

SOUTHERN SYRIA OPERATIONAL RESPONSE PLAN

29 July 2018

Prepared by OCHA

People in Need



320,000

Estimated number of people displaced, returnees and host communities in need

People Targeted



300,000

Estimated number of people targeted by this operational plan.

Funding requirements



\$84.8 M

Estimated funding requirements of prioritized response interventions for south-west Syria.

STRATEGIC SUMMARY

Since 17 June sustained hostilities in south-west Syria triggered high levels of displacement and led to rapid systematic territorial gains by the Government of Syria (GoS). The GoS army and their allies took control of large areas of NSAG-controlled territories in the south from the east towards the west, leading to a temporary peak in displacement numbers with an estimated 285,000-325,000 individuals at the height of hostilities on 4 July.

The humanitarian interventions for south-west Syria focus on protection and life-saving assistance to people affected by the latest hostilities over a three-month period.

All interventions, including both inter-sectoral and sectoral prioritized response actions, are part of the broader strategic framework of the Syria 2018 Humanitarian Response Plan (HRP) and funding requests will be part of the HRP budget of the respective sectors. Based on the severity of needs, multi-sectoral assistance will include emergency health and specialized nutrition support, drinking water, sanitation, and hygiene kits, emergency food assistance, shelter support, basic emergency NFIs, and protection interventions.

The humanitarian community recognizes that in view of the shift of control of border crossing points, cross-border activities have reduced significantly, with the last convoy from Ramtha under SCR 2165 departing on 25 June. As a result, a scale-up is required from Damascus-based partners through inter-agency convoys and regular deliveries. A combination of delivery modalities is crucial to maintaining the provision of life-saving assistance and basic services to people in need.

The humanitarian response in south-west Syria is led by the Syria Humanitarian Country Team in coordination with the Whole of Syria coordination framework which prioritizes the delivery of assistance through the most direct and efficient way.

This three-month plan provides an overview of the key humanitarian needs that have arisen as a result of the escalation of military operations in Dar'a, Quneitra and As-Sweida governorates in south-west Syria and related emergency response efforts. It outlines the most critical humanitarian needs, the emergency inter-sectoral response strategy, key humanitarian interventions, access constraints and capacity to respond. The plan has been jointly developed by the Syria Inter-Sector Group and the Jordan Inter-Sector Working Group in collaboration with all relevant humanitarian partners.

BACKGROUND

Since the start of the Syrian crisis in 2011, south-west Syria, and more specifically the Governorates of Dar'a, Quneitra and As-Sweida, have been under the control of different parties to the conflict, which resulted in different degrees of access for humanitarian actors. In 2014, through the unanimous adoption of resolution 2165 (2014), the UN Security Council authorized UN agencies to use four border crossing points, including Al-Ramtha (Jordan-Syria) to deliver humanitarian assistance to people in need in Syria. Under UN Security Council Resolution (UNSCR) 2165, subsequently renewed through resolutions 2258 (2015), 2332 (2016) and 2393 (2017), the UN and their implementing partners have been able to access previously hard-to-reach areas in south-west Syria with predictability. Prior to the adoption of the UNSCR, access was only possible through informal channels conducted by other humanitarian actors. The UNSCR was renewed in December 2017 (UNSCR 2393) which will expire on 10 January 2019.

Between 2014-2015, Non-State Armed Groups (NSAGs) made advances northward in Dar'a and Qunaitra, however, in November 2015, the Government of Syria (GoS), backed by unprecedented Russian air support, reversed this trend. Hostilities in the beginning of 2016 triggered high levels of displacement in south-west Syria (more than 70,000 IDPs within a one-month period) and led to a temporary suspensions of cross-border convoys due to insecurity.

In February and September 2016, national "Cessation of Hostilities" (CoH) agreements were announced. While the CoH agreements were not fully observed at the national level, the agreements succeeded in significantly reducing hostilities in the south for the rest of 2016. Most IDPs who had been displaced due the intensification of hostilities in February 2016 returned to their areas of origin. Following the establishment of "de-escalation areas" by the Astana guarantors (Russia, Iran, and Turkey) in May 2017, a de-escalation zone for the south-west was also established on 9 July 2017 as a result of separate trilateral negotiations between Russia, the US and Jordan.

The suspension of military support to the main NSAGs in the south-west by external actors in the beginning of 2018, coincided with GoS representatives and allies making periodic statements that specific communities in areas outside of Government control in Dar'a and Qunaitra governorates had to reach reconciliation agreements or would face military offensives. These factors, among others, raised serious concerns among the local population that an escalation of hostilities in Dar'a and Qunaitra would be imminent, despite the South-West De-Escalation Area (SW DEA) aiming to limit hostilities in the area.

CURRENT SITUATION

Since 17 June, sustained hostilities in south-west Syria triggered high levels of displacement and led to rapid systematic territorial gains by the GoS. These advances were further accelerated by the formal US disengagement in the south on 25 June. The GoS army and their allies have taken control of large areas of NSAG-controlled areas in the south from the east towards the west, leading to the displacement numbers that peaked at an estimated 285,000-325,000 individuals as of 4 July during the height of hostilities. Of those, up to 160,000-175,000 IDPs moved to areas in Quneitra, some in close proximity to the Golan. For the purposes of this plan, the estimated number of displaced (those impacted by the latest hostilities) will be used as the target figure for emergency response.

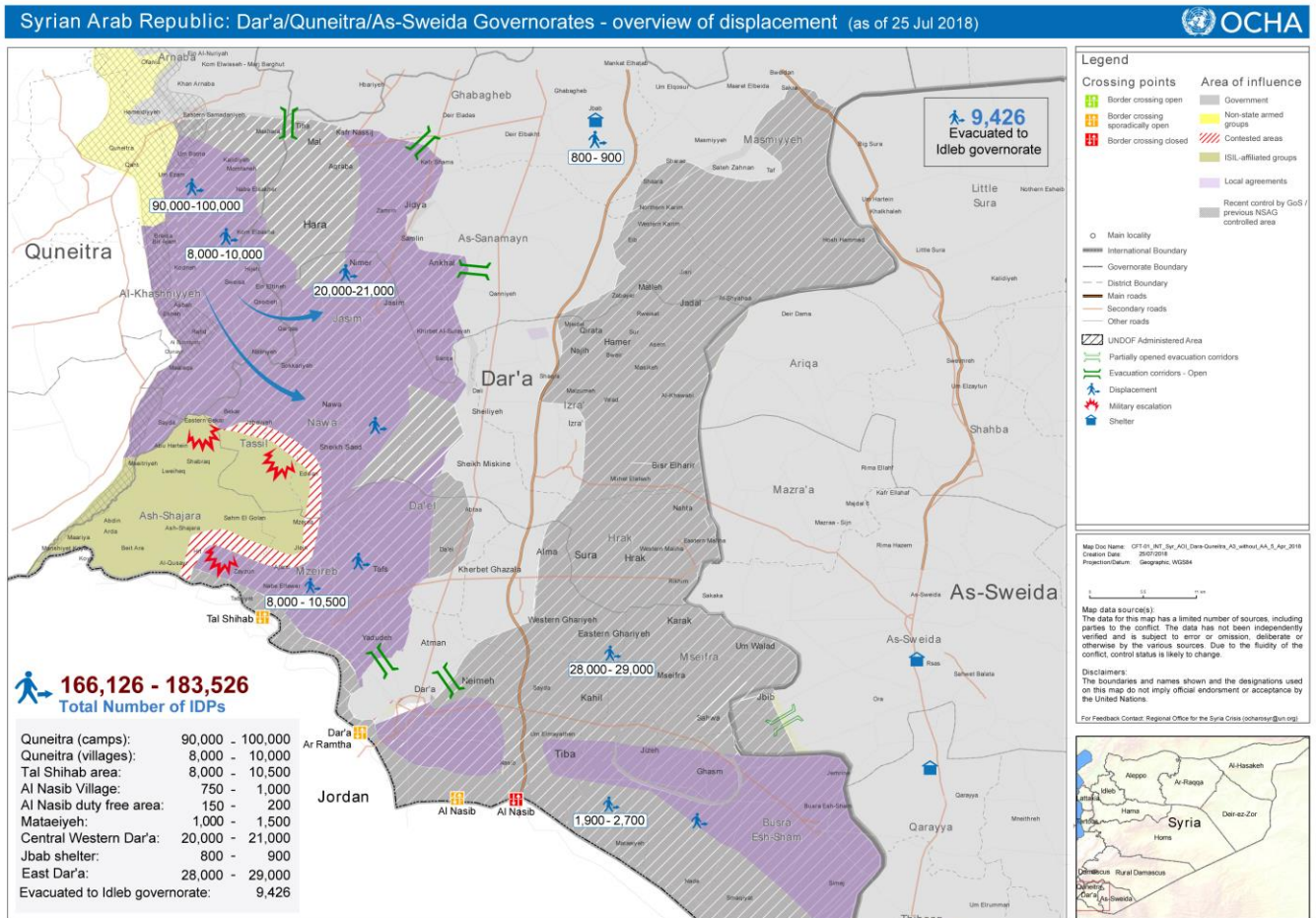
As reconciliation agreements were put in place and the GoS have taken large parts of eastern Dar'a, the numbers of IDPs have reduced as some of the displaced have returned to their areas of origin. The IDPs in the Nassib area, including the Duty-Free Zone, and in the Tal Shihab area have returned to their villages or moved elsewhere. As of 23 July, the estimated number of IDPs was 166,000-183,000, with most of the remaining IDPs located in camps and villages in Quneitra. Most IDPs in Quneitra are located in open areas and informal settlements. By mid-July, up to 110,000 people, close to 60 per cent of the displaced population, were in Quneitra, some in close proximity to the Golan area, with some 16,000 in the area under UNDOF supervision.

