools and modalities for undertaking community outreach. These community-based child protection and psychosocial support programmes are all critical in reducing vulnerabilities; strengthening individual and community resilience and self-coping mechanisms; as well as increasing awareness about protection risks for children while also mitigating their impact.

16,600 (38 per cent of target) children were provided with specialized child protection services through case management. Building upon the gains made last year, Child Protection actors have endorsed, translated and been trained on hub-specific SOPs, protocols, referral pathways and associated tools that clarify the roles and responsibilities for those involved and improve the quality of services for children. Of particular note is the endorsement of case management protocols by the Syrian authorities, which will help to expedite the roll out of case management services, including through statutory service providers under the responsibility of MOSAL. Child protection actors also focused on the needs of unaccompanied and separated children, including through a training of trainers on family tracing and reunification (FTR) and a sub-regional technical consultation of key stakeholders on cross-line and cross-border FTR. WoS SOPs are a priority for the second half of 2017.

Finally, systematizing efforts to build a sustainable child protection workforce has been central to the achievements in the reporting period and have thus far reached 4,400 men and women (38 per cent of target). In addition to trainings on community-based child protection approaches and specialized child protection interventions, the AoR has invested in improving quality monitoring practices through enhanced guidance, training and on-demand mentoring, leading to more accurate and standardized reporting each month. As part of the ongoing commitment to strengthen national systems, two Syrian NGOs were selected to be members of the Strategic Advisory Committee of the Global Alliance on Child Protection in Humanitarian Action. This initiative aims to raise the participation of national child protection actors in global forums to guide global and regional priorities.

**Changes in Context**

- The situation in Syria remains highly fluid, with the coexistence of areas of relative stability where serious residual protection risks and needs are still present, and areas of active hostilities, where the protection of civilians remains of paramount concern. The following developments were particularly relevant to the protection response.
- Hostilities have generated growing concerns for the protection of civilians with new and variable patterns of displacement towards both government and contested areas (e.g. Ar-Raqqa; Dar’a and East Ghouta), increasing protection needs in these areas.
- The lack of involvement of the humanitarian community in negotiating the local agreements, which have markedly increased since early 2017, resulted in often conflicting and contradictory information about the number of people moving from formerly UN-declared besieged areas to northwest Syria (in particular Idlib), routes taken and end points, thus challenging the overall response in destination areas.
- While a growing number of formerly UN-declared besieged and hard-to-reach areas are in principle becoming accessible to humanitarian actors once retaken by the GoS, challenges remain in expanding protection interventions. Despite advocacy efforts led by sector partners, access to these areas remains highly regulated, with cumbersome approval processes, including for sector-specific assessments, and shifting front lines having an impact on the response in terms of availability of partners due to changes in service providers and long procedures for other actors to obtain GoS approval to operate.
- In the context of the ongoing military offensive in Ar-Raqqa, significant protection concerns exist around civilians moving to IDP sites relating to their physical security; the risk from explosive hazards and restrictions on the freedom of movement. There are also significant concerns around the situation of civilians trapped in Ar-Raqqa city who are exposed to active hostilities, as regularly reported by protection actors. The protection response remains limited by a series of factors, including the vast operational area, the scarcity of partners on the ground and bureaucratic impediments that prevent protection partners from expanding operations (see challenges section below). In the south, acute protection risks and disruptions to programming due, in part, to looting and threats against staff, have emerged in the wake of advances of the ISIL-affiliated group, Jaesh Khalid ibn al-Walled (JKW).
PART II: PROTECTION

CHILD PROTECTION RESPONSE - JAN - JUN 2017

5.8 MILLION
Children in Need

2.7 MILLION
Children Internally Displaced

2.83 MILLION
Children live in Hard to Reach areas

281,000
Children live in Besieged areas

Whole of Syria: Child Protection Response            January - June 2017

Children in Need

2.7 MILLION
Children Internally Displaced

2.83 MILLION
Children live in Hard to Reach areas

281,000
Children live in Besieged areas

Over 60 national NGOs delivering child protection programming in 132 sub-districts in 13 governorates

Changes in PiN

In accordance with the inter-sector PiN, the number of people in need of protection assistance has marginally increased from 13.5 to 13.6 million in the first six months of 2017.

Severity Update

The key changes to severity between September 2016 and June 2017 are:

- **Categorization in the severity scale changed for 116 out of 272 sub-districts**: For 77 sub-districts, the ranking has improved while the ranking has deteriorated for a total of 39. 154 sub-districts showed no change and for two sub-districts located in Quneitra, there was no data available for analysis.

- **The population in sub-districts in severity rank 6 (catastrophic) and 5 (critical) categories taken together show a decrease** of around 2 million in the total population and 800,000 in the IDP population, primarily due to a decrease in the severity of needs in Jebel Saman (Aleppo) and Lattakia sub-districts.

- **Eight sub-districts have been categorized in severity rank 6 (catastrophic), the same as in September 2016**: Five of these (Azaz; Qatana, Badama; Al-Hasakeh and Quneitra) were in this situation in September. Haritan (Aleppo), Jurneyyeh (Ar-Raqqa) and Mzeireb (Dar’a) have moved from critical to catastrophic due to an increase in the percentage of IDPs as a proportion of the overall population. Ar-Raqqa and Homs sub-districts moved from catastrophic to critical, due to a decrease in the IDP population, while Az-Zabadani moved from catastrophic to critical following a decrease in the incident index. This ranking does not necessarily capture the high fluidity of the situation on the ground.

- **Ar-Raqqa Governorate**: Even though Ar-Raqqa sub-district has gone from catastrophic to critical, the severity of needs in seven out of the nine other sub-districts in Ar-Raqqa Governorate have increased (e.g. Jurneyyeh sub-district moved from major to catastrophic problems on the severity scale due to an increase in both IDP and incident indexes). The incident index, which was only 1 per cent of the total for the entire country in September 2016, has increased to 8 per cent in the last eleven months.

---

13. The Protection sector uses a weighted average of the percentage of IDPs in population, an incident index and HTR population overlaid with UN-declared besieged and military encircled areas to assess the severity of needs in a sub-district. The incident index is measured in terms of number of incidents related to hostilities. Each incident type is assigned a relative weight depending on possible extent of effect on population and a score per sub-district is calculated by multiplying # incidents by weight per type.
A total of 5 sub-districts have deteriorated by two or more categories while 10 sub-districts have improved by two or more categories, following a decrease in the incident index. Six of these sub-districts also reported a decrease in the overall percentage of IDPs as a proportion of the population.

None of the UN-declared besieged areas are in catastrophic sub-districts. 29 out of 33 are in sub-districts with critical problems, two are in sub-districts with severe problems, and two are in sub-districts with major problems. 81 per cent of the population in military encircled areas are in sub-districts categorized as critical or severe, with 1 per cent in sub-districts ranked as facing catastrophic problems.

**Key Gaps**

- To date, the Protection sector has reached 1,469 communities. Risk education is the most widespread activity, and of the communities covered, 667 communities were reached with at least one intervention which was not risk education. Out of the 912 communities with a severity ranking of “catastrophic” and “critical”, the sector has not reached 599 communities. However, 313 reached communities host 88 per cent of the total population in these categories. While the reach of services generally increased across the protection response, significant gaps remain, specifically for specialized services.

- While serious protection needs have emerged in the wake of the ongoing military offensive in Ar-Raqqa Governorate, the presence of protection partners and specialized services to respond to current needs remains insufficient, partially due to the obstacles in expanding activities in those locations for partners traditionally operating in Government-controlled areas (see section above). The situation will likely be similar in Deir-Ez-Zor, where there is no known protection response and military operations and related displacement is expanding. Some of the largest gaps in the response relate to activities aimed at expanding tailored protection activities (Protection Objective 1). This relates to community based protection models and referrals to specialized services. The sector hopes to strengthen its emergency response capacity across the response.

Despite investment in training and technical support, the national workforce remains strained to keep pace with the sheer scale, depth and complexity of protection needs. Capacity gaps remain in fields of activity such as specialized psychosocial support, case management, legal counselling/assistance focused on HLP issues, and in the general ability to conduct a robust protection analysis. Added to this challenge is the turnover of staff, shifting front lines and the opening of closing of locations which undermines progress in capacity development. In addition, limitations imposed by the overall environment on the ability of key traditional international protection partners to fully operate, negatively affect the sector in terms of capacity building and technical support to national protection counterparts. Advocacy needs to continue at the highest levels to address the highly regulated/restrictive environment for protection activities.

**Challenges**

Unsustainable and unpredictable access, combined with the fluid security situation present major impediments for the delivery of quality, robust and specialized protection responses in Syria. While access through inter-agency convoys represents an important modality, meaningful access for protection actors requires sustained presence to consult the affected population and identify protection risks and needs. This possibility remains still limited and regulated, including in newly accessible areas under Government control.

As a response modality, remote programming also presents a number of challenges, including lack of face-to-face training opportunities, appropriate support of capacity for staff and partners and disruptions to partnerships, which impacts continuity, mentoring, monitoring and progression toward more specialized service provision.

More generally, the constrained operational environment for international protection actors in Syria precludes the development of positive synergies between local and international actors, as well as the growth of knowledge and technical capacities among national actors. From the Turkey hub, operational constraints for cross-border operations persist and have had an impact on a number of actors providing protection services and technical supervision. In some areas, there are reports of increasing constraints and interference by the local authorities on the provision of protection services, especially those focusing on women and girls. In northeast Syria, bureaucratic requirements hamper the expansion of operations in major areas of displacement, despite pressing protection needs.

Underfunding also has serious consequences, affecting human resource availability and hampering proposals to increase mobile activities and immediate support and outreach to the population in need.

**Actions to be taken**

- Capacity-building toward more specialized service provision, including by developing common tools for service mapping and referrals. The use of technology to increase access to referral pathway information is being explored in order to expand the reach and impact of services, in particular of GBV services.

- Consolidate presence through greater community-based protection services, including the expansion of community centres and women and girl safe spaces; expansion of
mobile and emergency/rapid response capacity, as a way to respond to emergencies but also to reach the most vulnerable and less mobile population.

- Continue to invest in counselling/legal assistance on civil status registration/documentation, while increasing knowledge and capacity in addressing HLP-related issues across the WoS response.

- Further investment in the harmonization of procedures and standards (e.g. GBV SOP in Syria and Jordan, SOPs on Family Tracing and Reunification for WoS, including links with sub-regional response for unaccompanied and separated children will be a key priority for the Child protection sector).

- Reinforcement of operational/local coordination mechanisms, in particular in recent areas of interventions such as northeast Syria, as well as newly accessible areas. Continue efforts at the inter-sector level to mainstream protection in the overall multi-sector response. Expand protection analysis, wherever feasible, to inform risk analysis and strengthen evidence-based advocacy, including to support the HCT/HC/SSG in promoting the centrality of protection and addressing key protection concerns with relevant stakeholders.

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

<table>
<thead>
<tr>
<th>Governorate</th>
<th>% of PIN in the governorate relative to total in Syria</th>
<th>% of Protection interventions in the governorate relative to total interventions in Syria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aleppo</td>
<td>16%</td>
<td>5%</td>
</tr>
<tr>
<td>Al-Hasakeh</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Ar-Raqqah</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>As-Sweida</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Damascus</td>
<td>9%</td>
<td>16%</td>
</tr>
<tr>
<td>Dar’a</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Hama</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Homs</td>
<td>7%</td>
<td>15%</td>
</tr>
<tr>
<td>Idlib</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Lattakia</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Quneitra</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Rural Damascus</td>
<td>1%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Tartous</td>
<td>4%</td>
<td>7%</td>
</tr>
</tbody>
</table>

**PEOPLE IN NEED OF PROTECTION**

**PROTECTION SECTOR SEVERITY**

17. For example, in the northeast of Syria, the GBV AoR has increased direct coordination between GBV partners to support prepositioning of supplies and scaled-up mobile RH/GBV integrated responses and will look at increasing the capacity of partners with regards specialized services.

18. The graph reflects that the response is generally proportionate to the number of people in need (PIN) in each governorate, with the exceptions of Aleppo, Damascus and Homs where there is a greater concentration of protection interventions. The graph should not be interpreted as inferring that certain Governorates are over-served or under-served. Instead, it reflects the coherence between the spread of protection interventions and the total PIN.
Progress towards Cluster Objectives

The CCCM cluster response strategy for 2017 is aimed at enhancing the general protection environment in IDP sites in northern Syria by conducting the following activities:

- The provision of comprehensive multi-sectoral humanitarian life-saving assistance to IDP sites.
- The promotion of gender-balanced participatory management structures in IDP sites.
- The improvement of physical and basic infrastructure conditions in IDP sites.
- The provision of coordinated operational information on the displacement in northern Syria, aimed at enabling humanitarian partners to deliver a timely humanitarian response to newly displaced people.

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

Under the first HRP objective, “Provide coordinated humanitarian life-saving multi-sectoral assistance to people living in IDP sites”, members of the CCCM cluster were able to provide continuous multi-sectoral humanitarian life-saving assistance to 364,207 IDPs living in 341 IDP sites, including informal settlements (243), planned camps (18), transit/reception centres (3) and collective centres (79) in the governorates of Aleppo, Ar-Raqqa, Hama and Idleb. The collective response of cluster members includes Food, WASH, Shelter, NFI, Education and Protection. During the reporting period, 88 per cent of IDP residents had potable water, 86 per cent of the residents were served with waste removal services, 82 per cent were reached with sanitation services, 64 per cent of the residents’ shelter needs were covered and 60 per cent were reached with non-food items (NFIs) and food on a monthly basis. Overall, 81 per cent of IDPs in these sites received multi-sectoral assistance.

Under the second CCCM HRP objective to “Disseminate operational information on sudden mass displacements on a timely basis”, the Cluster has established the ISMI (IDP Situation Monitoring Initiative) project in 2016, boosting its capacity to provide qualitative and quantitative reports on IDP movements, including numbers, locations, intentions, maps and trends. Furthermore, the cluster conducts a monthly gap analysis of all IDP sites serviced by members in order to facilitate the coordination of the multi-sectoral response in these sites. More than 360 IDP sites are assessed and assisted on a monthly basis.