During the period up to 16 July, movements towards GoS-controlled areas in Sweida and Dar'a have been limited. Some 20,000 IDPs are estimated to have crossed into GoS-controlled areas, through the available evacuation corridors or through informal routes. IDP families crossing into GoS-controlled areas have largely settled with host communities – often facilitated by family or tribal links – or in spontaneous makeshift settlements. Only a relatively small number of IDPs currently reside in two IDPs sites. The Rassas collective centre in Sweida is reportedly hosting some 53 families displaced from Dar'a and some 225 families from other locations across Syria already settled in the camp before the onset of mass displacement in the south-west. A second site has been supported in Jbab (North Dar'a), where some 800-900 IDPs are residing, including in nearby schools and mosques. Initially, some additional IDP sites were identified in GoS-controlled areas, such as Izra'a (Dar'a Governorate) and Qarraya (Sweida Governorate), with a reported capacity of 1,000 / 1,200 individuals each. With the current developments, it is unclear if new sites will become operational.

Civilian deaths, and alleged indiscriminate attacks on health facilities, schools and NGO offices have been reported. The attacks on health facilities resulted in the destruction of infrastructure, death or displacement of health workers,

and reduced civilian access to life-saving services. On 21 June, the primary health care center in eastern Maliha was reportedly targeted by artillery shelling, which resulted in severe structural and equipment damage including an ambulance. Also, on 27 June, the Al-Ehsan Hospital and East Ghariyeh Blood Bank were reportedly attacked with air strikes, resulting in major structural damage and the death of one healthcare worker and the injury of two others. On 30 June, air strikes reportedly hit a school in the Ghasam area of eastern Dar'a where many IDPs were reportedly sheltered, allegedly killing nine civilians, including three women.

Following several local reconciliation agreements, including the one for Dar'a city, a number of evacuations took place towards Idlib governorate, with some 9,426 people evacuated as of July 25.



HUMANITARIAN NEEDS

The living conditions of IDPs stranded at the borders or living in camps and villages in Quneitra are extremely difficult, with IDPs lacking adequate shelter, WASH facilities and access to adequate basic goods and services, particularly health. shelter, food, medical care, and access to water and sanitation facilities remain the key needs of the displaced population. Protection and humanitarian access also remain critical.

While the IDPs that were stranded at the Al-Nasib-Jaber border crossing between Syria and Jordan have returned to their villages or are displaced elsewhere, they still require basic assistance and protection. Additionally, the lack/loss of personal documentation is commonly reported and urgently needs to be addressed, as do many cases of family separation, with family members left behind, some in areas of active hostilities.

The majority of IDPs are close to the Golan (up to 110,000) and are reported to be in informal tented settlements, leaving them vulnerable to harsh weather conditions, such as dusty desert winds and high temperatures.

Moreover, the military escalation and the anticipation of protracted hostilities have led to price increases for some essential commodities, including food, fuel, and gas. Fuel for hospital generators and mobile medical units is currently scarce and sells at three to four times the regular price in NSAG-controlled areas, limiting the capacity for the provision of health and water trucking services. Sustained hostilities and mass displacement have also led to the increase of rental prices, further restricting shelter options for the displaced population.

The situation of the displaced population that managed to reach the GoS controlled areas in the last weeks has also been reported as dire. Often families managed to cross over with limited belongings, often settling in abandoned structures with sub-standard living conditions. Whether they are settled in IDP sites, or in other makeshift settlements, families are in urgent need of emergency shelter support, core relief items, and WASH support and health interventions, including for persons with specific needs such as pregnant and lactating women, children, older persons, and persons with disabilities. The population in the sites, largely composed of women and children, is in need of psychological first aid and psychosocial support after experiencing hostilities and displacement. The situation of families that have most recently returned to their areas of origin has not yet been assessed, but it is likely that military confrontations have damaged houses and infrastructure, and destroyed assets that may have been left behind by the fleeing population. After days of displacement in dismal conditions in border areas, families are in need of various humanitarian support.

From the cross-border operation, population movements, and related humanitarian needs are regularly monitored through the multiple IDP tracking mechanisms, including the Population Monitoring Initiative (PMI), the Humanitarian Needs Assessment Programme (HNAP) and other mechanisms. These are coordinated with OCHA Damascus and additional needs assessments may be undertaken, as needed, including through inter-agency missions from Damascus where access allows, as well as rapid needs assessments of Quneitra by cross-border actors.

RESPONSE STRATEGY

Scope, Planning Assumptions, and Response Priorities

The scope of humanitarian interventions within this plan focuses on protection and life-saving activities for south-west Syria. All interventions, including both inter-sectoral and sectoral prioritized response, are part of the broader strategic framework of the Syria 2018 Humanitarian Response Plan (HRP) and funding requests will be part of the HRP budget of the respective sectors.

The plan covers a period of three months and builds on the joint inter-agency preparedness plan updated in mid-July. It envisions a continuation of humanitarian needs across Dar'a, Quneitra and As-Sweida governorates in south-west Syria for populations displaced since the onset of the crisis in mid-June, populations returning to their towns and villages after the end of military confrontations and those more broadly affected by the hostilities, including local host communities that may have shared resources with the newly displaced population.

Depending on how the humanitarian situation evolves, the operational plan may be revised beyond the three-month period.

At all times, partners and distribution of aid will be guided by humanitarian principles. To this end, the Syria HCT and Cross-Border Task Force (CBTF) will continue advocating with all relevant stakeholders to ensure safe and unimpeded access to all people in need of urgent protection and life-saving assistance through the most efficient mode of delivery.

Based on the severity of needs, multi-sectoral assistance will include:

- Emergency food assistance.
- Emergency health and specialized nutrition support.
- Drinking water, sanitation, and hygiene kits.
- Shelter support, and basic emergency NFIs.
- Protection interventions through a variety of approaches: convoys (limited approach, initial assessments, limited protection-oriented supplies), mobile teams (reach out to places of displacement and return), static facilities (Community Centres, Child Friendly Spaces, Women and Girls Safe Spaces) existing in the areas of As-Sweida and Dar'a and limited areas in Quneitra that are accessible to the whole population in the areas.

Response Modalities and Coordination Arrangements

The humanitarian response to south-west Syria is led by the Syria HCT in close cooperation with the Whole of Syria (WoS) coordination framework enabling humanitarian partners to employ multiple response modalities to reach people in need. This response framework consists of cross-line¹ and cross-border² modalities under UNSCR 2165 and subsequent UNSCRs, as well as direct deliveries to GoS areas from Damascus and other alternative cross-border routes by NGOs, to promote a complementary approach that prioritizes the delivery of assistance through the most direct and efficient way.

For Syria-based partners, access to date has been improving with increased food deliveries and other humanitarian supplies by SARC and other local NGOs to Dar'a. From July 11-15, two inter-agency missions were conducted to Naseeb, Sahwa, Kahil and Um Mayathen. Dar'a city and Sweida governorate have been the main areas of presence and intervention, while Quneitra governorate has traditionally been an underserved area. At present, access for cross-line convoys to Quneitra has not been granted to Damascus-based actors; however, advocacy efforts are ongoing to ensure all communities in need can be reached.

The humanitarian community recognizes that in view of pervasive access challenges to assist people in south-west Syria, a combination of delivery modalities is necessary to maintain the provision of life-saving assistance and basic services to IDPs in the Dar'a and Quneitra governorates. However, the teams in Damascus and Amman recognize the current limitations on cross-border access, with the response likely to be primarily cross-line and deliveries/services provision from within Syria.

The Jordan Cross-Border Task Force for Syria (CBTF) and related operational platforms (Inter-Sector Working Group) are responsible for cross-border operational coordination both at the sector and inter-sector level to respond to needs in south-west Syria. To this end, with the development of the situation, it is foreseen that the major role of cross-border actors will be to provide support to the Damascus-based response in terms of coordination and information sharing.

In anticipation of the escalation of violence, humanitarian partners in Jordan prepositioned critical supplies and stocks at the border areas to enable an initial immediate response, as well as in warehouses inside Syria. Capacities and supplies were scaled up as the fighting intensified and humanitarian needs dramatically increased. However, the delivery of humanitarian assistance is subject to access and may be hindered by recent developments in which the GoS have retaken control of areas along the border. In this regard, there are ongoing discussions to explore the possibility of handing over prepositioned supplies to Damascus-based actors.

In Damascus, preparedness measures, strategy and coordination of the response is ensured by the Inter-Sector Working Group reporting to the Humanitarian Country Team. Cross-line and other convoys are regularly discussed in the Access Working Group, which includes UN entities and sectors. Operational coordination on the ground is also supported by the Area HCT covering the areas of Damascus/ Rural Damascus and the southern governorates, and through sub-national sector and fora to coordinate the response through to the point of delivery.

Humanitarian Access

Following the escalation of hostilities, the Government of Jordan and the Government of Israel reiterated their intention to keep their borders closed, and announced that Syrian IDPs will not be permitted to cross into areas under their control. National security remains a priority to Jordanian authorities, which aim to avoid to the extent possible a high concentration of displaced people along their northern border. Jordan further highlighted that their absorption capacity had been exceeded, and that they intend to work with all relevant actors in Syria and with the international community to assist people within Syria.

The delivery of cross-border assistance through the Ramtha crossing has also been impacted by ongoing hostilities, a lack of security guarantees from the parties to the conflict, and eventually the GoS taking control of the crossing points. The last convoy under SCR 2165 was dispatched on 25 June and the convoy scheduled for 27 June has since been postponed. At the time of developing the plan, the route from south-west Dar'a towards north-west Dar'a/Qunaitra and the west-to-east road crossing inside Syria remained open; however, the border coming under GoS control presents additional obstacles for the continued delivery of cross-border assistance.

¹ Cross-line operations: inter-agency or agency operations that cross front-lines from accessible areas to deliver in another area of control.

² Cross-border operations: all assistance and services reported to hubs outside of Syria. This includes remotely managed cross-border programmes, including service delivery and cash assistance.

As areas come under GoS control, access from within Syria has opened up, with the UN and partners able to deliver basic assistance to a number of villages in eastern Dar'a. Cross-line access from Damascus continues to remain a challenge, due to a lack of approvals and security guarantees.

Many commercial and civilian access roads between the three southern governorates were closed or became inaccessible. Among the routes reported as closed, there are the Sweida road (preventing the replenishment of markets), the Kherbet Ghazaleh (Gharia West) route, the Kherbet Ghazaleh (Dael) road and the Kafar Shams (Dier Bakhat). Some crossings remain open for civilian and commercial movements.

A Humanitarian Civil-Military Coordination (CMCoord) Unit Cell is supporting the delivery of humanitarian aid from Jordan into Syria, by facilitating interactions between the humanitarian community and military actors, and by identifying viable solutions to address access and operational constraints to cross-border response activities. The CMCoord Unit ensures that operations are conducted in accordance to IASC Civil-Military Guidelines and Reference for Complex Emergencies. It promotes protection of civilians, and supports humanitarian access and safe assistance to humanitarian partners.

From Damascus and Amman, deconfliction efforts are undertaken with military authorities, which remains a priority to ensure civilian premises and critical civilian infrastructure (e.g., medical facilities) are not targeted by military activity.

Operational Capacity and Gaps

In response to the mass displacement, UN entities and partners in Syria are providing support to the Syrian Arab Red Crescent (SARC) and other NGO partners from within Syria to respond to the needs of host communities and IDPs in a number of villages and at temporary shelters/ sites, mainly in Jbab in Dar'a and Rassas in As-Sweida. The United Nations in Jordan, in cooperation with the Government of Jordan, dispatched inter-agency convoys loaded with life-saving aid.

The humanitarian response is hampered by access and funding constraints and limited partner capacity. The capacity of local responders inside Syria have been particularly impacted, as their ability to access warehouses and people in need has been limited by their own displacement. Many humanitarian workers who used to provide services to people in need have themselves been displaced. In many cases, this has led to a partial or complete reduction of local capacity, with many partners forced to suspend operations. From within Syria, the UN presence in the south is limited as are the number of partners with ongoing operations.

HUMANITARIAN CASELOAD

The south-west Syria operational response plan targets 300,000 IDPs with protection and life-saving assistance.







| Sector | People in Need | People targeted |
|---------------|----------------|-----------------|
| Shelter-NFI | 300,000 | 250,000 |
| WASH | 320,000 | 200,000 |
| Health | 320,000 | 300,000 |
| Protection | 300,000 | 140,000 |
| Food Security | 300,000 | 300,000 |
| Nutrition | 40,000 | 24,000 |
| Education | 98,000 | 70,000 |
| Logistics | n/a | n/a |
| TOTAL | 320,000 | 300,000 |

SECTOR RESPONSE PLANS

Shelter/ NFI

Lead agency: UNHCR and DRC

Contact information:
 Clare askew (askew@unhcr.org)
 Greg Andrews (WoS_NFI_Shelter@drc-mena.org)

| | | |
|---|--|---|
|  # OF PARTNERS ACTIVE IN THE SECTOR RESPONSE 15 |  PEOPLE TARGETED 250,000 |  PEOPLE IN NEED 300,000 |
|  FUNDS REQUIRED³ \$20M |  FUNDS AVAILABLE \$2.75M |  FUNDING GAP \$17.25M |

Priority Response Actions
 Respond to the basic shelter and NFI needs of the displaced population through:

1. Provision of NFI kits
2. Distribution and installation of shelter kits
3. Upgrading of unfinished buildings
4. Rehabilitation of collective shelters
5. Installation of tents together with construction of site infrastructure
6. Multi-purpose cash grants

Needs

Areas hosting displaced people have limited absorption capacity and services leaving many without shelter and basic items. The approximate 125,000 IDPs in Quneitra are reportedly scattered across informal settlements, and villages adjacent to the Golan Heights. Prior to this crisis, the situation of protracted displacement in Quneitra was dire due in part to the vast lack of shelter. Many IDPs were living in makeshift shelters in camps and informal tented settlements. With this significant influx of around 60 per cent of the overall estimate of newly displaced population, this dire situation is further exacerbated to an alarming degree. Shelter and NFI needs are well beyond available stocks and capacity and these needs are anticipated to further rise.