Changes in Context

In terms of the situation faced by CCCM humanitarian actors, between January and June 23, cluster members reported 636,966 displacements, including 246,440 new arrivals in Aleppo and 177,919 in Idleb governorates. A total of 12 new IDP sites hosting 6,982 IDPs were established in Idleb and Aleppo, as well as a new reception centre in Idleb. The increase in displacement required a massive scale up of assistance in IDP sites and in displacement tracking efforts.

There has been a noticeable increase in interference by NSAGs in the work of humanitarian actors in northern Aleppo Governorate IDP sites, particularly in Jarablus and Azaz. Initial indicators of similar interference by NSAGs in Idleb Governorate are also being observed. This has considerably hindered the capacity of the humanitarian actors to provide assistance in these locations. In order to avoid compromising core humanitarian principles, humanitarian actors are spending more time in negotiating access.

Changes in PiN

CCCM PiN has marginally decreased by some 34,300 over the first six months of 2017.

Severity Update

Although the overall CCCM PiN has decreased over the first six months of 2017, the number of sub-districts classified as facing a high severity of need have increased from 86 to 89 during this period, in large part due to the increased needs in Ar-Raqqa Governorate.

Key Gaps

One of the major challenges in northern Syria is the lack of space in camps. The majority of IDP sites are located in areas that are at a relatively safe distance from front lines. The IDP sites in these locations are heavily populated and have been running beyond their absorption capacity for years. As a consequence, there are very limited possibilities to host new arrivals or establish new IDP sites in these areas.

Another challenge is in ensuring accountable camp management services in northwestern Syria. This is mainly due to a lack of security and shrinking humanitarian space in the absence of accountable authorities, coupled with HLP issues and a shrinking operational environment.

The lack of funding to address the daily service provision in IDP Sites has also contributed to critical gaps. IDPs sites are often dependent on activities for the provision...
and maintenance of daily services such as waste removal, electricity and water. The lack of funding has forced some of the key CCCM actors to downsize activities in IDP sites in these areas.

Challenges

An unstable security situation, changes in context and restrictions in access continue to be the key challenges to the response in northern Syria. Due to shifting front lines in Aleppo and restrictions on access to IDP sites in Jarablus and Azaz areas, cluster members were unable to conduct sufficient needs assessment and provide adequate assistance in these locations. Actors in these locations continued interfering in the work of humanitarian actors and have also undertaken forced evacuations in some camps.

Actions to be taken

The CCCM cluster is establishing four new reception centres in northern Aleppo and Idleb governorates to provide protection services, temporary shelter and multi-sectoral assistance during short-duration displacements. The cluster is also establishing two planned IDP camps in Idleb Governorate for the most vulnerable IDPs. In preparation for the winter, the cluster is reinforcing basic infrastructure in IDP sites to enable them to better withstand seasonal weather changes. Other preventative activities such as tent insulation, sewage system rehabilitation and the provision of environment-friendly heating and cooking solution in tents and fire mitigation measures are also ongoing.

The cluster is scaling up field-based capacity development initiatives for NGOs and IDP committees to mitigate any potential access deterioration, while also reaching out to more Syrian grassroots and field-based NGOs to involve them in coordination systems.

The monthly product of IDP Sites Integrated Monitoring Matrix (ISIMM) is being developed to cover more services related to the infrastructure situation in IDP site, collective centres and reception centres.

With regards to IDP tracking, the cluster is continuing its efforts to harmonize all existing data and displacement/return tracking initiatives, including through the streamlining and harmonization of approaches, definitions and triangulation of data and numbers as well as through verification of figures and locations.

The cluster is also working closely with the Housing Land and Property Working Group to develop context-relevant guidance notes on the establishment of IDP sites. Efforts to enhance the referral system and the general protection environment in all IDP sites in northern Syria are ongoing.
Progress towards Sector Objectives

Progress towards core cluster objectives has been mixed with 85 per cent of the target for access to basic and social essential services achieved compared to 13 per cent for the restoration of disrupted livelihoods and the promotion of social cohesion. Achievement against the livelihoods restoration targets remains alarmingly low, largely due to the lack of donor contributions toward this objective.

Changes in Context

A deeper analysis of the impact of the crisis on basic infrastructure availability and accessibility demonstrates how widespread and profound that impact – accumulated over six years of hostilities– is, and how enormous the reconstruction effort will be. However, within an Early Recovery approach, only the rehabilitation of the minimum essential infrastructure can be envisaged. This alone constitutes a major challenge, requiring significant funds that go well beyond the limited funds so far mobilized under the HRP for the Early Recovery response.

Loss of key infrastructure is apparent all over the country, even though certain geographical areas have suffered more than others. The following map also demonstrates (a Living Conditions Index, developed in 2016 (UNDP-SCPR), based on the six classifications of severity and the severe impact of the crisis on the living conditions of people in Syria.

Changes in PiN

The number of people in need of ERL assistance has increased from 13.8 to 14.3 million. This increase in the overall ERL PiN reflects the increase in the country population.

Severity Update

There have been no significant changes in overall levels of severity.

Key Gaps

The need for early recovery interventions are enormous, with the response so far limited, mainly due to a lack of funding. For instance, (against a 2017 target of 900,000) only 120,000 jobs have been supported by sector partners in the first half of 2017. This figure (which includes a majority of short-term jobs under cash-for-work activities) represents about 2-3 per cent of the total number of jobs lost during the crisis.

It should be emphasized that a stronger early recovery and livelihoods focus in the humanitarian response is also important for deepening the response to needs and
opportunities in the growing number of areas that can be accessed as a result of recent developments on the ground. Also, an expansion of the ERL sector’s activities, could, in addition to supporting resilience, also strengthen social cohesion, community relations and ultimately peace building.

Challenges

In the current HRP, funds requested for ERL interventions represent only 5 per cent of the total budget requirement submitted to donors. Despite this modest appeal, less than 10 per cent (or US$20 million) has so far been funded. This contributes to the prolongation of unmet but priority needs, and overlooks opportunities to gradually reduce aid dependency and deliver more durable solutions.

To put the roughly US$20 million in funding received into perspective, the estimated total loss in capital stock (private and public) by the end of 2015, amounted to roughly US$70 billion. While it is clear that this can only be addressed fully through a comprehensive reconstruction effort under a peace scenario, it does underline the need for additional funding to support the Early Recovery response. The ERL sector will therefore continue to advocate for a stronger resilience building component in future HRPs.

Actions to be taken

- To identify options for more effective livelihoods support, the sector is currently undertaking a comprehensive assessment of employment and economic opportunities (under four progressive scenarios) to guide coordinated action in this area and to inform a stronger resource mobilization effort.
- To broaden the partner base for early recovery and livelihoods programme responses, a number of technical meetings are planned with stakeholders to look into available options and to design an appropriate strategy.
- To enable sector partners to also prioritize early recovery response interventions in newly accessible areas, through quick-impact interventions, the sector has submitted a sector-wide pooled funding proposal revision in the HRP which will be managed within the sector and will enable the mobilization of a growing number of ERL partners in a coordinated inter-sector response in these areas. It will allow the sector to quickly approve response proposals from a growing number of – in particular non-governmental – partners, through a decision-making process involving the entire sector partnership.
- To discuss options for a greater emphasis on resilience and durable solutions in the next HRP, the sector is taking the lead, in collaboration with the Food Security and Agriculture sector, in organizing consultations and thereby developing an overview of the opportunities and challenges related to a stronger resilience response in future HRPs.
PART II: EDUCATION

Progress towards Sector Objectives

In line with the No Lost Generation (NLG) initiative, the WoS Education sector has made progress in scaling up equitable access to education, enhancing the quality of education services and strengthening education systems. Overall, 1,076,188 children and adolescents (51 per cent boys and 49 per cent girls) have been reached with equitable access to quality learning and skills development opportunities. Of them some 300,653, or 27.9 percent, live in UN-declared besieged and hard-to-reach areas.

In increasing equitable access, WoS education partners were able to reach 591,820 children and adolescents with formal and non-formal education at pre-primary, primary and secondary levels. The most vulnerable children, in particular those who are displaced and out-of-school, benefitted from a range of assistance including community-based Early Childhood Education (ECE) services for school readiness, provision of teaching and learning materials, school feeding programmes, accelerated learning programmes and use of ‘Curriculum B’ textbooks and other non-formal education programmes. Access to safe learning environments with gender-sensitive WASH facilities that are also inclusive for those children with disabilities was extended to over 13,000 children.

For inclusive and quality learning, WoS education partners have accelerated efforts, including at a cross-sectoral level, to improve the quality of education services at school level, with capacity development on active learning pedagogy underway for over 6,000 teachers. In addition, 179,196 children and adolescents have benefited from life skills and citizenship education programmes in informal settings.

As part of system strengthening efforts, WoS education partners continued to support local authorities to build capacity on data collection in crisis contexts, including through Education Management Information System (EMIS) data collection and analysis. This initiative advances evidence-based and equity-focused education programming for displaced and out-of-school children. In addition, high level sector advocacy with the Syria MOFA and MOE has enabled 10,689 children (55 percent boys and 45 percent girls) to travel from UN-declared besieged and hard-to-reach areas to sit for the national exams for grades 9 and 12. These collective efforts have helped to ensure impartial and equitable access to education.

Under the framework of the Education Cannot Wait (ECW) investment for Syria, an education dialogue forum has been established between the WoS and the Development Partners Group (DPG) to ensure a unified and cooperative approach to resolve strategic and technical education issues.

Changes in Context

In the Euphrates Shield area, the ability of partners to provide education has become increasingly limited due to very strict regulations. Education in camps continues to be under-served, especially with the increasing number of displaced boys and girls. In northwest Syria, humanitarian space is shrinking due to the strict regulatory environment for INGOs, which has a negative impact on the delivery of education assistance. In northeast Syria, non-state authorities have introduced their own education system and curriculum in some areas. For this reason, many school-age children are deprived of access to formal education with the accredited national curriculum and certification. Overall, access to inclusive quality education remains limited for vulnerable children.

Changes in PiN

A total of 5.6 million school-age children (5-17 years) are in need of education assistance. The new PiN has seen a small reduction compared to the PiN of 5.8 million calculated during the HNO/HRP process last year. The WoS education sector updated the PiN figures using the latest estimation of population data provided by OCHA as of May 2017, which saw a decrease of the school-age children (5-17 years) ratio from 31.3 to 29.1 per cent.

Severity Update

There is no change in the education severity ratings, with the sector continuing to use the 2017 HNO data.

Key Gaps

Due to ongoing hostilities and insecurity, supply-side barriers are significant and reduce education access and quality for crisis-affected children across the country. The ongoing rehabilitation of learning spaces in Azaz and Idleb remains extensive, with most schools not fully functional. In eastern Aleppo, for instance, many schools are not cleared of the remnants of war and thus remain inaccessible for needs assessment and response planning. Across the country, some schools still operate in double/triple shifts (morning, noon and afternoon classes) to accommodate a large influx of displaced children. This reduces the teaching learning hours from 6 hours to only 2-3 hours per child, adversely affecting learning outcomes.

In addition, the availability of teachers is extremely limited with more than 150,000 teachers and education staff no longer in their posts. An insufficient number of teachers leaves existing teachers overwhelmed with work, negatively impacting the quality of teaching. Capacity building is
urgently required in UN-declared besieged areas and camps. There is also a gap in terms of quality teaching at school level – which will be tackled over the rest of 2017 and beyond. Lack of support for teacher remuneration remains very high in some parts of the country, with partners reporting difficulties in securing funds to support teachers.

An estimated 1.75 million are out of school in Syria, with only 140,000 children and adolescents have access to catch-up, the self-learning and accelerated learning programmes, including Curriculum B, that are designed to enable them to keep learning and be integrated into age-appropriate grades in the formal education system. Local education authorities, UN agencies and NGOs are all required to accelerate their collective efforts to increase equitable access to learning opportunities for out-of-school children.

Challenges

Newly accessible areas suffer from a shortage of functional education facilities and resources and are in significant need of education assistance. Despite these critical needs, approval procedures to access these areas, including through inter-agency aid convoys, remains strict and cumbersome.

Political influence over different parts of the country, including in the Euphrates Shield areas and in northeastern Syria, has had an impact on partners’ ability to operate according to humanitarian principles. An increasing number of INGOs are withdrawing their cross-border operations due to the difficult operating environment in Turkey, with ensuing implications on the provision of education services in the north of Syria. The presence of armed groups and their interference in NGO operations as well as fighting between armed groups, including in East Ghouta, has also negatively impacted the capacity to respond to needs.

An increasing number of displaced children in northwest Syria, particularly in Idlib Governorate, has put significant pressure on the already limited infrastructure that is in need of rehabilitation. The escalation of fighting in the south of the country, including with ISIL-affiliated groups, has further impacted the delivery of education services. Partners’ ability to access some of these areas is limited, requiring advocacy efforts be stepped up to ensure children affected by the crisis can receive humanitarian assistance.

Curriculum and certification remains a major issue for the WoS Education sector, with the different curricula taught in different areas of the country preventing many children from receiving any certification.

Actions to be taken

The WoS Education sector aims to continue high-level advocacy to scale up equitable access to quality education for all children in Syria with all actors involved in the delivery of education services. The sector continues to advocate for long-term, multi-year funding as short term funding precludes opportunities for more sustainable outcomes.

The following key actions are to be taken in the sector response:

- **Scaling up equitable access to education for those people in UN-declared besieged and hard-to-reach areas**: Identification of education partners operating in these areas, provision of school infrastructure support (i.e. small scale rehabilitation including structural reinforcement, prefabricated classrooms, furniture, WASH facilities); Back-to-Learning (BTL) campaigns, teaching and learning materials and community mobilization/media campaign; community-based early childhood education (ECE) for school readiness; delivery of self-learning programmes (SLP); and advocacy and support for national exams.

- **Scaling up equitable access to education for those who are out of school, including in areas with a high concentration of IDPs**: Expansion of accelerated learning programmes, including Curriculum B, for those who used to be out of school but currently have access to schooling, scale-up of SLP for out-of-school children, and policy advocacy and community mobilization to reintegrate out-of-school children into formal education.