In GoS-controlled areas, most of the displaced either returned or are living in rented houses or are hosted by relatives and acquaintances. Most of the IDP who were living in Rasas collective shelter and Jbab IDP sites have returned and as of 19 July, only 170 IDP families were residing in Jabab collective shelter.

Various rapid needs assessments (RNA) conducted by SNFI partners confirm that shelter and NFI materials are among the most important needs of the displaced population and their hosts. RNAs show that the overall living conditions of the newly displaced are severe, with most people lacking shelter and other basic items. People are furthermore subject to harsh desert conditions with temperatures reaching as high as 45 degrees celsius, and dusty winds. A large number of displaced persons are reportedly living in the open with no protection against the elements or other potential protection risks. RNAs also indicate that people with shelter reported damage to their shelters and overcrowding as an issue. Some initial assessments in newly accessible areas suggest that returnees are in need of household items and shelter support mainly to replace missing doors, windows, WASH and electrical items.

³ The significant majority of the response is currently provided and led by the Syria hub, in terms of capacity and resource requirements.

Capacity and Gaps

Operational space and humanitarian access inside Syria for local responders both to warehouses and to people in need remains limited. Despite this constraint, SNFI partners have been able to deliver some life-saving shelter and NFI assistance to people in Dar'a and Quneitra.

Pre-positioned stocks have been depleted inside Syria with cross-border Jordan hub partners. Additionally, local procurement is not a reliable and viable option for various items, such as shelter materials. Recent market surveys in Jasim, west Dar'a and Sayda, east Dar'a, show that prices have increased over the past two months, and many respondents report a decline in availability, or the unavailability of key commodities, including blankets. To compound the problem, even when items are available inside Syria, transportation has become increasingly challenging due to a lack of fuel in southern Syria.

From within Syria, limited stocks are available with sector partners that are mobilised currently to respond the urgent shelter and NFI needs. Limited access together with insufficient funding remain a challenge.

In light of current challenges and constraints, there are few operational SNFI partners who have very limited access to geographical areas where high concentrations of people are in need, only in Quneitra.

Response Strategy

From within Syria, the Syria hub sector partners, access permitting, will continue to respond to the shelter and NFI needs through distribution of NFI kits, distribution and installation of shelter kits, rehabilitation of collective shelters, upgrading of unfinished buildings and installation of tents together with site infrastructure based on needs assessment. Partners will continue to carry needs assessment and the assessment findings will be shared with sector partners for planning and response purposes.








In light of the current emergency, a number of coordination tools and efforts have been strengthened including increased frequency of operational coordination meetings, the establishment of Skype and WhatsApp groups to enable real-time coordination, and online tools that track the ongoing response and availability of existing stocks inside Syria and procurement of items. Regular and wide sharing of information including on context and population updates/ displacement figures remains ongoing.

Within the capacity of the few partners remaining with access from the Jordan hub, the shelter and NFI sector will continue to respond to the basic needs of the displaced population in southern Syria through the provision of NFI and shelter materials, including basic shelter kits and tents, as well as multi-purpose emergency cash grants.

Even though the reported shelter needs are much higher, considering the time frame of the response plan which is only 3 months, only 15,000 households are targeted for shelter response and 50,000 families for NFIs.

| Preparedness and response activities | Target | Time Frame | Funding required (US\$) |
|--|---------|--------------|-------------------------|
| Delivery of Shelter and NFI materials (including in-kind and cash modalities and inclusive of prepositioned items) | 250,000 | July-October | \$20 Million |

WATER, SANITATION AND HYGIENE (WASH)

| | | |
|--|---|--|
| Lead agency: UNICEF and CARE  Contact information: Patrick Laurent (pl Laurent@unicef.org) | | |
|  # OF PARTNERS ACTIVE IN THE SECTOR RESPONSE 8 |  PEOPLE TARGETED 200,000 |  PEOPLE IN NEED 320,000 |
|  FUNDS REQUIRED \$23.62 M |  FUNDS AVAILABLE \$0.8M |  FUNDING GAP \$22.82M |
| Priority Response Actions: <ol style="list-style-type: none"> 1. Improve access to safe water for newly displaced people and host population 2. Provide safe and culturally acceptable sanitation facilities to newly displaced people 3. Support the operation of existing and still functional water, sanitation and sewerage infrastructure | | |

Needs

Humanitarian needs among the affected population are acute in all sectors. There are several reports of insufficient access to clean water and sanitation services, posing a threat of water-borne disease outbreaks. Findings from a UN recent rapid assessment indicated that many critical water infrastructure equipment and tools were looted and vandalised during the hostilities and therefore water systems are not fully functional. Hence, access to critical safe water and sanitation facilities remains an urgent need and require a response on a priority basis to enable IDPs and host population to practice healthy and hygienic behaviour.

WASH sector partners have limited access and reported that many water supply systems and private water trucking services had been suspended due to restrictions/fear of targets, lack of fuel and/or increasing costs. Now almost all areas in three southern governorates are disconnected from XB partners support and therefore Damascus hub along with concerned water/sewerage authorities and critical sector partners who have access on the ground, will have to meet the immediate WASH needs for IDPs/returnees as well as medium-term interventions (water supply and sewerage/sanitation) to be implemented on a priority basis based on funding commitment by Government and sector partners under the HRP-2018 framework

Capacity and Gaps

XB humanitarian aid workers have been displaced due hostilities and changes in control. This leads to a loss of local capacity with many partners forced to suspend/completely close Amman hub operations.

Interventions now must be carried out by Damascus- based sector partners in collaboration with WASH authorities and SARC. The pace of WASH service delivery will be determined by Government determination/commitment and their funding commitment along with sector partners.

In general, there is a sufficient capacity among the sector partners to address the immediate WASH needs in partnership with government/SARC authorities. To do so, the sector partners must obtain timely access and approval as well as will have to secure funding commitment from their donors to address both immediate and intermediate needs. On the other hands, WASH authorities are expected to regulate private companies (water tankers) to collect water from safe sources and deliver to the people to meet their daily water needs/demands.

At present, sector partners have reasonable supplies commitment and stocks in their warehouse to distribute to the IDPs living in temporary shelters, but not all partners have obtained approval to deliver these supplies on the ground. Meanwhile, the Damascus hub will consult and obtain detailed information of XB partners supplies located in the warehouses in these three governorates as well as facilitate/ advocate to smoothly handover and distribute supplies to the people in need and support in reporting to donors.

Response strategy

The WASH response entails the following priority activities

- Provision of essential WASH supplies (hygiene kits, aquatabs, sanitary napkins, diapers and others)
- Monitoring/supporting private sector (water tankers) to ensure the quality of services and their coverage
- Water trucking and water storage at camp and household level
- Provision of fuel and disinfectant products for system chlorination and water trucking
- Quick repair of WASH infrastructure to deliver minimum services;
- Emergency sanitation in communities, schools and health facilities;
- Hygiene promotion and maintenance of installed facilities;
- Solid waste management
- Strengthening capacity of sector departments, and local & INGOs/private sectors

The WASH sector will provide life-saving as well as resilience support to all people in need, in IDP sites and among host communities. The sector partners will collaborate with sector (MoWR), intersectoral (MoLAE and others) as well as with SARC to deliver the intended services to people in need.

| Response activities | Target | Time Frame | Funding required (US\$) |
|--|----------------|------------|-------------------------|
| Provision of hygiene kits and replenishment of critical supplies on a monthly basis | 200,000 people | 3 months | 2,500,000 |
| Water trucking and water storage | 150,000 people | 3 months | 1,620,000 |
| Quick repairs and rehabilitation of existing water supply networks | 700,000 people | 6 months | 10,500,000 |
| Provision of fuel and disinfectant products for water systems/water trucking/households | 200,000 people | 3 months | 600,000 |
| Emergency sanitation and quick repairs of sewerage networks, manholes and critical pumping stations and other associaries. | 200,000 people | 3 months | 3,500,000 |
| Hygiene Promotion and regular maintenance of installed temporary facilities | 200,000 people | 3 months | 1,500,000 |
| Solid waste management | 300,000 people | 3 months | 2,400,000 |
| Capacity building of sector departments, NGOs and monitoring/support private sector/water tankers | 100,000 people | 3 months | 1,000,000 |
| TOTAL | | | \$23,620,000 |

HEALTH

Lead agency: WHO



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|---|--|---|
|  <p># OF PARTNERS ACTIVE IN THE SECTOR RESPONSE</p> <p>26</p> |  <p>PEOPLE TARGETED</p> <p>300,000</p> |  <p>PEOPLE IN NEED</p> <p>320,000</p> |
|  <p>FUNDS REQUIRED</p> <p>\$15.55M</p> |  <p>FUNDS AVAILABLE</p> <p>\$1.7M</p> |  <p>FUNDING GAP</p> <p>\$13.85M</p> |

Priority Response Actions:

1. Revitalization of public health facilities.
2. Temporary deployment of medical mobile teams and clinics.
3. Provision of routine vaccination of children to different health facilities.
4. Supporting the diagnostic and treatment services by provision of medical equipment and supplies needed for PHC (and Reproductive Health) services at health facility or mobile team/clinic.
5. Strengthening the capacity of public health staff.
6. To improve the emergency referral system to access secondary and tertiary health care services as well as to strengthen the level of preparedness and response for and management of trauma and other types of patients.

Needs

Key advocacy points:

- Attacks on health care facilities, health workers and patients must cease. The targeting of health facilities means that injured people, including children, have practically no access to health care.
- Humanitarian convoys bearing all essential life-saving and life-sustaining supplies must be allowed to proceed immediately to provide medical assistance across conflict lines.
- The Government and all parties to the conflict must let critically ill and wounded civilians be immediately evacuated for life-saving treatment. Evacuated patients and accompanying family members must be able to return safely to their homes upon completion of treatment, without fear of reprisals.

Public health interventions:

- Provision of outreach services through humanitarian partners
- Increase of NCD/primary healthcare coverage and quality
- Increase of immunization coverage through fixed and outreach teams.
- Increase of Mental Health and Psychosocial Support Services
- Establishing clear referral systems for trauma, high-risk pregnancies and complicated deliveries to secondary/tertiary care
- Provision of integrated reproductive health services including family planning, antenatal and postnatal care
- Strengthening Early Warning and Response System for communicable diseases

Immediate steps:

- Support to health authorities with all required health supplies and capacity building. Coordination with SARC and DoH teams should be further strengthened.
- Close monitoring of the status of previously XB supported and other private health facilities: all closed or not; destroyed or not. Similarly the monitoring of the status of health staff working in XB supported and other health facilities.
- Working closely with the authorities on all cases requiring medical evacuation while addressing the necessary protection concerns.
- Women's health, hygiene and protection needs are staggering. The lack of privacy leave women and girls vulnerable to gender-based violence. Health, including reproductive and maternal health and GBV services is insufficient given the high demand for services. The targeted population will be in need for related hygiene items to ensure their well-being and preserve their dignity.
- Health sector should be kept continuously updated on the list of health facilities in areas that have changed control (from NSAG to GoS).

Capacity and Gaps**Health services (HeRAMS update) in southern Syria (Dar'a and Quneitra)**

- A total of 8 public hospitals (25%/2 – are fully functioning; 25%/2 – partially functioning; 50%/4 – non-functioning)
- A total of 164 PHC centers (25%/41 – fully functioning; 42%/69 – partially functioning; 33%/54 – non-functioning)

Availability of public health care facilities in NSAG controlled areas (Dara'a and Quneitra)

- Out of 90 assessed public health centres, 60% (54) were reported partially functioning, and 40% (36) non-functioning (completely out of service).
- Out of 5 assessed public hospitals, only 20% (1) was reported partially functioning, and 80% (4) non-functioning (completely out of service).

Surveillance and vaccination:

- Total number of EWARS sentinel sites in Dara'a is 66, of which 48 in GoS areas, and 18 were in NSAG areas.
- Total number of EWARS sentinel sites in Quneitra is 42, of which 33 in GoS areas, and 9 were in NSAG areas.
- Total number of EWARS sentinel sites in Sweida is 75, of which 75 in GoS areas.

TB medicines are provided in the only TB Center in Daraa town. DoH /Dar'a has the capacity to deliver vaccines to all children in all hard to reach areas in Dar'a and south Quneitra.

Gaps:

- Damaged health facilities and replacement of damaged health and medical equipment.
- Support to management of functioning health facilities (including blood bank service providers).
- Procurement and delivery of medicines, safe delivery kits, medical equipment and generators; reestablishment of the cold chain.
- Maintaining child health care: vaccination activities, components of related Essential Package of Health Services.
- Sustaining detection and response to communicable diseases through community health education/promotion; integration of vertical programming with other services.
- Enhancing issues of sexual and reproductive health through sustainable provision of MISP and beyond; minimal availability for MISP, including EmOC; integration of interventions, including antenatal care (ANC), PMTCT, nutrition and immunization.
- Enhancing diagnosis and treatment of non-communicable diseases.
- Addressing an increased demand for services for patients with injuries: rehabilitation of persons with disability; strengthen capacity for prostheses and rehabilitation.
- Strengthening mental health and psychosocial support via maintained community mental health system.
- Strengthening routine health information system and reporting.

Response Strategy

Coordination

- Daily contacts between Damascus and Jordan health coordinators.
- Regular health sector situation updates are disseminated.
- Coordination is in place among the involved UN agencies and partners with SARC and DoH in Dar'a, Quneitra and Sweida.
- The health sub-sector working group on the south is activated and takes place.
- The WoS Health Sector Flash Update is being published.

The objective of the health sector is to recover the largely disrupted public health services (99 public health facilities) system and areas of displacement of population in the southern Syria focusing:

- To support emergency rehabilitation/re-function and operationalization of all public health facilities (through physical rehabilitation of public health facilities).
- Organization of temporary fixed health posts and scheduled presence of medical mobile teams.
- Enhancing the provision of life-saving and life-sustaining health services in areas of displacement of population.

The health sector operational plan is developed detailing the currently ongoing emergency response by the responsible authorities, involved UN agencies (WHO, UNICEF, UNFPA) and implementing partners.