- **Enhancing the quality of education services and strengthening education systems**: Professional development for quality teacher (i.e. child-centred pedagogy, subject contents, school-based management); life skills and citizenship education. Furthermore, support in EMIS data analysis (i.e. sector analysis of geographic and gender disparities in access to and availability of education, enrollment and attendance trends and patterns, bottleneck analysis of out-of-school children); and capacity development for education actors in information management and data-driven planning.

- **Support to those who are at risk of dropping out**: Cross-sectoral support in providing remedial education and additional services (i.e. psychosocial care, social protection) to at-risk children.
FOOD SECURITY AND AGRICULTURE

Progress towards Sector Objectives

Over the course of the Syria crisis, a lack of access, besiegement and displacement have constituted core triggers of food insecurity. Combined, these have contributed to low performance across three core food security indicators - food availability, coping strategies and food consumption. With erratic and below average cumulative precipitation\(^{19}\) in the cereal-producing governorates of Aleppo, Idleb, Raqqa and Homs, food availability was particularly impacted in 2016. By the end of 2016, the sector estimated that seven million people were food insecure and a further two million people at risk of food insecurity – thus a total of nine million people are in need in 2017 for food, livelihoods and agriculture support. A further two million people were projected to be in need of emergency response throughout the year. In the 2017

\(^{19}\) Only Hasakeh received above average levels of rain and has half of the 2016 wheat planted area; Normalized Difference Vegetation Index (NDVI) slightly below average.

FOOD SECURITY SECTOR - WHOLE OF SYRIA: RESPONSE SUMMARY JANUARY TO JUNE, 2017

<table>
<thead>
<tr>
<th>FSA Objective</th>
<th>Target</th>
<th>HRP</th>
<th>Non-HRP</th>
<th>Gap</th>
<th>% of Reached against Target</th>
<th>HTR Number of People Assisted</th>
<th>Besieged Number of People Assisted</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Food Rations (i.e. cooked meals, FRS, RTERs)</td>
<td>2 M</td>
<td>1.1 M</td>
<td>1.3 M</td>
<td>16%</td>
<td>438,955</td>
<td>447,046</td>
<td>Cumulative Annual</td>
<td></td>
</tr>
<tr>
<td>Regular Monthly Food Baskets (cash, voucher, in-kind)</td>
<td>7 M</td>
<td>4.4 M</td>
<td>1 M</td>
<td>16%</td>
<td>878,758</td>
<td>124,310</td>
<td>Average Per Month</td>
<td></td>
</tr>
<tr>
<td>Bread and Wheat Flour Distribution</td>
<td>1.5 M</td>
<td>0.8 M</td>
<td>1.4 M</td>
<td>44%</td>
<td>193,332</td>
<td>76,568</td>
<td>Average Per Month</td>
<td></td>
</tr>
<tr>
<td>Distribution of Agricultural Inputs</td>
<td>0.35 M</td>
<td>53,824</td>
<td>6,700</td>
<td>17%</td>
<td>101,266</td>
<td>44822</td>
<td>Cumulative Annual</td>
<td></td>
</tr>
<tr>
<td>Support to Small-Scale Food Production</td>
<td>0.2 M</td>
<td>2,268</td>
<td>1,303</td>
<td>2%</td>
<td>5,158</td>
<td>1,820</td>
<td>Cumulative Annual</td>
<td></td>
</tr>
<tr>
<td>Support to Asset Building and Asset Protection</td>
<td>0.2 M</td>
<td>9,908</td>
<td>1,735</td>
<td>6%</td>
<td>13,450</td>
<td>4,415</td>
<td>Cumulative Annual</td>
<td></td>
</tr>
<tr>
<td>Emergency Livestock Treatment and Training</td>
<td>0.2 M</td>
<td>42,160</td>
<td>4,742</td>
<td>23%</td>
<td>61,601</td>
<td>30,382</td>
<td>Cumulative Annual</td>
<td></td>
</tr>
<tr>
<td>Income Generating Activities</td>
<td>0.1 M</td>
<td>15,547</td>
<td>1,525</td>
<td>17%</td>
<td>14,139</td>
<td>8,454</td>
<td>Cumulative Annual</td>
<td></td>
</tr>
<tr>
<td>Provision of Services, Early Warning and DRR Systems</td>
<td>0.2 M</td>
<td>24,694</td>
<td>953</td>
<td>13%</td>
<td>64,271</td>
<td>2,392</td>
<td>Cumulative Annual</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation of Infrastructure</td>
<td>0.2 M</td>
<td>2,794</td>
<td>22,881</td>
<td>13%</td>
<td>3,802</td>
<td>3,802</td>
<td>Cumulative Annual</td>
<td></td>
</tr>
</tbody>
</table>

Funding Data: As of 7th August, 2017

- Requirements by Sector: $1.3 Billion
- Contributions: $521.2 Million
- Unmet Requirements: $790.9 Million
- Percentage: 39.7%
The sector works under four objectives that contribute to the overall HRP strategic objectives. These four objectives are in relation to the provision of emergency and regular monthly food assistance, provision of household level productive assets, provision of community level support to sustain productive assets and a well-coordinated multi hub response. Between January and June 2017 and as reported by WFP, FAO, UNRWA, 34 international NGOs and 58 Syrian NGOs, the sector has met 76 per cent of its monthly target with food assistance, and 22 per cent of its annual target with livelihoods and agriculture activities. The achievement includes numbers reported by both HRP and non HRP partners (breakdown provided below).

**Sector Objective 1: To provide emergency short-term and regular monthly food assistance.**

Between January – June 2017, a total of 2.3 million people (116 per cent of the sector’s annual target of 2 million people) were reported to have benefited from emergency food assistance (short-term support of 2-4 weeks through reduced food baskets, ready-to-eat rations and cooked meals) provided by WFP and 42 sector partners. Out of 2.3 million people reached, HRP partners assisted 1,078,079 people, while non-HRP partners provided assistance to 1,250,161 people. This includes repeated targeting of people displaced multiple times to different locations. This response reached 88 sub-districts in 11 of 14 governorates. A significant proportion followed displacements in Aleppo, Idleb, Dar’a, Rural Damascus and Ar-Raqqa governorates. This response totaled 860 MT of emergency food (in-kind).

On a monthly basis, an average of 5.4 million people (76 per cent of the estimated 7 million food-insecure) benefited from full monthly food rations delivered by WFP, ICRC, UNRWA and 68 sector partners. It is estimated that half of the caseload reached are IDPs. The remaining beneficiaries comprise vulnerable, food-insecure host populations and Palestinian refugees reached through regular food assistance. Out of 5.4 million people reached per month, HRP partners assisted 4.4 million people every month on average, while non-HRP partners provided assistance to close to 1 million people every month on average. The sector has issued guidelines through a collectively formulated targeting criteria taking into account households’ socio-economic status for all partners. The targeted people were reached in 188 sub-districts across 14 governorates, in varying degrees depending on access. On average, the monthly ration provided by sector partners meets 1,354 kilo-calorie requirements per person, per day, below the sector’s recommended 1,600 kilocalories per person per day. This constitutes a total of 400,842 MT of food, US$42 million in cash value and US$ 1.1 million in voucher value over 6 months. As reported, 94 per cent of the...
response was in-kind, 4 per cent cash and 2 per cent voucher. The sector recommends reaching the same caseload of pre-identified vulnerable households at least 8 times in a year to support their efforts to maintain adequate food consumption and dietary diversity. On average, partners have reached the same villages (assuming the same caseload of vulnerable food insecure households) five times in the last six months.

A total of 39 partners, including WFP, provided wheat flour/bread assistance to 2.2 million people on average every month through direct household distribution or bakery support provided in addition to the food baskets. This amounted to a total of 45,766 MT of wheat flour over a period of six months.

The sector also recommended providing supplementary food assistance to meet the nutritional and dietary requirements of persons with specific needs such as, orphans and vulnerable children, pregnant and lactating women and the elderly. To this end, on average 8,552 people received supplementary food baskets on top of their food rations as a targeted response. Sector partners such as WFP also provide supplementary feeding to children under five, distributed alongside general food distribution under the nutrition sector’s operational plan for the 2017 HRP.

**Sector Objective 2: To restore and/or increase agricultural production, productive assets, and income-generating activities.**

During the reporting period of January – June 2017, a total of 60,524 households in 93 sub-districts in 12 governorates benefited from the distribution of seeds and agricultural inputs provided by FAO, WFP and 31 sector partners, including cereal and legume seeds, fertilizer, herbicides, insecticides, pesticides, vouchers for purchasing fuel, seeds and olive seeds, constituting 17 per cent of the annual sector target. As recommended by the sector, the distribution followed the seasonal calendar to coincide with the spring planting season in Syria. Of the total response, 81 per cent was in-kind, 6 per cent cash and 13 per cent in voucher.

FAO and six partners provided inputs for backyard food production, including vegetable seeds and pesticides to 3,571 households. This activity is key to boosting household production and diversifying the nutritional requirements of targeted households, reaching 2 per cent of the sector’s target in 26 sub-districts across six governorates to both host and IDP households. Of the total response, 91 per cent was in-kind and 9 per cent in cash.

Asset building and protection in terms of small livestock and animal feed distribution was provided to 11,642 households by WFP and 15 partners in 32 sub-districts across nine governorates. A total of 5,300 animals, including sheep, cows and poultry were distributed and animal feed to small herders, representing 6 per cent of the annual sector target. Of the total response, 96 per cent was in kind, 1 per cent was cash and 4 per cent voucher.

FAO and three sector partners provided animal health and drugs to 46,902 households and 1.3 million animals have been treated or vaccinated. This activity was carried out in 185 sub-districts in 11 governorates and reached 23 per cent of the annual sector target. Of the total response, 99 per cent was in kind and 1 percent through vouchers.

FAO, WFP and 11 partners provided income-generating activities by establishing small businesses, providing vouchers and trainings to 17,072 households. These activities were carried out in 45 sub-districts in 10 governorates, amounting to 17 per cent of the annual sector target. Of the total response, 5 per cent was in-kind, 39 per cent in cash and 18 per cent voucher. The remaining 37 per cent was in the form of trainings.

Note: One actor with observer status reported that as per their agriculture plan for the 2017 winter/fall season, finalized in consultation with the Ministry of Agriculture, 30,000 households in Syria will be targeted with cereals and vegetable seeds/fertilizer packages across eight governorates.

**Sector Objective 3: To improve the capacity to deliver essential services to local communities and support the rehabilitation of productive infrastructures.**

Between January – June 2017, 25,647 households benefitted from the establishment, development and/or strengthening of the structure and capacity for the provision of essential services for local communities implemented by FAO and nine sector partners in 20 sub-districts across five governorates. This constitutes 13 per cent of the overall sector target. Overall sector support through trainings included environmental sanitation campaigns, rehabilitation of water networks to increase access to water for farming, mobile agriculture clinics for essential extension services, DRR and early warning system trainings.

25,675 households benefitted from the rehabilitation of relevant food and economic infrastructures (canals, irrigation systems, markets, storage facilities, bakeries, etc.) as reported by FAO and nine partners in nine governorates and 56 sub districts. Sector support comprised 93 per cent in the form of services and 13 per cent as cash assistance. These activities included the rehabilitation of bakeries, cash-for-work projects, dairy production kits for communities, solar system irrigation equipment, and rehabilitation of irrigation canals, pumps, pipes and generators.
PART II: FOOD SECURITY AND AGRICULTURE

LIVELIHOOD AND AGRICULTURE RESPONSE JANUARY - JUNE 2017

Response in UN-declared besieged and hard-to-reach areas

Between January and June 2017, a total of 625 communities were reached through sector objectives one, two and three across different sector activities and various modalities, including 27 in UN-declared besieged and 598 in hard-to-reach areas.

Food Assistance: A total of 233 communities have received food assistance (regular, one-off, or convoy) in 23 UN-declared besieged and 210 hard-to-reach areas, with a monthly average of 1 million people reached with a form of food assistance (bread, wheat flour, food baskets, RTEs, supplementary baskets). On average, 124,310 people living in UN-declared besieged areas received food basket assistance every month and 900,000 people in hard-to-reach areas. WFP, UNRW A and 54 other organizations provided assistance to these areas between January and June, 2017.

Agriculture/Livelihood Assistance: Between January and June, 2017, a total of 504 communities in UN-declared besieged and hard-to-reach areas were reached with a form of livelihood assistance such as agriculture inputs, small-scale food production, livestock asset restoration, animal treatment/vaccination, IGA, provision of services and rehabilitation of infrastructure. A total of 359,972 people were assisted in 19 UN-declared besieged and 485 hard-to-reach areas. Of the 359,972 people assisted, 24 per cent were in UN-declared besieged areas, with 76 per cent in hard-to-reach areas. A total of 28 organizations provided assistance including FAO and WFP.

Sector Objective 4: To improve the sector’s quality of the response based on evidence, capacity building and a strong Whole of Syria coordination within and across sectors.

During the reporting period, the sector delivered on all of its six core functions through a clear delineation of roles and responsibilities between hubs and at the WoS level. Key activities undertaken during this time included:

- Multi hub response coordination (Ar-Raqqa and East Ghouta): The sector has been working very actively and closely to support coordinated efforts to respond to the
population in need in areas where two or more hubs are operating. The two most prominent cases have been the Ar-Raqqa Emergency Response Plan and the East Ghouta Preparedness and Response Plan. For the former, a three-hub coordination platform has been set up in which partners from south Turkey, Syria and Iraq/northeast Syria hubs are sharing information on displacements, assessed needs, response plans and gap analysis in order to ensure displaced populations can be assisted in the most rapid and efficient way. Regarding the latter, a similar process is tentatively being established with the various hubs involved in food assistance in the East Ghouta enclave, and a comprehensive Preparedness Plan has been jointly established.

- **WoS household assessment (FSLA and FSA):** The sector has undertaken a Whole of Syria (WoS) household level assessment, with the support of its partners from all hubs. From the cross-border hubs, with support from a technical working group and RFSAN, 26 partners conducted data collection, collecting food security and livelihood indicators from 14,500 households, from 131 sub districts across 10 governorates. Data analysis is expected to be completed in August 2017. From the Syria hub, WFP at an agency level, is conducting a food security assessment applying a harmonized tool with FSLA, using a sample of 5,000 households. Together, these assessments will inform the HNO for 2018.