Some of the key health sector Syria hub response activities include:

- Increase health service coverage through the provision of outreach services through implementing partners.
- Increase quality of NCD/primary healthcare.
- Increase immunization coverage through fixed and outreach teams (through maintenance of cold chain and provision/installing the solar refrigerators; support partners while providing operational costs).
- Increase access to mental health and psychosocial support services.
- Establish clear referral systems for trauma and secondary/tertiary care, and provide supplies and training to increase STHC capacity.
- Implement nutritional screening for children and support treatment centres for complicated SAMS cases
- Strengthen Early Warning and Response System for communicable diseases.
- To maintain child health care.
- To provide integrated Reproductive Health (RH) and Gender-Based Violence (GBV) services including family planning supplies and counselling, gynecological consultations, ultrasound diagnostics, antenatal care including supplements, post-natal care, psychosocial support and referral for deliveries and comprehensive emergency obstetric and neonatal care. Priority response guided by The Minimum Initial Service Package (MISP) for Reproductive Health and focus in the following priority actions:
 - Support and coordinate Reproductive Health response
 - Prevent maternal and neonatal mortality and morbidity through provision of emergency obstetric and neonatal care, delivery services and referral for comprehensive emergency maternal obstetric and neonatal care
 - Preventing gender based violence and responding to survivor needs through support and coordinate GBV activities, Mainstream GBV across sectors, support delivery of GBV supplies as protection kits and RH kits
 - Reduce the transmission of HIV and other sexually transmitted infections
 - Support partners with human resource, operational costs, and supplies including provision of RH kits
 - Ensuring access to contraceptives

| Activity | Requested funds |
|---|-------------------|
| Revitalization of public health facilities, including maternal and reproductive health facilities | 1,750,000 |
| Temporary deployment of mobile medical teams and clinics, including integrated RH/GBV services | 1,158,000 |
| Provision of routine vaccination of children to different health facilities | 1,775,000 |
| Supporting diagnostic and treatment services through the provision of medical equipment and supplies needed for PHC services at health facility or mobile teams/clinics | 3,975,000 |
| Strengthening the capacity of health staff | 385,000 |
| Strengthen and improve the emergency referral system to access the secondary and limited tertiary health care services as well as to strengthen the level of preparedness and response for and management of trauma and other types of patients | 1,410,000 |
| Total (Damascus) | 10,453,000 |

| Response activities | Target | Time Frame | Funding requirements (US\$) |
|--|---------|------------|-----------------------------|
| Prepositioning emergency health kits | 140,000 | 1 week | 2,200,000 |
| Improving MMUs capacity in most affected areas | 140,000 | 2 weeks | 1,400,000 |
| Establishing emergency warehouses | | 2 weeks | 300,000 |
| Providing services and care to war-wounded | 1,000 | Ongoing | 1,200,000 |
| TOTAL (XB Jordan) | | | \$5,100,000 |

PROTECTION

Lead agency: UNHCR & NRC



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| | | |
|---|--|---|
| <p># OF PARTNERS ACTIVE IN THE SECTOR RESPONSE</p>  <p>27</p> | <p>PEOPLE TARGETED</p>  <p>140,000</p> | <p>PEOPLE IN NEED</p>  <p>300,000</p> |
| <p>Funds required⁴</p>  <p>\$10.7M</p> | <p>Funds available</p>  <p>\$2.1M</p> | <p>Funding Gap</p>  <p>\$8.6M</p> |

Priority Response Actions

1. Strengthen protection presence and mobile interventions in areas of displacement and return to identify population in need of protection services and support.
2. Provide life-saving and integrated protection services through available facilities in the areas (Community Centes, Child-Friendly Spaces, Women and Girls Safe Spaces), with specific focus on providing specialized support to vulnerable groups including survivors of violence, women, children, the elderly and people with chronic illnesses and disabilities.
3. Raise awareness around explosive hazard contamination risks, as well as issues relating to Gender-Based Violence (GBV) and Child Protection (CP), GBV and CP concerns and services available.
4. Advocate or the respect of the protection of civilians by actively promoting international law including IHL and IHRL.

Needs

Across all areas of control people continue to be exposed to a variety of protection risks due to the recent escalation of hostilities and forced displacement, compounding pre-existing vulnerabilities and trauma following years of exposure to conflict. These protection risks are particularly acute for people displaced by hostilities- either to other non-state armed group (NSAG) or GoS controlled areas- as well as people who have returned to their areas of origin as hostilities have subsided and areas may have changed control.

High-intensity hostilities and the experience of displacement has resulted in significant psychological/ psychosocial needs, which will need to be met through psychosocial first aid and more specialised forms of psychosocial support.

Seemingly, hostilities have increased the risks related to explosive hazard contamination. People are likely to be at heightened risk of exposure to explosive hazards both during displacement- exacerbated by their unfamiliarity with the new surroundings- and upon return to their areas of origin, where recent hostilities have contributed to new layers of explosive contamination in civilian areas. The increased risk of injury or death from explosive incidents in areas affected by hostilities underscores the need for direct or indirect risk education and safety awareness as well as increased clearance capacity in areas where hostilities have subsided.

People displaced by hostilities also face significant civil documentation needs. Many of those displaced either lack or have lost civil documentation, having been forced to flee at short notice as hostilities approached. As well as in

⁴ The significant majority of the response is currently provided and led by the Syria hub, in terms of capacity and resource requirements.

some cases preventing civilians from accessing humanitarian assistance, a lack of GoS-issued official documentation presents particular protection risks for those people displaced to GoS areas, including in relation to freedom of movement. Specialized protection support will be essential in addressing these needs in coordination with the national authorities.

Among those people affected by the recent escalation of hostilities there are particular groups who face specific needs, requiring tailored support. Overcrowded conditions in areas of displacement present particular risks to women and girls, with a lack of shelter and adequate gender-sensitive WASH facilities exacerbating GBV related risks. Attention will need to be devoted to sensitize other sectors (particularly shelter/NFI and WASH) to properly consider protection, gender and GBV sensitive measures when strengthening collective shelter structures and sanitation facilities.

Displaced women and girls have identified access to integrated reproductive health / GBV services as well as provision of sanitary material and other hygiene items as priority needs.

The situation of children is also a particular concern, with high levels of rapid onset displacement contributing to reports of family separation. Although incidences of unaccompanied minors (UAM) reported by families that have arrived in the shelters and in rural areas of Sweida and Dara'a has so far been low, the risk of further reports remains high given the fluid and volatile situation. Dedicated case management support, already offered by several of the existing protection / child protection facilities, will therefore be critical in addressing the needs of children.

Palestine refugees living in affected areas are also likely to be particularly vulnerable. There are significant numbers of Palestine refugees (estimated 11,000) currently depending on services provided through UNRWA facilities in the area west of Dara'a, particularly in and around Mzeireb and in the areas of Dara'a city still under the control of NSAG. The degree of access to this population is currently varies by location, with particularly limited access to the NSAG-controlled areas of Dara'a Governorate. This population continues to be in need of basic humanitarian assistance, including protection services such as psychosocial and legal support, and may be further affected as the situation on the ground evolves.

Since the start of the military operations, the UN has received reports of civilian casualties, including women and children. Additional reports also suggest indiscriminate attacks on health facilities, schools, and offices of local NGOs. There is an urgent need to ensure that IHL and IHRL are upheld and that all parties to the conflict abide by their obligations under international law to protect civilians.

Capacity and Gaps

From within Syria, the presence of protection actors on the ground is presently higher in Sweida Governorate and Daraa city, from where the response has reached the existing IDP sites, the humanitarian corridors and is gradually expanded to areas where IDPs are reportedly settled or where populations started to return after reconciliation agreements. The presence for partners within Syria, however, needs to be scaled up in other areas, notably the northern part of Daraa and Quneitra. This will be particularly important if areas of control shift and access to additional displacement areas becomes available.

In the currently fluid situation, with an evident need for flexible and mobile response to evolving needs, the process of approval by Governmental authorities for NGOs and INGOs to start, expand, and adjust activities is to be accelerated. This applies particularly for those partners that are in a position to expand already their activities from Sweida, Daraa and Damascus. Coordination of the overall protection response requires swift access to operation areas from Sweida, Daraa and Damascus. Crossline activities have not yet undertaken and are increasingly critical for assistance delivery (particularly from other sectors) but also to assess the protection situation of the civilian population and prepare a future response.

Protection Sector partners coordinate their response from different locations (Sweida, Daraa, and Damascus) and extra efforts are needed to ensure good communication and synergies.

As in other situations, partners on the ground may have challenges in their capacity to provide specialised services, notably case management and restoring family links.

Although several partners are ready to scale up response, lack of funding is a major challenge. Resources have been depleted by the recent response to the East Ghouta and Afrin emergencies. It is critical that donors contribute to the HRP 2018 projects. This will allow protection partners to flexibly direct resources to address the protection needs on the ground.

The humanitarian response of cross-border actors has partially shifted with the movement of local providers due to their own displacement, and protection service delivery at static facilities had largely to be suspended. As such, and within existing capacity, there is an urgent need to activate and scale-up mobile emergency protection response

including protection messaging, PFA/PSS, identification and referrals and mobile service delivery. Additionally, materials such as dignity kits are in dire need to address needs of women and girls on the move and areas of displacement.

Many protection services and activities from cross-border actors had to be suspended due to the displacement of staff and security concerns, particularly for static protection service delivery. As a result, GBV survivors have no space to turn for specialized support in Dar'a. In Quneitra, GBV specialized services are available with trained case managers at Women and Girls Safe spaces (WGSS). These spaces have limited absorption capacity however due to the high influx of new IDPs. Additionally, targeted response for children is significantly reduced. Humanitarian workers retain some capacity in their location of displacement to provide some assistance, albeit limited given the ongoing situation. With reports of family separation, there is little capacity to identify unaccompanied and separated children due to coverage and operational capacity of partners. Case management capacities prior to this emergency were limited, with the escalation of conflict they are even lower

Despite constraints, a range of protection activities has been taking place as part of the emergency response. Dignity kits have been distributed and the GBV referral focal point system for Quneitra was updated enabling a level of GBV emergency response. Protection actors are developing and compiling protection messages, including on prevention of family separation. A number of risk education activities have taken place such as the inclusion of safe behaviour in case of shelling or bombing and risk education awareness for humanitarian operators and focal points. Remote trainings on risk education have been provided for other sectors (e.g. SNFI and Food security).

Response Strategy

Protection Sector Partners (Syria Hub)

The fluid situation and multiple scenarios require a flexible plan that will be periodically updated, including considering the possible expansion of activities.

The Protection Sector response will count on a multiple approach through static facilities already present in the area and in the process of being expanded in the middle-term (some within the three months foreseen by this plan); on mobile interventions, whose expansion has already started towards areas of displacement and existing IDP sites (Rssas and Jbab). Participation to interagency convoys will constitute a third modality, recognizing the more limited impact that convoys may represent for the delivery of sustained protection services.

In a middle-long term, should shift in areas of control occur and areas become accessible, further expansion of facilities and mobile teams is planned. The degree of expansion will also depend on the capacity of cross-border humanitarian actors currently present in NSA-controlled areas to remain and continue the provision of services, which recently appears remote.

Partners of the Protection Sector within Syria are currently active with available protection services in selected locations in all three Southern Governorates. 8 Community Centers offer integrated protection services, and reach out to communities with more than 110 volunteers and 2 mobile teams; 10 Child Friendly Spaces, are operational including in Jbab site; 3 Women and Girls Safe Spaces are active in Sweida and Daraa; some 9 CP mobile teams operate, including in the three humanitarian corridors; some 6 GBV/RH teams cover rural areas of Sweida and Daraa.

- **Existing and new Community Centers and Satellite Centers will provide a series of integrated protection services**, including awareness on protection topics; various psychosocial support interventions; targeted material support for persons in vulnerable situations to prevent protection risks, including persons with disabilities; community-mobilization initiatives. Some of the CCs also offer specialized legal counseling/ assistance, which will be reinforced through mobile teams.
- **Mobile teams and Outreach Volunteers associated to the Centers** will reach out to population in need to assess situation and needs and refer cases. Mobile teams may be expanded according to identified needs to improve coverage.
- **Child-Friendly Spaces (CFS)** already established will continue to provide psychosocial support specifically targeted to children, including recreational activities; information and awareness on child protection issues; specialized child protection services including case management; risk Education. Their presence is being expanded also to the IDP sites in Rassa and Jbab.
- In addition, **Child Protection mobile teams** are already placed on the main crossing corridors to register children and raise awareness on prevention of family separation, using brochures and ID bracelets.
- **Women and Girls Safe Spaces (WGSS)** in the area will continue to provide support to women and girls, including awareness on GBV with communities (male and female); psychosocial and other responsive support to GBV survivors, also integrated with reproductive health interventions; small socio-economic support directed particularly to women and adolescent girls.

- **Integrated GBV/RH mobile services** are already operational in rural areas and in some IDP sites to bring assistance close to the communities and provide a confidential environment through which GBV issues can be detected and appropriate survivor-centered support can be provided. Mobile teams will also reach out to rural areas to provide psychosocial support to women and girls, including survivors of violence; support referral according to specialisation; distribute sanitary material and dignity kits for displaced women and girls of reproductive age.
- **Risk Education interventions** will be strengthened within the CP facilities. Through the newly created Risk Education Working Group at national level these activities will be better coordinated and possibly expanded to a wider range of protection partners.
- **Information on the available services and reach out** will be ensured by the teams of ORVs associated to the Community Centers and all other mobile teams, who will increasingly reach out to the newly settled IDPs in urban and rural areas. Referral pathways will need to be finalised at field level based on the accurate mapping of actors already developed with the contribution of all partners.
- Based on the assessed needs on the ground, **specific focus will be put on legal awareness and counseling/ assistance for IDPs who may have lost or are otherwise in need for civil status documentation.** Legal Teams of specialized service providers (e.g. Syria Trust, SARC, DRC) will be mobilized from the existing Community Centres and may be temporarily expanded according to the needs. It will be critical that national authorities (Civil Registrars and their staff) support the efforts of these partners to complete the procedures of documentation issuance. In a longer-term perspective, legal aid services can also be extended to counseling on House/ Land/ Property issues, if they appear as a prominent need amongst the displaced and returning population.
- **Capacity support** can be provided to actors on the ground on technical aspects. This may include processes of IDP rapid registration should they be in place, particularly in IDP sites.
- As for other emergency situation, the **Protection Sector will provide capacity support to other sectors, notably shelter, NFI, WASH to properly mainstream protection and GBV.** Sensitization sessions on protection and GBV mainstreaming are planned for shelter, NFI, Wash partners in Sweida and Daraa, particularly those engaged in IDP sites.
- Actors on the ground will contribute to protection information and analysis on major protection needs and risks in order to inform protection advocacy.
- **The Protection sector will continue its advocacy through the HC/HCT on key humanitarian principles,** specifically on protection of the civilian population and of humanitarian facilities; on the right of IDPs to choose their place of settlement; on due process in security screening for the population crossing into areas; under Government control on safe, voluntary and dignified return of IDPs to areas of origin. In addition, the Sector will join the humanitarian community in its advocacy on prompt and unhindered access to population in need; swift approval of projects and activities by the competent authorities, particularly if quick expansion of activities is needed to meet the needs on the ground.
- **The population of Palestine refugees** will continue to benefit from protection services by mandated humanitarian actors, particularly PSS support and legal assistance in the context of a broader array of humanitarian services. The modalities of delivery will depend on the degree of access. This will include cross-line operations and convoys; support through existing UNRWA-run facilities in Daraa and surrounding areas; reach-out and provision of protection assistance by UNRWA facilities and programs already established in South Syria and in Rural Damascus should the population become displaced and hosted in existing IDP sites in those areas. Synergies and coordination will be maintained with other protection actors operating in these zones.
- **Coordination amongst protection partners will be pursued at different levels, reflecting presence on the ground.** In Sweida, a sub-national operational Protection Working Group will continue to coordinate the response in the area and reaching out to partners in Daraa as soon as access is feasible. Child Protection Actors will coordinate through the sub-national level Working Group for the South, meeting in Damascus. The National protection Sector will provide overall support to the sub-national structures, including on reporting, consolidation of inputs, capacity support, high-level advocacy. The Sector will maintain a close coordination with the Amman hub, already well in place.