- **IPC pilot roll out:** As the Syria crisis entered its seventh year, the FSS has undertaken an initiative to roll out a pilot Integrated Food Security Phase Classification process (IPC) in Syria. This will ensure a technically sound food and nutrition security insecurity situation in the country using globally agreed upon sets of standards and procedures. As such, a high-level scope mission from the IPC Global Unit, FAO and WFP visited all hubs to consult various stakeholders and look at the feasibility of rolling out IPC in Syria for the 2018 HNO. The scope mission recommended the roll out of IPC in Syria, involving the FSS as well as Nutrition and other sectors’ from all hubs order to assess the food security situation in 202 areas (districts, sub districts and UN-declared besieged areas).

- **Collaboration with the nutrition sector:** The WoS Nutrition and Food Security sectors, supported by the Global Nutrition and Food Security cluster have worked jointly to promote and design an enhanced inter-cluster collaboration at the operational level. The integration of the food security and nutrition responses in Syria, aims to enable a better understanding of complementaries and thereby maximize efficiency and effectiveness of their respective responses across the country. As such, a concrete set of outputs were developed under which both sectors will collaborate on. These include assessment and analysis; general food distribution as a delivery platform for nutrition specific interventions; delivery nutrition messages in FSL programmes and capacity development.

- **Outcome Indicators Monitoring (OMI):** After its successful pilot in 2016, the FSS conducted the first round of OMI for 2017 with 24 partners. This was done through a common tool for post distribution monitoring and data collection, and followed-up on the food security status of assisted households in Syria. The process involved training 31 partners on data collection processes and food security concepts. 9,590 households were interviewed across 170 sub districts. The data analysis will be completed in July 2017.

- **Humanitarian Pooled Fund allocation:** In the Jordan hub Humanitarian Pooled Fund (HPF) allocation, the sector prioritized livelihoods interventions and four partners received funds for a total of US$750,000 for seasonal livelihoods activities, as well as bakery rehabilitation support. In the Syria hub, in response to the needs identified for newly accessible locations of eastern Aleppo city starting in January 2017, the Food and Agriculture sector reviewed and recommended two proposals for SHF funding (FAO and Monastery Saint James the Mutilated) totaling US$1.5 million. The Monastery Saint James the Mutilated proposal focused on the provision of ready to eat rations, cooked meals and bread bundles for a period of two months reaching an estimated 2,000 households. FAO activities will support livelihoods of vulnerable people and their host communities by increasing agricultural production, protection of productive assets, and restoring or creating income for increasing access to food. Specific interventions include the establishment of vegetable nurseries (tomatoes, aubergine and paprika) in rural areas, small scale mushroom production (urban and rural), small scale fish production and bee-keeping (apiculture). The FSL cluster in the south Turkey hub was allocated US$2.6M to fund six projects targeting 14,061 beneficiaries in Aleppo, Hama and Idleb. These projects will focus mainly on livestock, irrigation rehabilitation, olive and vegetable production activities.

- **Micro Plans:** The Food and Agriculture sector participated and contributed to the preparation of three micro plans in Wadi Barada, eastern Aleppo City and Az-Zabani plain respectively. These plans are limited in terms of geographical focus as well as time frame (six months).

- **Integration Strategy:** In April 2017, the sector established a small group of inter-hub food security and livelihoods experts from both UN agencies and NGOs to provide recommendations that partners can use for operationalizing the integration strategy. These sets of guidelines and recommendations are not exhaustive but provide a sound premise to guide partners on (a) targeting, implementation and monitoring; (b) partnership models within the sector’ (c) partnership models with other sectors and (d) geographical pockets. With this document, the sector aims to improve the linkages between food assistance and livelihoods interventions (both within and outside the sector) so that more integrated efforts are made to increase the proportion of people on food assistance receiving livelihoods inputs, and thereby increasing food security and self-reliance in the longer-term. As such, the sector intends to map common locations, define targeting criteria and elaborate a mechanism that can be closely monitored to determine whether a gradual shift from assistance to self-reliance is achievable (including analysis of how the provision of livelihoods/agriculture inputs is linking to value chain process) without jeopardizing the food security of the households.
Changes in Context

During the reporting period, major movements were recorded from and/or into Aleppo, Hama, Ar-Raqqa, Damascus, Dar’a and Idleb governorates. As expanded upon below, these displacements have resulted in some changes to the sector severity ranking in the first six months of 2017.

Changes in PiN

As per the 2017 HNO, nine million people are in need of food, agriculture and livelihoods-related assistance across Syria. As per the Food Security sector strategy, all new and vulnerable IDPs are considered food insecure in the first three months and food assistance is provided to them either through emergency response or by absorbing in the regular caseload. New IDPs also receive livelihoods assistance as appropriate.

Severity Update

Based on the movements recorded, the concentration of people in need has changed, which has affected the sector severity rankings. Since the 2017 HNO (late 2016), the concentration of people in need as a result of population movements, has affected the severity in 35 sub-districts spread across Aleppo, Hasakeh, Ar-Raqqa, Sweida, Dar’a, Hama, Homs, Idleb, Quinetra, Rural Damascus and Tartous governorates. Three sub-districts moved from severity four to three; six sub-districts moved from severity three to four; sixteen sub-districts moved from severity four to five; and 10 sub-districts moved from severity five to four.
Agriculture Outlook: The performance of the agricultural season 2016 - 2017 was characterized by spatially and temporally well-distributed rainfall, with totals that were above the long-term average (LTA), and better than the previous season (2015 – 2016). All governorates received between 80 and 100 per cent of the annual average rainfall (al-Hasakeh: 93 per cent; Aleppo: 96 per cent; Hama: 84 per cent). Although the monthly rainfall totals were sometimes lower than the monthly LTA, this was compensated by the high amounts received in December, March and April which greatly improved crop performance during the critical growth stages, especially for wheat and barley. As per CFSAM released in July 2017, the total wheat production has been estimated for 2017 at 1.8 million MT which is 12 per cent higher than last year but still less than half of the pre-crisis average of 4.1 million MT (2002 – 2011). The main agricultural constraints continue to be high production costs and lack of inputs, as well as the impact of the crisis on infrastructure including irrigation. Over the past two years, herd sizes have stabilized, albeit at very low levels, and the main constraints continue to be high fodder prices, insufficient coverage of veterinary services and access to grazing areas in some parts of the countries.

Livelihoods and Markets: Based on CFSAM 2017, food prices continue to be very high compared to three years ago, but have slightly decreased in some parts of the country compared with 2016. With slightly improved market access and market functionality, livelihood opportunities in the formal and informal sectors have improved compared to 2016; although the purchasing power of casual laborers and pastoralists continues to be lower compared to 2014 and 2015.

Key Challenges

- Insecurity and access issues affected sector partners’ operations, particularly in Rural Damascus, Hasakeh, Aleppo, Idleb, Hama, Homs, Da’ra, Quinetra and Damascus. Deir-ez-Zor and Ar-Raqqa governorates remain largely inaccessible.

- Insecurity and access in western Dar’a and Quinetra governorates have continued to hamper prepositioning of items in warehouses, affecting the sector's preparedness.

- Although the sector reached 26 UN-declared besieged areas at least once during the reporting period, with food assistance and livelihood/agricultural inputs respectively, access continues to be difficult and impedes the regular delivery of items and assessment of needs.

- Market places, bakeries, agricultural land, burning of standing crops before harvest and partners’ warehouses have been targeted by armed actors, leading to a massive loss of food items, assets and production, causing multiple fatalities and putting civilians, as well as humanitarian workers’ lives, at risk.
Key Gaps

- On average, the sector partners’ food baskets cover 1,354 kilo-calories per person, per day, falling short of the minimum recommended sector standards for Syria of 1,600 kcal per person, per day. Various challenges such as funds, supply chain, logistics and procurement issues have resulted in this gap.

- In addition to monthly food rations, the sector strategy in the HRP also encouraged partners to provide supplementary food assistance to persons with specific needs to meet other dietary requirements. However, this activity has remained limited.

- The overall livelihoods and agriculture target is only at 22 per cent due to a variety of factors such as hostilities, displacement, partners’ focus on emergency response and underfunding. Partners also report that the release of funding has been slow.

- Some of these activities, such as the provision of agricultural inputs, particularly cereal seeds, are seasonal. It is therefore crucial to ensure that agricultural assistance follows the seasonal calendar.

Actions to be taken

- Advocating for sustained access to ensure regular delivery of sector assistance to bridge geographical gaps and ensure populations’ needs are covered, regardless of the area, and including UN-declared besieged and hard-to-reach areas.

- Further promoting sector standards to meet selection criteria and harmonize response packages to minimize protection risks while ensuring that community-level messaging is consistent among partners.

- Continue to advocate for an increase in agriculture production (including livestock), with a special focus on strategic crops such as wheat and its value chain restoration and greater focus on winterization.

- To promote more cross sectoral collaboration.

- To further reinforce programs monitoring with regular data collection and reporting.

- To support programs for local and community resilience.

- As per fresh data from the CFSAM 2017, in order to enhance the overall food security situation and rebuild resilience in Syria, it is recommended to focus on two priority areas:
  - Address the immediate needs to support food security and strengthen absorption capacity of vulnerable populations, displaced households and returnees during their initial period back home.
  - Provide basis for sustainable longer term solutions to facilitate and strengthen the viability of rural and urban livelihoods and rebuild resilience of the population, particularly returnees by providing an enabling environment for agricultural production and facilitating supply of necessary inputs for crop and livestock production.
Progress towards Sector Objectives

The Health sector response strategy during 2017 has maintained its focus on providing humanitarian life-saving and life-sustaining health services to affected populations inside Syria, while also supporting the strengthening of health sector coordination and health information systems, with an emphasis on enhancing protection and increasing access to health services. The health sector continues to support improvements in community resilience, as well as institutional and response capacity by empowering communities and national actors.

Between January and May 2017, WoS health sector partners delivered 8.8 million medical procedures and distributed 5.7 million treatment courses. The health sector continued activities towards achieving proper immunization coverage; 131,215 children under five being covered by DPT3 between January and May.

To ensure adequate health assistance, the Gaziantep Health Cluster strengthened the provision of primary and secondary health care, trauma care, EmONC services, rehabilitation services and referral systems and ensured availability of essential medicines, medical supplies and equipment. In addition to improve the quality of services the communicable disease surveillance system was expanded and strengthened by providing trainings and reporting tools. Hub activities towards improved immunization coverage included routine immunization and supplementary immunization activities such as polio, measles and ARI campaigns.

The cluster technical working groups played major roles in providing advance technical support, building capacity and providing technical references and products (eg: Essential Package of Health Services, Essential Drug List). Health cluster coordination was consolidated with active engagement of health partners and timely sharing of information products such as minutes of meetings, Health Resources Availability Monitoring System (HeRAMS) reports, health indicators reports, MVH reports, Bulletins, infographics and funding status sit reps. Guidelines for The Essential Primary Health Care Package and DHIS2 tool were developed. The reporting to 4Ws and HeRAMS database has increased considerably (above 90 per cent) after capacity building of health sector partners.

The Gaziantep Health Cluster focused on building capacity of human resources for conducting health trainings with an emphasis on surveillance and case reporting and management. Community health workers were trained on health prevention and promotion, including CHWs in UN-declared besieged and hard-to-reach areas. A total of 8,342 health workers received training during this reporting period, despite persistent access and transportation challenges.

In response to the continuing challenges of aid delivery to UN-declared besieged and hard-to-reach areas, health partners delivered medicines and health supplies from inside Syria to UN-declared besieged areas across the country through 24 inter-agency cross-line convoys. Health partners continue work on improving the supervision and monitoring of cross-line and cross-border assistance.

The protection of health staff was considered a top priority for the Gaziantep Health Cluster. Efforts to rehabilitate and reinforce health facilities to provide safe and secure environments for health-service delivery have continued during 2017, with 14 health facilities rehabilitated and/or re-enforced, despite a lack of dedicated financial resources.

Between January and May 2017, as per 4Ws from Reporting Partners of the northeast Health Working Group, health partners provided 137,646 outpatient consultations, of which 122,456 were provided in Al Hasakeh Governorate. For Ar-Raqq Governorate the reporting period starts in the month of May, reflecting 15,190 outpatient consultations.

Partner support in northeast Syria also included logistical support, provision of drugs and medical supplies, rehabilitation of health facility infrastructures and capacity strengthening for health staff through training and supervision.

The Syria hub Health Sector enhanced effective coordination with nine UN agencies, 11 INGOs, 82 national NGOs, one national society, 10 national authorities, three donors/observers and two observers (ICRC/IFRC). In addition to the national Health Working Group in Damascus, there are active sub-national health sector groups (Aleppo, Homs, Lattakia/Tartous, and Qamishli). There are three technical working groups in the Syria hub: Physical Rehabilitation Sub-Group, Gender-Based Violence Working Group and the Mental Health/Psychosocial Support Service Group. Reproductive health is a standing agenda item in the bi-weekly Health Sector Working Group. Inter-sector cooperation is active and in place with the WASH, Nutrition and Protections sectors. Improved response capacity, with emphasis on enhancing protection and increasing access to health care services across Syria, is one of the key objectives.

Assessment, analysis and dissemination of health information to support response mechanisms was put in place. Priority issues for the Health sector included violence against health care; medical evacuation from UN-declared besieged areas; access to UN-declared besieged and hard-to-reach areas; support for convoys and measures to diminish the removal of medical and surgical supplies from convoys; the health situation in Al Waer, East Ghouta, the “Four Towns”, Aleppo, Deir-ez-Zoir, Ar Raqqa, Menbij, Dar’a, Al-Hasakeh, and Wadi Barada; areas under local agreements (reactivation of disrupted health services); the situation in IDP and refugee camps; vaccination campaigns; and capacity support/training events. A health recovery plan for Aleppo city was developed. In addition, a Whole of Syria (WoS) level Ar-Raqq as well as East Ghouta preparedness and response plans were developed, while limited duration micro plans (as part of UN response) were also developed to guide the
health response in newly accessible areas such as Wadi Barada and the Az-Zabadani plain. These plans focused on the dispatch of mobile medical teams; provision of temporary health services in fixed health centers; rehabilitation of non-functioning PHC centers; assignment of health staff to the existing PHC centers, the provision of health supplies; and building the capacity of health workers.

Technical expertise on a variety of key advocacy and response issues was strengthened as well as inter-sectoral coordination mechanisms, including for protection issues. As such, the Health sector provided regular updates to the Special Advisor to the United Nations Special Envoy on the protection of medical facilities, delivery of medical assistance and care across front lines. These updates, which included operational solutions for sustained access to UN-declared besieged areas, were shared with the International Syria Support Group (ISSG). In addition, the sector monitored attacks on health care facilities and personnel and contributed to monthly reports to the Secretary-General on the implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014) and 2258 (2015). Advocacy continued around the medical evacuation of critically ill patients and their families from UN-declared besieged areas, while, in coordination with cross-border partners, the WoS health team and OCHA Syria, a medical evacuation plan for residents of the UN-declared besieged East Ghouta was developed. The Health sector also closely monitored and followed up on the evacuation of residents of the former UN-declared besieged areas of Foah and Kefraya.

Core services to local health authorities and health partners through the strategic coordination were supported, with the list of medicines delivered to UN-declared besieged and hard-to-reach areas was reviewed, subsequently providing an overview of priorities and capacities that informed the medicines put on UN inter-agency convoys. Technical recommendations for health sector partners on the annual essential medicines list and medical supply requirements for Syria were developed. Technical follow up with the Ministry of Health on regulations on the ban of importation of medicines was in place. Coordinated cross-line and cross-border assistance was supported through the development of a health sector operational micro plan that included a list of health care facilities in UN-declared besieged and hard-to-reach areas, with eight Health sector projects funded US$1.4 million for the Aleppo emergency response alone. Continuous consultations were held with cross-border partners on existing gaps; as well as challenges in accessing UN-declared besieged and hard-to-reach areas specifically, on potential steps to evacuate medical staff, patients and family members from the areas signing local agreements. Technical discussions have been initiated on the formulation of a health recovery strategy for Syria. Key messages on the necessity of the restoration and strengthening of health service provision for the areas under local agreements, resulted in displacement and infrastructure damage, were shared with the Health sector partners across the hubs contributing to updated contingency, preparedness and response plan. The displacement with health partners across the hubs contributing to updated contingency, preparedness and response plan. The displacement in Ar-Raqqa Governorate has left thousands of IDPs (Al-Hasakeh and Ar-Raqqa governorates) in dire need of health humanitarian assistance. This has brought forth the pressing need for enhanced coordination with cross-border partners operational in northeast Syria, operating from Iraq. In northeast Syria most public health facilities have been paralyzed and MoH-administered services where taken over by local Kurdish authorities.

As hostilities in southern Syria escalated during the reporting period, the Health sector working group in Jordan produced an updated health sector contingency preparedness and response plan.

Increased fighting in the areas prior to the signing of local agreements, resulted in displacement and infrastructure damage of health facilities, and the withdrawal of cross-border supported health services (Wadi Barada, Madaya, Zabadani, Al Waer, Qudsaya, Al-Hameh, Al Tal, Barzeh, Moudamiyet, Al Sham, Khan El Sheh, Yelda, Babila, Beit Seham, Qadam). One of the key objectives of the health sector is to recover the largely disrupted and non-functional health services system in these areas. The development of micro-plans, focusing exclusively on humanitarian assistance within HRP parameters and premised upon a solid protection risk analysis, was undertaken with health gaps identified as critical.

Serious concerns remained when 5.5 million people in and around Damascus city were deprived of running water due to damage to the water infrastructure resulting from fighting in Wadi Barada. Similarly, 1.8 million people in Aleppo city and rural eastern Aleppo (mainly Menbij and Al Bab) lost access to water at the beginning of 2017. The situation in east Aleppo city remained unstable in the first two months of 2017 with a high number of people being killed and injured by remaining UXOs, IEDs and ERWs.

Intensified escalation of the situation in the southern Syria (Dar’a Governorate) led to dozens of people killed and injured, with continuous information exchange established between Amman and Damascus. An escalation of fighting in Hama, East Ghouta in Rural Damascus and Ar-Raqqa
led to increased numbers of cases of violence against health care. Interrupted commercial and tunnel trade led to acute shortages of health supplies and diminished medical service provision inside UN-declared besieged areas.

The GoS MoH issued a decree on the mandatory local procurement of medicines, precluding the approval of international procurement/import of items that are manufactured locally.

Seventeen cases of circulating vaccine-derived poliovirus type-2 (cVDPV2) have now been confirmed in Syria—16 cases are from Mayadeen District, Deir Ez-Zor Governorate, and one case from Ar-Raqqa District, Raqqa Governorate. It is a priority to continue to build and maintain high levels of immunity and strong disease surveillance to minimize the risk and consequences associated with potential re-infection or re-emergence of poliovirus. The MoH is very cooperative in the planning of the response.

**Changes in PiN**

There is currently no change in the Health sector PiN as the multi-sector assessment is ongoing.

**Severity Update**

The severity scale of health needs is planned to be updated when the new PiN information is available.

**Key Gaps**

- Difficulties in maintaining unhindered and sustained access to UN-declared besieged and hard-to-reach areas despite the announced cessation of hostilities.
- The lack of health service provision has become critical in UN-declared besieged areas, with a reported lack of major humanitarian life-saving and life-sustaining medicines.
- Reported shortages of medicines and health supplies in Al-Hasakeh Governorate.
- Access and security constraints continued to be the main challenge to a sustained presence and ability to respond around Menbij and Ar-Raqqa.
- Attacks on health care in ISIL-controlled areas have not been registered and monitored properly.
- Across northern Syria, 36 per cent of primary health care facilities are not fully functional either due to staff shortages or the poor state of physical infrastructure due to attacks on health care.
- PHC services are variable with no efficient quality assurance.
- Shortages of qualified health workers due to low/no production, inequitable distribution and external migration.
- Medicine supplies to health facilities are erratic, especially life saving supplies for intensive care, trauma care, dialysis supplies and for non-communicable diseases, with UN-declared besieged and hard-to-reach areas worst affected.
- Health information systems are challenged by fragmentation, an inadequate number of trained personnel and insufficient use of communication tools needed for data collection, processing and analysis.
- The discontinuation of routine immunization services, has resulted in the reemergence of vaccine preventable diseases like diphtheria, measles and cVDPV2 among vulnerable and displaced people.
- Inadequate funds to meet increased health needs.

**Challenges**

- Major hostilities derived barriers for access to health are still present in Syria. Attacks on health care have continued and represent enormous challenges for health service delivery across the country. The continued targeting of health care personnel and facilities and restricted access to UN-declared besieged and hard-to-reach areas pose enormous challenges to the provision of humanitarian life-saving health services.
- Monitoring of attacks on health revealed 96 reported and 60 verified attacks between January and May 2017, with 36 in the process of verification. Some facilities were hit multiple times, or multiple facilities were hit in a single day. 31 ambulances were destroyed and 41 health facilities damaged and went temporarily or permanently out of service. These attacks resulted in the death of 15 healthcare workers and 34 injured.
- It has not been possible to overcome a major gap in provision of Emergency Obstetric and Newborn Care (EmONC).
- Violence, insecurity, and shifting front lines continued to obstruct the timely deliveries of vaccines, medicines and health supplies to affected populations. Armed actors continued to deliberately interfere and impose restrictions on access and humanitarian assistance.
- The health workforce in Syria has suffered severe attrition due to exodus and violence, resulting in critical shortages of qualified healthcare providers (surgeons, anesthesiologists, laboratory professionals, female reproductive health staff). This results in a scarcity of specialized life-saving and life-sustaining health care. This is compounded by difficulties and insecurity for health staff in accessing their work places.
- Sustainability of human resources in health facilities is an ongoing challenge. Payroll sufficiency and staff recruitment for both medical and non-medical workers remain a critical challenge.
- Border closures and impediments for cross-line transit resulted in constraints for Syrian local health partners to attend training and capacity-building opportunities.
- Lack of maintenance services and spare parts for the upkeep of equipment and infrastructure in health facilities, means that essential existing medical technology is often not functional.
• Communication with partners and health facility focal points in Syria remains a challenge, since internet and mobile connections are not always available. Coordination mechanisms such as working groups have been maintained and work to improve information sharing between health partners continues. However, due to difficulties in data and information sharing a swift coordinated response to increased critical needs is not always possible.

• Delays and obstacles in the delivery of health supplies, including trauma and surgical supplies, through cross-line inter-agency UN/SARC convoys, have been another core challenge. Medical equipment, surgical material and medicines have been removed or reduced in quantity from 12 UN inter-agency convoys between January and May 2017. More than 180,000 medical items provided by UNICEF, UNFPA, IOM and WHO have been prevented from loading at different stages in the preparation of UN inter-agency convoys to UN-declared besieged and hard-to-reach areas. Emergency kits, reproductive health kits, midwifery kits, resuscitation kits and diarrheal packs have been removed or some of their components have been reduced.

• Access-related issues have prevented full coverage during: 1) polio supplementary immunization activities targeting more than 2.8 million children under 5 years of age all over Syria; 2) multi antigens campaigns in UN-declared besieged and hard-to-reach areas each targeting more than 800,000 children under five years to improve population immunity against vaccine preventable diseases until routine immunization is fully restored; 3) AFP surveillance to meet WHO-acceptable standards. Mainly due to the worsening of the security situation, a number of areas were not reached by the latest polio campaign: Homs (Al Waer and Palmyra); Damascus city (Qaboon and Barzeh), Rural Damascus (Harasta, Nashabia, Zabadani, Madaya, Bouken); Ar-Raqqa (Ar-Raqqa city, Karameh, Maadan, Althoura); Al -Hasakeh (Shadadi district); and Quneitra (Jubata, Torengeh, Ophania villages).

• Extensive logistic challenges were faced in dispatching health supplies to northeast Syria.

• Access to UN-declared besieged areas, such as East Ghouta, has been imperative in reducing avoidable morbidity and mortality.

• Health sector preparedness for chemical events specific and the scale-up of trauma response capacity as military operations in Ar-Raqqa Governorate evolve.

• During the reporting period only 20 per cent of the funds requested for the provision of essential health services in Syria have been made available to the humanitarian community. At the WoS level the health sector faces an 80 per cent funding gap. The impact of the funding shortfall to the health sector is very grave. For every US$ 1 million not mobilized:
  • 100,000 people will not receive life-saving and life-sustaining medicines.
  • 25,000 women will not get lifesaving maternal and reproductive health services, and 13,000 women will not be able to access a health facility to give birth.

• 4,300 infants will not receive minimum incubator service.

• 25,000 hemodialysis sessions will not be procured.

• 5,115 people with trauma injuries will not get first-level trauma assistance.

• 1,500 injured will be deprived of critical orthopedic services.

• 1,500 amputees will not have access to quality prosthetic assistance.

• Almost 5,000 people with burns will not be treated.

• Access and security constraints continue to represent large impediments to reaching vulnerable communities with humanitarian life-saving health interventions, especially in UN-declared besieged and hard-to-reach areas. Access to essential drugs and medical commodities, in terms of availability as well as cost, is also a key issue.

• The capacity (knowledge, skills and leadership) of health directorates is inadequate.

**Actions to be taken**

• There is a dire need to implement “The Essential Primary Health Care Package” as it will serve to provide a set of standard services and strengthen the service delivery network.

• Strengthen HRH management system and institutionalize capacity building focusing on HRH addressing both accredited programmes and continuous professional development.

• Promotion of the rational use of medicines.

• Give high priority to expanding primary health care to reach more of the population and ensuring equitable access.

• Encourage and enforce use of guidelines, standards and accreditation in service delivery and monitor their use, including in hospitals.

• Expansion of routine immunization activities to improve and then maintain vaccination coverage.

• Piloting and expansion of District Health Information System (DHIS).

• Strengthen coordination mechanisms for effective humanitarian action.

• Improve data and information flows and management at all levels.

• Maintain vigorous advocacy to protect health care at all levels.

• Support advocacy for delivery of life saving and other medicines and medical supplies needed UN-declared besieged and hard to reach areas at all levels.

• Quality of care, protection of health care and patient safety are a priority. In addition to training health care providers, the defined standards for hospitals and primary health care will be implemented. Furthermore, patient safety and infection control manuals will be reviewed and implemented.
• The Gaziantep Health cluster has developed DHIS and will pilot it in 18 health facilities. The Essential Primary Health Care Package will be piloted in the coming six months.

• Support will be provided for the development of capacity of health directorates in health system leadership and governance.

• Strengthen accountability to communities at local level, as well as to other stakeholders.

• Access for inter-agency convoys will be further advocated as well as reporting on removal of health supplies. Detailed information on all items removed from inter-agency convoys will be maintained, with the Ministry of Foreign Affairs (MoFA) and the Ministry of Health (MoH) informed of all rejected and removed items. This information is also included in the Secretary-General’s monthly report to the Security Council.

• Health service revitalization (immediate and mid-term) throughout the east part of Aleppo city. There is a need to further coordinate with the MoH and other responsible authorities around the short and long-term reactivation plans for destroyed and non-functioning health care facilities. The current lack of access causes delays in implementing health interventions.

• Contribute to inter-agency UN/SARC convoys to UN-declared besieged areas under bi-monthly plans. Sustain a system to dispatch health supplies to all UN-declared besieged and hard-to-reach areas in Syria.

• Prepare the ground for a health recovery formulation process for Syria.

• Step up operational preparedness and continue to work to improve access for Ar-Raqqa. Agree on a workable operational coordination mode between actors based in northeast Syria, Qamishli and Gaziantep respectively. Continue to monitor the situation in Ar-Raqqa.

• Working with different hubs to develop a health sector preparedness and response plan for East Ghouta to structure operations and advocacy, that calls for immediate and unimpeded access. To coordinate with cross-border partners on all aspects of continued operational support to all medical facilities in East Ghouta and development of the medical evacuation plan. Request the GoS approve the earlier shared plan designed to facilitate the evacuation of sick and wounded people who require treatment outside of the enclave (900 patients are identified) due to their medical conditions.

• Commitment to the WoS approach in the context of the Ar-Raqqa response and continuing efforts to develop a suitable health sector coordination platform that fits the unique response context in northeast Syria.

• Follow up on the evacuation of residents from Foua and Kafraya, Madaya and Zabadani to Aleppo, Homs, Idleb and rural Aleppo.

• Special attention should be provided to the needs and existing gaps of health service providers inside Al Hol refugee camp (currently 20,000 people), particularly given plans to expand this camp (at minimum doubling the refugee population). It is considered as a priority to cover the existing three refugee camps in Al-Hasakeh (Al Roj, Nawroz, Al Hol) and IDP settlements hosting IDPs from Ar-Raqqa.

• Operationalization of the memorandum on four de-escalation areas. For example, requesting GoS health authorities to recognize the temporary/makeshift hospitals created in areas beyond government control.

• Address the issue of economic and financial sanctions hampering the ability to procure essential medicines, equipment and supplies from outside Syria.

• Improved resource mobilization activities.
Progress towards Sector Objectives

The Nutrition sector has made significant progress towards the objective of improving equitable access to quality humanitarian life-saving preventative and curative nutrition services. Around 732,544 girls and boys under five, approximately 63 per cent of target, received lipid-based nutrient supplements (LNS) or high energy biscuits. While 180,427 (15 per cent of target) of children under five received micronutrient supplementation and 79,062 (9 per cent of target) pregnant women received micronutrient supplementation.

24 inter-sector convoys reached UN-declared besieged and hard-to-reach areas with nutrition item during this reporting period, compared to 86 inter agency convoys between January and June 2016. The decline in the delivery of humanitarian supplies to UN-declared besieged and hard-to-reach areas is anticipated to affect the wellbeing of the most vulnerable members of the community, including pregnant and lactating women (PLW) and children under five.

689,494 girls and boys under five, approximately 47 per cent of the overall target, were screened for early identification of acute malnutrition in community centres and health facilities. The identified cases of malnutrition were referred to therapeutic or supplementary feeding programmes for treatment. Around 9,709 children, or 22 per cent of the target, presented with severe acute malnutrition (SAM) or moderate acute malnutrition (MAM), and subsequently received specialized treatment.

This year, the sector provided services to IDPs in Ar-Raqqa Governorate with the aim of preventing acute malnutrition and micronutrient deficiencies among PLW and children under five in Mabrouka, Ein Issa, Jub Shaer, Karamah, Tal Abyad, Ras Al Ein, Azaz and Al Houla. New partners have been identified to start nutrition activities to support the response to the IDPs in this area. Coordination with both the food security and health sectors is progressing well and continues to enable a more comprehensive response through a multi-sectoral approach. The response is guided by a contingency plan developed by the Nutrition sector through the three hubs (Syria, Jordan and Turkey). Adequate nutrition supplies for prevention and treatment initiatives were prepositioned in relevant locations to enable a swift response.

The sector also made significant progress towards the objective of scaling up and integrating the promotion of appropriate infant and young child feeding in emergencies (IYCF-E) with a focus on breastfeeding promotion and protection. Community based counselling and raising awareness on breastfeeding and complementary feeding reached 472,773 PLWs (53 per cent of the target) to promote infant and young child feeding practices and prevent undernutrition.

In close coordination with the Ministry of Health (MoH), the Syria hub integrated mid-upper arm circumference (MUAC) measurements into the measles vaccination campaign which began in mid-May to provide an updated picture of the nutrition situation of children under five and identify those children with acute malnutrition and subsequently refer them to treatment centers. Over 600 health facilities across 11 of the 14 Syrian governorates conducted MUAC measurements, targeting around one million children under five. The Nutrition sector is also in the process of arranging rapid SMART assessments in the newly accessible areas of Qudsaya, Madayya, Zabadani Plains, At Tall, Wadi Barada, eastern Aleppo, Al Waer and also in Idleb, Al Bab and Dar’a.

The sector advanced efforts to develop partners’ capacity to deliver quality nutrition interventions. During the reporting period, over 2,448 health workers and community volunteers, including both males and females (45 percent of the target), were trained on appropriate infant and young child feeding (IYCF) practices, and community management of acute malnutrition (CMAM). In addition, staff from 12 NGOs operating cross-border from Amman and Gaziantep were trained and graduated as SMART survey managers. An IYCF-E advocacy and awareness raising campaign targeted 20 national and international NGOs from the health, WASH, food security and child protection sectors. A five-day Nutrition sector coordinator training was organized for thirty-two sub-sector focal points from the Ministry of Health and UNICEF, representing areas where sub-sector coordination is taking place and a three-day nutrition cluster partner training was organized for 17 NGOs. The Nutrition sector supported a regional IYCF-E five-day training and has developed and disseminated SOPs on donations, targeted distributions and procurement of breast milk substitutes (RMS).

The Nutrition and Food Security sectors conducted a two-day operational workshop in Amman to work towards effective coordination across sectors translating to joint programming. This workshop resulted in the development of common messaging, joint assessment tools and SOPs for the use of food security delivery platforms for nutrition.

Changes in Context

Due to local truces and agreements taking place during this reporting period between armed actors in some UN-declared besieged (some of which are no longer formally considered as besieged by the UN) and hard-to-reach areas are becoming more. This has accelerated efforts to reestablish regular programmes in areas such as eastern Aleppo, Moadamiyeh, Madaya and Al Waer. This presents an opportunity for the Nutrition sector to expand emergency nutrition response to those areas through regular programming while enhancing nutrition capacity.

The recent escalation of hostilities in Dar’a Governorate, resulted in the increase displacement of people, particularly women and children, as well as restricted cross-border access for people and goods from Jordan. This has affected cross-border efforts to reach people in need with emergency
humanitarian life-saving nutrition assistance. Meanwhile, there has been an increase in displacement in the northeast governorates due to an escalation in hostilities. The majority of displaced people are women and children, who have fled to areas in Ar-Raqqa and Al-Hasakeh, where there are limited basic services and significant access challenges for partners due to insecurity as well as the limited number and capacity of partners operating in this area.

Changes in PiN

There is no change in the nutrition PiN given that the severity indicators stand the same and are updated annually.

Severity Update

There is no change in the nutrition severity rating as nutrition surveys are done on an annual basis.

NUTRITION SECTOR SEVERITY RANKING - 2017

Key Gaps

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

Despite the delivery of nutrition supplies in UN-declared besieged areas, establishing sustained nutrition services that will allow for the continued provision of nutrition support, the treatment of cases and supplementation of nutrient products in the health facilities and communities remains a key gap (i.e. East Ghouta). The time required to treat malnourished children is two to four months, but access to these areas is rather unpredictable and often the only means to reach women and children in UN-declared besieged areas is through inter-agency convoys.
In southern Syria, clinics offering nutrition support have been temporarily closed due to the escalation of hostilities in Dar’a. Also, some nutrition programme staff have been displaced to other areas while some staff are unable to come to work due to security concerns.

In northeast Syria, partners are facing difficulties in reaching some IDP camps and host communities due to security concerns and distances from their operations base. People inside Ar Raqqâ city and Deir-ez-Zor Governorate remain very difficult to reach, with civilians in Deir-ez-Zor city only supported via airdrops of essential food rations for the population and a few nutrition items for children under five and pregnant and lactating mothers.

**Challenges**

Nutrition sector activities in Syria are carried out by health workers supported by community volunteers from Damascus and its sub-hubs and through cross-border operations by implementing partners, including INGOs, national NGOs, SARC, and the MoH. Some of these partners, especially cross-border partners, can only be trained and managed remotely, limiting the scope and quality of interventions that can be carried out in areas of need.

Facilitating the travel of Syrian staff to neighboring countries for trainings and capacity building has become increasingly difficult during 2017. This has resulted in undertaking more remote trainings which prove to be particularly challenging as quality assurance remains difficult.

Mapping communities as well as planning and implementing humanitarian life-saving nutrition programmes is extremely challenging given the fluid and unpredictable IDP movements, as well as unforeseen displacement in communities that were previously stable. In established nutrition clinics, it has often been impossible to follow up on some of the women and children admitted in the static clinic nutritional programmes due to displacement and insecurity, that can prevent them from attending appointments.

Finally, there are multiple challenges in terms of interactions with the authorities in certain areas, including difficulties in obtaining permission to access the population in need, attempts to exert control over staff selection for nutrition programmes, and attempts to influence household selection for interventions.

**Actions to be taken**

The Nutrition sector will move forward with the following actions in the coming months:

- Preposition nutrition supplies to ensure that they are available in a timely manner for nutrition programmes across multiple areas. Facilitate the transfer of supplies amongst partners working in different locations as required due to the sporadic movements of the population.
- Continue to invest in partners’ capacities in order to increase identification of malnourished children, particularly at community level (i.e. explore ways to identify additional community workers/volunteers to screen for early identification and referral for treatment of acute malnutrition and increase the number of mobile clinics).
- Increase the collaboration between different partners at a sectoral and inter-sectoral level
- Identify opportunities to expand and sustain delivery of nutrition services in UN-declared besieged and hard-to-reach areas to increase coverage.
- Build upon the linkages formed in this reporting period with food security (i.e. nutrition response distributed together with the general food distribution) and health sectors to include WASH sector.
Progress towards Sector Objectives

The Shelter/NFI sector strategy for 2017 addresses the continued need for humanitarian life-saving and life-sustaining emergency assistance to the most vulnerable, while wherever possible orienting programming towards sustainability, increased resilience, and increased adherence to common standards.

From January to June the sector has reached 20 per cent of its core NFI target and 17 per cent of its shelter target. The sector has met the needs of 1,061,000 beneficiaries with core NFIs from an overall target of 5.1 million. However, in addition to this, the sector has assisted almost 1.8 million people with seasonal (winter) and supplementary NFI assistance, including winter clothing, high thermal blankets and sleeping mats. 85 per cent of NFI assistance was in-kind, with voucher programmes directed towards winter clothing, heating fuel and kitchen sets to complement food basket assistance.

The shelter response has assisted 140,900 beneficiaries out of a target of 831,200. 85 per cent of these beneficiaries received emergency shelter assistance, including through the distribution of basic and extended emergency shelter kits, installation of tents, construction of camp infrastructure (such as fences, roads and kitchens) and through emergency shelter and collective centre rehabilitation. The remaining beneficiaries received a mix of private shelter upgrades, public shelter rehabilitation, transitional shelter construction and damaged house rehabilitation through a strategy of owner-oriented support.

Assistance has been delivered through a combination of regular programming, cross-border and cross-line assistance. NFI assistance has also been delivered to over 382,300 people in UN-declared besieged and hard-to-reach areas through 17 inter-agency convoys.

The sector has continued to develop its coordination through targeted hub-level initiatives in consultation with partners, such as the revision of SOPs, strategies (including information management strategies) and operational guidelines, the establishment of strategic advisory groups and technical working groups. Capacity building of partners has continued through the provision of hub-level IM trainings, workshops and IM support groups. The sector has built and resourced a strategic plan for conducting objective and comprehensive needs assessments across hubs and has conducted research and assessments on cross-cutting issues such as housing land and property (HLP) issues and collective centres.

The sector has responded to the cross-hub coordination demands of the Aleppo, Menbij and Raqqa emergencies and integrated northeast Syria (NES) actors into the Whole of Syria (WoS) reporting and information-sharing systems. Joint contingency stocks for the Turkey hub were replenished in order to improve emergency responsiveness, and in the Jordan Hub, coordination with the Protection sector was strengthened to enhance the mainstreaming of HLP considerations in the shelter response.

Changes in Context

Key context changes have been mostly access-related, driven by a variety of developments over the last months. Areas controlled by the GoS have expanded, allowing greater levels of humanitarian access from the Syria hub to areas such as Aleppo, where the very high levels of structural damage are being assessed in key neighbourhoods. The shifting dynamics have created potential for the expansion of resilience-based shelter and NFI support. However, there remain massive challenges which need to first be addressed (e.g. rubble and hazard removal, HLP due diligence, safety and feasibility surveys) before the response can fulfill the resilience-based shelter outputs and outcomes that it aims to. In the interim, wherever conditions allow, these are pursued.

Contextual developments have driven new patterns of displacement affecting the overall Shelter and NFI needs picture. The ongoing US-backed Syrian Democratic Forces (SDF) offensive against ISIL in Ar-Raqqa has resulted in massive displacements since late 2016 to surrounding areas, requiring urgent emergency response. The local agreements and forced evacuations have triggered displacements of several thousand to areas in Idleb Governorate, increasing the overall demand for shelter/NFI assistance.

Changes in PiN

The overall PiN figures for both shelter and NFI have also marginally changed, with the shelter PiN decreasing by 9 per cent and NFI PiN increasing by less than 1 per cent. The biggest changes have occurred in densely populated areas that have changed severity, such as Menbij or Jaramana in Rural Damascus which increased severity; or Homs where overall severity decreased. In Raqqa city, although severity has increased the PiN has decreased due to large scale displacements.

Severity Update

Based on updated data on population and IDPs, hostilities and access, the overall severity map has not changed significantly, with aggregated severity scores changing by less than 1 per cent. However, there have been localized changes. Ar-Raqqa Governorate has seen an overall increase in severity of NFI needs from an average of severity two to an average of severity four, designating acute and immediate need of humanitarian assistance. This increase is attributable to increased IDP numbers and levels of hostilities. Shelter needs have also increased in four sub-districts across Idleb, and in areas in the south, as a result of both an increase in IDP populations and hostilities respectively.
PART II: SHELTER/NFI

PEOPLE IN NEED OF SHELTER

PEOPLE IN NEED OF NON FOOD ITEMS

Key Gaps

- There remains an overall shelter gap, with the target for shelter significantly below the population in need. Nevertheless, the sector faces challenges in reaching this target with its current capacity. Radical changes in the security, access, administrative and funding environments would be required to be able to close this gap. This has a particular impact on the ability of the sector to implement more durable, resilience-oriented shelter solutions at scale.

- Some of the technical guidance and SOPs on local procurement of items and materials, shelter rehabilitation and voucher assistance require further development.

- Monitoring and evaluation mechanisms across the sector, including at both output and outcome level remain underdeveloped and constrained by access limitations.

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

Challenges

The operational context remains extremely challenging, with complex and widespread limitations and barriers to assistance, primarily related to security, access (including permissions and authorizations) and logistical constraints. This impacts the ability of partners to plan and implement; to carry out robust monitoring and evaluation; and to follow established protocols in areas such as beneficiary selection and HLP.

Northern Syria has seen reduced access and shrinking humanitarian space, while at the same time needs have increased. Access has been negatively impacted in several ways, with restrictions on access from Turkey to northeast Syria and to the areas with Turkish presence. This has coincided with increasing demands placed on partners by a wide variety of local authorities. The difficult regulatory environment in Turkey has led to a reduction in the number of active INGOs (due to registration issues), which may have a corresponding negative impact on the funding and capacity of Syrian NGOs who act as downstream partners.

Syria hub partners are working within significant authorization constraints, with requests to access affected areas/populations, and approvals for assessments and implementation subject to lengthy delays of up to several months or refusal. Logistical and security constraints limit distributions, including inter-agency convoy deliveries.

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

Actions to be taken

Innovative approaches are being sought and developed by partners to increase capacity to respond with regard to both emergency response and more durable shelter options. The sector will continue to advocate for funding gaps to be filled.

Winterization is one of the central humanitarian life-saving and life-sustaining activities of the response, and the sector has begun to identify winter severity indicators in order to assist partners in their planning efforts with geographical prioritization of the most vulnerable populations, along with reviewing standards for winter assistance.

Further efforts will continue to be made with regards the coordination support available to the northeast Syria actors, both in terms of support for emergency coordination and cross-hub information sharing, and also in terms of establishing mechanisms for the development of standards, guidelines and SOPs to ensure adequate standards and complementary assistance. This includes consideration of existing standards and lessons learned from other hubs. The sector is focusing on building its information and knowledge base, with extensive country-wide IM trainings for partners underway, and the current range of information products, interactive snapshots, and stocks/gaps analysis for partners will be extended and redeveloped.

The Syria hub Shelter sector is participating in the development of an in-depth tri-sector plan for Aleppo city with WASH and Early Recovery colleagues.
PART II: SHELTER/NFI

SHELTER SEVERITY

NON FOOD ITEMS SECTOR SEVERITY
Progress towards Sector Objectives

The WASH sector currently supports services covering 93 per cent of the planned catchment population (13.1 million). The humanitarian component of the WASH response is marginally ahead of its target with 52 per cent of targeted beneficiaries reached as of the end of May.

Nevertheless, a more granular analysis of the data shows interesting trends in the delivery of the response:

• The catchment population assisted by the Gaziantep hub nearly halved from 2016, reflecting the shifting front lines (and therefore ability to reach) in Aleppo and neighboring areas.

• Sewage and solid waste systems now cover approximately double the number of beneficiaries covered last year.

• Water quality assurance, especially in areas served by the informal private sector, still lags behind the target, with efforts concentrated only in areas in reach of the Jordan hub.

• Cash assistance has, for the first time, been reported as a modality with a substantial number of beneficiaries. At the same time, the number of WASH NFI beneficiaries nearly halved from 2016.

• The sector scaled up the provision of humanitarian life-saving WASH services to people displaced by the Ar-Raqqa offensive.

Changes in Context

Crisis dynamics continued to shape access opportunities and the subsequent modality of delivery for WASH services. In the north, partners witnessed a significant decrease in access to Euphrates Shield areas, with partners experiencing difficulties in obtaining approvals to provide humanitarian assistance to IDPs as the Government of Turkey (GoT) took the responsibility for providing emergency assistance to host communities and newly arrived IDPs. Despite the efforts of the GoT in providing assistance, the gap in coverage remains substantial.

Due to restrictions on humanitarian aid provided cross border from Turkey into SDF areas, a number of international NGOs (INGOs) shifted offices away from Turkey. This has resulted in a decrease in WASH projects implemented in northwest Syria. This decrease also resulted in challenges for local NGOs in accessing funds form INGOs who act as donors.

At the same time, the evolution of the Ar-Raqqa offensive prompted a considerable scale up of operations in the northeast Syria. This operation is carried out both by actors based out of Qamishli, and INGOs based in NES. At the moment, the bulk of WASH response is still being delivered out of Qamishli, with NGOs progressively building their response capacity.

In the south, the scale, rapidness and patterns of displacements has changed since last year, with a clear shift to a large number of IDPs passing through transition centres or staying in informal or established camps. This trend significantly affects the provision of WASH services, which are costlier and more complex to deliver in camp settings than in host communities.

In Damascus, the WASH sector has also witnessed immense pressure and demand to provide basic humanitarian WASH services in several UN-declared besieged and hard-to-reach areas. These areas are increasingly becoming accessible following the unilateral local reconciliation agreements signed between the GoS and NSAG.

Changes in PiN

There is no change in the WASH PiN given that the severity indicators have stayed the same and are updated annually.

Severity Update

There is no change in the WASH severity rating as WASH surveys are done on an annual basis.

Key Gaps

Despite efforts and contributions made jointly by the Syria hub and cross-border- northeast Syria partners, there are still significant gaps in the basic humanitarian WASH response in the Ar-Raqqa area.

Access to some locations is difficult, due to the proximity to the front line (i.e. Karama and At-Thawrah sub-districts), or need for de-mining of recently accessible water infrastructures. Lack of effective coordination at camp level also represents a challenge for the sector, as effective infrastructure planning cannot be done remotely. Funding, and capacity, also limits the scope and scale of the response.

Overall, although markets continued to be functional throughout the reporting period, the ability of the sector to scale up cash programming to meet needs has not been possible largely due to the lack of physical access, restrictions from the GoS and neighbouring countries and hesitation from some donors towards this modality.

Although there is still a lack of WASH assistance in ISIL areas, assistance is being provided to the newly accessible areas from both Qamishli and northeast Syria as front lines shift.

The WASH sector has not been able to sufficiently address recently emerged WASH needs in areas including Madaya, Wadi Barada and East Ghouta due to insecurity, limited funding as well as very restrictive donor conditions and long government approval processes.
Funding levels are particularly low this year, with only 9 per cent of the appeal in OPS received. Insufficient funds have prevented the implementation of important rehabilitation projects, benefitting millions in places like Aleppo city, and more support to existing water, sanitation and solid waste management systems that are already deteriorating due to a lack of regular maintenance and operation, spare parts and capacity. This increases the economic strain on impoverished families that need to purchase water from the private sector. Moreover, the lack of investment in water safety risks negatively affecting public health.

Challenges

In general, the lack of power supply continues to present a primary bottleneck for the WASH sector across Syria, and represents the main reason for the sub-standard performance of the water network in most of the country. The situation is especially dire in Idleb, north Aleppo, Dar’a and Quneitra, where most of the water supply is provided by the informal private sector, with the highest per capita expenditures for purchasing water for already impoverished families.

In northeast Syria, the main challenges faced by the sector are the contamination of water stations by IED/UXO, the scale and rapidness of displacements to collective centres as well as access to some locations in close proximity to the front line. Jordanian officials are increasingly scrutinizing humanitarian assistance in south Syria across all sectors, but with special attention to WASH activities, especially well rehabilitations.

Actions to be taken

The WASH sector in Damascus is embarking on discussions with the line ministry and the Ministry of Energy to prioritize energy distributions to water infrastructure, to guarantee at least a minimum delivery of services in areas still reached by the central network.

The sector continues its efforts to improve coordination around the Ar-Raqqa response, through the deployment of dedicated coordinators, and with the establishment of better camp level coordination, and development of common tools.

Water quality assurance urgently needs to be scaled up, especially in northern Syria, where the supply is largely provided by the private sector. Capacity building initiatives in this direction have already taken place, with more planned.

In general, the sector will continue to provide WASH services in IDP camp settings with greater emphasis on hard-to-reach areas, increasing emergency rehabilitation of and operational support to water systems in host communities.

Lastly, the sector will continue making the case with donors on the need for increasing funding, will enhance the evidence-base through household assessments across Syria, improve overall operational coordination (especially in fluid and rapidly evolving contexts such as Ar-Raqqa), and improve overall accountability through improved reporting and increased efforts for better third party monitoring of activities.
PART II: LOGISTIC CLUSTER ACHIEVEMENTS

LOGISTIC CLUSTER ACHIEVEMENTS

Progress towards Sector Objectives

The Syria Logistics sector is in line to achieve its main 2017 targets. On average three convoys are conducted each month inside Syria. Between January and June 2017, 285 Damascus-Qamishli airlifts were conducted and 30 humanitarian organizations were supported through the Logistics sector’s services across the Whole of Syria (WoS).

The Logistics sector provides a total storage capacity of over 14,000 m² in five storage hubs around the country. So far in 2017, multiple partners have used these warehouses to store a total of around 9,533m³ of relief items. Inside Syria, as part of inter-agency humanitarian convoys, the Logistics sector organized the transport of approximately 23,815m³ of relief items through 20 convoys to UN-declared besieged and hard-to-reach areas in the governorates of Idlib, Homs, Hama, and Rural Damascus. The transport of an additional 632m³ of relief supplies has been facilitated through common transport (on a cost-recovery basis) to accessible areas across Syria. The Logistics sector, via WFP, continues to maintain a strategic reserve of diesel in its fuel depot in Damascus, and can provide fuel to partners on a cost-recovery basis in case of supply shortages.

Under Security Council Resolutions 2165/2191/2258/2332, the Logistics Cluster continues to support cross-border activities through the crossing points of Ar-Ramtha in Jordan as well as Bab al Hawa and Bab al Salam in Turkey. Coordination meetings are held in Damascus, Amman, Antakya and Gaziantep and information products are regularly disseminated. In order to strengthen the capacity of national staff, two trainings have been organized in Turkey. In March 2017, 20 national staff from 10 organizations attended the training on warehouse management in Antakya and in April 2017, 16 national staff from 10 organizations attended a training on basic procurement in Gaziantep.

Changes in Context

As a result of the resumption of land access to Qamishli, the Damascus-Qamishli air-bridge, which has been the only reliable mode of transport for the provision of much needed humanitarian assistance to the Al-Hasakeh Governorate for almost a year, was phased out at the end of June 2017. If land access to Qamishli is interrupted again in the future, the Logistics sector will look at the option of resuming the air-bridge.

Key Gaps

The Logistics sector has identified the following logistics gaps:

• Need for warehouse space in additional locations across the country.
• Need for the coordination of cross-border transshipment services (from Jordan and Turkey to Syria).
• Lack of a reliable fuel supply chain inside Syria.
• Increasing need for dedicated logistics trainings.

Challenges

Despite receiving US$6.3 million of the overall requested funding, 32 per cent of funding requirements are still unmet, hampering the provision of logistics services.

Access and insecurity remain the largest impediments to reaching vulnerable communities with humanitarian life-saving relief supplies inside Syria. Access restrictions include difficulties in obtaining approvals, often resulting in the delay or cancellation of convoys and limiting the possibility of establishing new warehouses in Syria.

Actions to be taken

Additional warehousing space will be provided based on partners’ needs and as permissions are obtained and additional logistics trainings will be organized across the Whole of Syria.
PART III: ANNEX

| Sector Indicators | ............................................................... | 66 |
### PART III: ANNEX

#### INDICATORS

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>IN NEED</th>
<th>TARGETS</th>
<th>PROGRESS MADE AS OF MAY 2017</th>
<th>SECTOR ACTIVITY INDICATORS (SELECTIVE - NOT COMPREHENSIVE)</th>
<th>PROGRESS MADE AS OF MAY 2017</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of PIN reached with multi-sector humanitarian assistance in severe access category locations (disaggregated)</td>
<td>4.8 million UN-declared besieged 50 % other HTR areas</td>
<td>100% Un-declared besieged 50 % other HTR areas</td>
<td># of people receiving food assistance by modality</td>
<td>54,000 (94% in-kind, 4% cash, 2% voucher)</td>
<td>Food security</td>
<td></td>
</tr>
<tr>
<td>% of severe access category locations reached by more than two sectors</td>
<td>4.8 million UN-declared besieged 50 % other HTR areas</td>
<td>100% Un-declared besieged 50 % other HTR areas</td>
<td># of people receiving WASH assistance by modality</td>
<td>823,333</td>
<td>WASH</td>
<td></td>
</tr>
<tr>
<td>% of sentinel sites submitting weekly surveillance reports or % of all outbreaks investigated in a timely manner (within 72 hrs)</td>
<td>12.8 million 84%</td>
<td>100% N/A</td>
<td># of people whose essential NFI needs are met</td>
<td>86,1,000</td>
<td>NFI/Shelter</td>
<td></td>
</tr>
<tr>
<td>% nutrition service coverage</td>
<td>4.4 million 100%</td>
<td>N/A</td>
<td># of boys, girls, and PLW(2) screened for malnutrition</td>
<td>690,000</td>
<td>Nutrition</td>
<td></td>
</tr>
<tr>
<td>% of IDPs in camps, informal settlements, collective shelters and stranded at borders receiving multi-sectoral assistance</td>
<td>1 million (projection) 15% (960,484*) since HNO 2017</td>
<td>100% 81% (364,207)</td>
<td># of boys and girls 6-59 months with SAM(3) and MAM(4) treated</td>
<td>9,709</td>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>% of IDPs identified during sudden displacements</td>
<td>1 million 15%</td>
<td>N/A</td>
<td># of IDPs identified during sudden displacements</td>
<td>960,500</td>
<td>CCCM/OCHA</td>
<td></td>
</tr>
<tr>
<td>% of IDPs in camps, informal settlements, collective shelters and stranded at borders receiving multi-sectoral assistance</td>
<td>1 million 100% 81% (364,207)</td>
<td>100% 81% (364,207)</td>
<td># of IDPs living in sites and collective centers provided with life-saving assistance</td>
<td>364,000</td>
<td>Food security</td>
<td></td>
</tr>
<tr>
<td>% of IDPs with improved access to lifesaving/ emergency WASH facilities and services</td>
<td>1 million 100% 81% (364,207)</td>
<td>100% 81% (364,207)</td>
<td># of IDPs with improved access to lifesaving/ emergency WASH facilities and services</td>
<td>1,173,875</td>
<td>WASH/CCCM</td>
<td></td>
</tr>
<tr>
<td>% of sub-districts hosting large concentration of IDPs receiving multi-sectoral assistance</td>
<td>3.1 million 50%</td>
<td>N/A</td>
<td># of people whose emergency shelter assistance needs are met.</td>
<td>88,400</td>
<td>CCCM</td>
<td></td>
</tr>
<tr>
<td>% of food insecure people with improved food consumption, dietary diversity and coping strategies</td>
<td>9 million 150,000</td>
<td>N/A</td>
<td># of people whose emergency shelter assistance needs are met.</td>
<td>88,400</td>
<td>WASH</td>
<td></td>
</tr>
<tr>
<td>% of national actors reporting activities to 4Ws (proxy)</td>
<td>9 million 150,000</td>
<td>N/A</td>
<td># of targeted households receiving livelihood support</td>
<td>16.6%</td>
<td>Nutrition</td>
<td></td>
</tr>
<tr>
<td>% of country-based pooled funds disbursements allocated to national humanitarian actors (OCHA)</td>
<td>9 million 150,000</td>
<td>N/A</td>
<td># of targeted households receiving livelihood support</td>
<td>16.6%</td>
<td>Protection (WCR)</td>
<td></td>
</tr>
<tr>
<td>% of humanitarian actors capacity built to implement protection interventions</td>
<td>15,127</td>
<td>N/A</td>
<td># of humanitarian actors capacity built to implement protection interventions</td>
<td>15,127</td>
<td>Protection (WCR)</td>
<td></td>
</tr>
<tr>
<td># of Number of boys and girls aged 6-36 months reached with LNS or HEB</td>
<td>732,544</td>
<td>N/A</td>
<td># of Number of boys and girls aged 6-36 months reached with LNS or HEB</td>
<td>732,544</td>
<td>Nutrition</td>
<td></td>
</tr>
<tr>
<td># of NGOs personnel trained by sector</td>
<td>Data to be provided by sector</td>
<td>N/A</td>
<td># of NGOs personnel trained by sector</td>
<td>Data to be provided by sector</td>
<td>Coordination (OCHA)</td>
<td></td>
</tr>
<tr>
<td>INDICATORS</td>
<td>IN NEED</td>
<td>TARGETS</td>
<td>PROGRESS MADE AS OF MAY 2017</td>
<td>SECTOR ACTIVITY INDICATORS (SELECTIVE - NOT COMPREHENSIVE)</td>
<td>PROGRESS MADE AS OF MAY 2017</td>
<td>SOURCE</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>-----------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>% of locations that provide community based protection services</td>
<td>13.5 m</td>
<td>9.7 m</td>
<td>1,285</td>
<td># of communities reached with protection monitoring initiatives</td>
<td>212</td>
<td>Protection (HCR, UNICEF, FPA, UNMAS)</td>
</tr>
<tr>
<td>% of locations that provide specialized protection services</td>
<td></td>
<td></td>
<td></td>
<td># of community based services supported</td>
<td>NA</td>
<td>Protection (UNMAS)</td>
</tr>
<tr>
<td>% of SSG / RCG meetings which use AAP outcomes to inform decision making</td>
<td>13.5 m</td>
<td>9.7 m</td>
<td>N/A</td>
<td># of interventions supporting community-based initiatives.</td>
<td>351</td>
<td>Protection (UNMAS)</td>
</tr>
<tr>
<td>% of SSG / RCG meetings which use AAP outcomes to inform decision making</td>
<td></td>
<td></td>
<td></td>
<td># of people reached through community based protection services</td>
<td>350,500</td>
<td>Protection (UNMAS)</td>
</tr>
<tr>
<td>% of locations that provide at least one specialized gender-based violence (GBV) service</td>
<td></td>
<td></td>
<td></td>
<td># of locations that provide at least one specialized gender-based violence (GBV) service</td>
<td>95</td>
<td>Protection (UNMAS)</td>
</tr>
<tr>
<td>% of girls and boys receiving specialized child protection services through case management</td>
<td></td>
<td></td>
<td></td>
<td># of girls and boys receiving specialized child protection services through case management</td>
<td>16,600</td>
<td>Protection (UNMAS)</td>
</tr>
<tr>
<td>% of SSG / RCG meetings which use AAP outcomes to inform decision making</td>
<td></td>
<td></td>
<td>N/A</td>
<td># of people receiving legal counseling or assistance including civil documentation and HLP issues</td>
<td>42,800</td>
<td>Protection (UNMAS)</td>
</tr>
<tr>
<td>% of SSG / RCG meetings which use AAP outcomes to inform decision making</td>
<td></td>
<td></td>
<td>N/A</td>
<td># of people reached with risk awareness activities</td>
<td>1,680,000</td>
<td>Protection (UNMAS)</td>
</tr>
<tr>
<td>% of affected communities, free from explosive hazards</td>
<td>2.9 m</td>
<td>N/A</td>
<td>N/A</td>
<td># of explosive hazard tasks completed# of people reached with victim assistance services</td>
<td>N/A</td>
<td>Protection (UNMAS)</td>
</tr>
<tr>
<td>% of incidents against health care infrastructure reported</td>
<td>x</td>
<td>N/A</td>
<td>N/A</td>
<td># of advocacy initiatives conducted</td>
<td>45</td>
<td>Protection (UNMAS)</td>
</tr>
<tr>
<td>% of water supply provided by municipal services or</td>
<td></td>
<td></td>
<td>N/A</td>
<td># of joint outbreak preparedness plans at Hub level related to waterborne diseases prepared</td>
<td>NA</td>
<td>Protection (UNMAS)</td>
</tr>
<tr>
<td># people benefitting from repairs of water systems</td>
<td>14.9 m</td>
<td>50%</td>
<td>5,668,420</td>
<td># of systems repaired or rehabilitated,</td>
<td>846</td>
<td>WASH (UNICEF)</td>
</tr>
<tr>
<td>% of functional health centers</td>
<td>73%</td>
<td></td>
<td></td>
<td># of joint outbreak preparedness plans at Hub level related to waterborne diseases prepared</td>
<td>Data NA by WASH</td>
<td>Protection (UNMAS)</td>
</tr>
<tr>
<td># of EmONC facilities available per 500,000 people</td>
<td>3.52</td>
<td></td>
<td></td>
<td># of EmONC facilities supported</td>
<td>160</td>
<td>Health (WHO)</td>
</tr>
<tr>
<td># of facilities providing rehabilitation services</td>
<td>78</td>
<td></td>
<td></td>
<td># of facilities providing rehabilitation services supported</td>
<td>78</td>
<td>Health (WHO)</td>
</tr>
<tr>
<td>% of children (5-17 years, g/b) enrolled in formal and non-formal education</td>
<td>5.8 M</td>
<td>75%</td>
<td>N/A</td>
<td># of health care workers trained</td>
<td>8,394</td>
<td>Health (WHO)</td>
</tr>
<tr>
<td>% of children (5-17 years, g/b) benefiting from school feeding programmes</td>
<td></td>
<td></td>
<td></td>
<td># of children (3-17 years, g/b) receiving school supplies</td>
<td>148,048</td>
<td>Education (UNICEF)</td>
</tr>
<tr>
<td>% of children (5-17 years, g/b) benefiting from school feeding programmes</td>
<td></td>
<td></td>
<td></td>
<td># of children (5-17 years, g/b) benefiting from school feeding programmes</td>
<td>266,908</td>
<td>Education (UNICEF)</td>
</tr>
<tr>
<td>% of classrooms established, expanded or rehabilitated</td>
<td></td>
<td></td>
<td></td>
<td># of classrooms established, expanded or rehabilitated</td>
<td>2,942</td>
<td>Education (UNICEF)</td>
</tr>
<tr>
<td>% of children receiving cash transfers</td>
<td></td>
<td></td>
<td></td>
<td># of children (5-17 years, g/b) supported by cash transfers</td>
<td>6,622</td>
<td>Education (UNICEF)</td>
</tr>
<tr>
<td>% of teachers and education personnel trained</td>
<td></td>
<td></td>
<td></td>
<td># of teachers and education personnel trained (f/m)</td>
<td>3,287</td>
<td>Education (UNICEF)</td>
</tr>
<tr>
<td>INDICATORS</td>
<td>IN NEED</td>
<td>TARGETS</td>
<td>PROGRESS MADE AS OF MAY 2017</td>
<td>SECTOR ACTIVITY INDICATORS</td>
<td>PROGRESS MADE AS OF MAY 2017</td>
<td>SOURCE</td>
</tr>
<tr>
<td>------------</td>
<td>---------</td>
<td>---------</td>
<td>-----------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>% of youth (15-17 years, g/b) benefiting from formal and non-formal TVET and informal vocational education</td>
<td>789,000</td>
<td>13% N/A</td>
<td># of youth (15-17 years, g/b) benefiting from informal vocational education</td>
<td>23,797</td>
<td>Education (UNICEF)</td>
<td></td>
</tr>
<tr>
<td>% of youth supported with income generation activities.</td>
<td></td>
<td></td>
<td># of youth supported with income generation activities.</td>
<td>36,481</td>
<td>ERL (UNDP)</td>
<td></td>
</tr>
<tr>
<td>% of youth benefiting from livelihoods support (business, self-employment and see funding for social and business entrepreneurship initiatives).</td>
<td></td>
<td></td>
<td># of youth benefiting from livelihoods support (business, self-employment and see funding for social and business entrepreneurship initiatives).</td>
<td>0</td>
<td>ERL (UNDP)</td>
<td></td>
</tr>
<tr>
<td>% of special group HHS benefiting from food security, agriculture and livestock services</td>
<td></td>
<td>Data NA by FSL</td>
<td># of special group HHS benefiting from food security, agriculture and livestock services</td>
<td>Data NA by FSL</td>
<td>FSA (WFP/FAO)</td>
<td></td>
</tr>
<tr>
<td># of vulnerable people assisted with durable shelter solutions.</td>
<td></td>
<td></td>
<td># of vulnerable people assisted with durable shelter solutions.</td>
<td>13,400</td>
<td>Shelter NFIs (HCR)</td>
<td></td>
</tr>
<tr>
<td># of people with disabilities benefiting from rehabilitation programmes</td>
<td></td>
<td></td>
<td># of people with disabilities benefiting from rehabilitation programmes.</td>
<td>Data NA by NFI/Shelter</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of women single headed households receiving livelihoods support (loans, grants, assets, vocational training…)</td>
<td></td>
<td></td>
<td># of women single headed households receiving livelihoods support (loans, grants, assets, vocational training…)</td>
<td>2,870</td>
<td>ERL (UNDP)</td>
<td></td>
</tr>
<tr>
<td># of adolescents and youth (10-17 yrs; 18 - 24 yrs) involved in or leading civic engagement or social cohesion initiatives</td>
<td></td>
<td></td>
<td># of adolescents and youth (10-17 yrs; 18 - 24 yrs) involved in or leading civic engagement or social cohesion initiatives</td>
<td>86,289</td>
<td>ERL (UNDP)</td>
<td></td>
</tr>
<tr>
<td># of communities served by community structures related to food security, agriculture and livestock</td>
<td></td>
<td>Data NA by FSL</td>
<td># of communities served by community structures related to food security, agriculture and livestock</td>
<td>Data NA by FSL</td>
<td>FSA (WFP/FAO)</td>
<td></td>
</tr>
<tr>
<td># of communities served by community structures related to canals, irrigation systems, markets, storage facilities, bakeries, etc.</td>
<td></td>
<td>Data NA by FSL</td>
<td># of communities served by community structures related to canals, irrigation systems, markets, storage facilities, bakeries, etc.</td>
<td>Data NA by FSL</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people benefiting from the improvement of community/public services, infrastructure, and facilities</td>
<td></td>
<td></td>
<td># of people benefiting from the improvement of community/public services, infrastructure, and facilities</td>
<td>375,503</td>
<td>Shelter/NFI</td>
<td></td>
</tr>
<tr>
<td># of people employed in the restoration of local businesses, shops, markets and workshops</td>
<td></td>
<td></td>
<td># of people employed in the restoration of local businesses, shops, markets and workshops</td>
<td>285</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people employed in debris and solid waste management and rehabilitation of affected neighbourhoods and host communities.</td>
<td></td>
<td></td>
<td># of people employed in debris and solid waste management and rehabilitation of affected neighbourhoods and host communities.</td>
<td>31,732</td>
<td>ERL (UNDP)</td>
<td></td>
</tr>
<tr>
<td>% of IDP settlements with self-run emergency response capabilities (first aid, fire response…)</td>
<td></td>
<td></td>
<td>% of IDP settlements with self-run emergency response capabilities (first aid, fire response…)</td>
<td>34% (34,889)</td>
<td>CCCM (HCR)</td>
<td></td>
</tr>
<tr>
<td># of communities served by early warning and DDR services as % planned</td>
<td></td>
<td></td>
<td># of communities served by early warning and DDR services as % planned</td>
<td>Data NA by CCCM</td>
<td>FSA (WFP/FAO)</td>
<td></td>
</tr>
</tbody>
</table>
FOR FURTHER INFORMATION, PLEASE CONTACT:

Sebastien Trives,  
Head of OCHA Syria, trives@un.org

Sarah Muscroft,  
Head of OCHA Jordan, muscroft@un.org

Trond Jensen,  
Head of OCHA Turkey/Head of Regional Office for the Syria Crisis a.i., jensen8@un.org

Bediako Buahene  
Head of OCHA Turkey a.i., buahene@un.org

For more information, please visit www.unocha.org/syria www.reliefweb.int

This document is produced by the United Nations Office for the Coordination of Humanitarian Affairs in collaboration with humanitarian partners.

The designations employed and the presentation of material on this report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or its boundaries.

This version was issued on 30 August 2017.