Cross Border Protection Partners (Jordan Hub)

Protection partners will continue to respond to the emergency within their respective capacity and depending on the evolving security situation. Protection activities will be prioritized to focus urgent life-saving assistance for newly displaced populations across Quneitra and Dar'a including the prevention and response to GBV and CP concerns, distribution of dignity kits, emergency PSS as well as mitigation to explosive hazards risks.

The Protection Working Group (PWG) continues to coordinate closely with partners by convening regular coordination meetings and maintaining a number of coordination tools. In addition, the PWG will continue to provide contextual updates and analysis to its partners in order to inform the emergency response.

FOOD SECURITY

Lead agency: WFP and FAO, NGO co chair – Mercy Corps and World Vision



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OF PARTNERS ACTIVE IN THE RESPONSE

25



PEOPLE TARGETED

300,000



PEOPLE IN NEED

300,000



FUNDS REQUIRED

\$22.15M



FUNDS AVAILABLE

\$3M



FUNDING GAP

\$19.15M

Priority Response Actions:

1. Food Assistance (Immediate and Medium-term access to food)
2. Quick impact livelihood protection interventions

Needs

The 2018 Humanitarian Needs Overview 2018, identified limited livelihood opportunities, depleted productive assets and seasonal price increases as the main driving factors to food insecurity in Dar'a. In Quneitra, food insecurity was driven mainly by high concentration of IDPs and high percentage of household expenditure on food (90 percent of households already spending over 75 percent of their income on food). As per the Food Security Sector Mid-Year Review of Needs in May 2018, 93% of people in southern Syria were either food insecure or at risk of food insecurity. The recent offensive that displaced an estimated 300,000 people has further deteriorated food insecurity, primarily due to shock factors related to escalated conflict, market constraints, asset depletion/loss and inability to earn income. The Rapid Needs Assessments conducted so far show that the main food-related coping strategies for displaced communities were reducing the number of meals, relying on less preferred food and borrowing food. Initial markets data indicate that out of the 21 communities assessed, 16 have reported that the major food supply routes are severed. Prices of basic food commodities have spiked exponentially when compared to May. In some communities in Quneitra, prices have increased by 276% for bread, 150% for bulger and by 180% for lentils compared to May. Furthermore, 17 communities have reported that the major fuel supply routes are severed. The median price changes in transportation fuel if compared to May is in a range from 189% - 422%, which is two to four times more than the fuel prices a month ago.

Population displacement causes disruption of livelihoods resulting into loss of livelihood assets and reduce production capacity, which in turn reduces access to food. The fast-depletion of assets normally triggered by displacement results into poor coping for the affected people culminating into reduced coping strategies. Therefore, saving agricultural livelihoods is a fundamental part of life-saving and quick impact agriculture interventions particularly livelihood protection initiatives cannot be an afterthought; agricultural livelihood interventions are critical to re-establishing livelihood, increasing self-reliance and strengthening resilience especially when timely introduced during the early phase of emergency. Considering the fact that there are considerable return of the IDPs in Eastern Daraa province and many more are expected to cross and settle within the host communities in the recently liberated areas, livelihood support to IDPs, returnees and host communities will be critical to avoid further tensions between host communities, IDPs and returnees as a result of limited livelihood opportunities. The livelihood support envisaged under this response plan include quick impact livelihood assistance for ensuring survival of the few remaining livestock, provision of vegetable kits and ultralight rehabilitation of damage irrigation infrastructure as per the sector response packages.

Capacity and Gaps

The sector has responded to scale from both Jordan and Syria hubs by reaching 140,720 IDPs as First Line Response with Ready to Eat Rations and 240,676 IDPs with monthly Food Rations. An additional 162,080 people were reached with Monthly Food Rations from Syria hub in various locations in East and West Dara after the change in control. The capacity to continue food assistance is challenged by access constraints and lack of partners' staff on the ground.

The sector worked on various livelihoods/agriculture assistance interventions with a plan to reach up to 12,000 households (60,000 people) from Jordan hub. These agriculture and livelihoods activities were suspended due to the offensive, and thus now the sector seeks to focus on emergency quick impact livelihoods activities for the 3 month time frame. IASC guidelines indicate that livelihood support needs to be integrated into the emergency phase of any humanitarian response to ensure livelihood protection and resilience. However, there is a significant resource gap in supporting such early actions for livelihood protection. The sector seeks to save lives and protect livelihoods from immediate shocks as well as protecting longer-term development gains by increasing the resilience of local communities over time. Early actions can reduce further economic losses, decrease the cost of future humanitarian responses, can reduce dependencies of the affected people on external assistance while increasing the resilience of the affected population.

Livelihood support even in recent hotspots areas (emergency) have received minimum funding across Syria and currently standing at only six percent in terms of beneficiaries reached by all partners from inside Syria during the last six months 2018 HRP implementation period (January-June 2018). This is may be due to lack of appreciation of the contribution of livelihood support to the humanitarian life-saving agenda. Although IASC guidelines indicate that livelihood support needs to be integrated into the emergency phase of any humanitarian response to ensure livelihood protection and resilience. Early actions especially livelihood protection can save lives and protect livelihoods from immediate shocks as well as protect longer-term development gains by increasing the resilience of local communities over time. Early actions can reduce further economic losses, decrease the cost of future humanitarian responses, can reduce dependencies of the affected people on external assistance while increasing the resilience of the affected population. A growing body of evidence also supports the cost-effectiveness of this approach.

Response Strategy

Food Assistance (Immediate and Medium-term access to food): The First Line Response includes Ready-to-Eat Rations/Cooked Meals (5-10 days coverage at 2100 kcal/person/day). To this end, the sector needs 240,000 RTEs to provide first line RTE rations for 2 weeks cycle to assist access to food items that can be easily consumed without cooking facilities. The Second Line Response includes Monthly Food Rations and Multi-Purpose Cash (30 days coverage at minimum of 1500 - 1700 kcal/person/day). In this regard, the sector needs 180,000 Monthly Food Rations for feeding the new IDPs every month for 3 months. Additionally, the sector requires 10,000 Multi-Purpose Cash Grants and 10,000 smaller Food Rations through local procurement. The MPCG and smaller Food Rations (through local procurement) will also provide access where in-kind assistance may not reach.

Agriculture and Livelihoods (only in medium risk areas): This priority response includes vegetable garden support for micro and homesteads especially for IDPs and support to livestock farming households. To this end, the sector needs 10,000 packages of micro and homestead garden kits. This will provide short-term nutritional and livelihood assistance to IDPs and vulnerable farmers including women-headed households. For fodder and animal feed provision, the sector requires 5,000 kits for small farmers and IDPs who have animals as lack of access to fodder makes it difficult to keep the animals. Veterinary support for livestock will be provided, as small and vulnerable farmers and IDPs would need vaccine and other animal health assistance, as animal health issues always arise in crises like in the current context of mass displacement. 5,000 kits are required in this respect. Light rehabilitation of critical irrigation infrastructure through the most appropriate modalities will be ensured to provide livelihood assistance in a medium risk environment. The sector plans to reach 10,000 households with quick impact livelihood assistance to the displaced and returnees.

| Response activities | Target | Time Frame | Funding Requirements (US\$) |
|--|-----------|------------|---------------------------------------|
| RTEs (2 weeks cycle – one cycle for every 45 days along with FR) | 60,000 HH | 3 months | 7,500,000 |
| Food Rations (one month food needs, a cycle for every 45 days) | 60,000 HH | 3 months | 7,500,000 |
| Multi-Purpose Cash Grants and other kinds of FRs | 20,000 HH | 3 months | 2,500,000 |
| Flour Bakery support/bread | 60,000 HH | 3 months | Complemented by other sector partners |

| | | | |
|--|-----------|----------|---------------------|
| Vegetable kits for micro garden and homestead garden | 10,000 HH | 3 months | 1,300,000 |
| Fodder Provision and Animal Feed | 5,000 HH | 3 months | 1,200,000 |
| Veterinary Support | 5,000 HH | 3 months | 500,000 |
| Light rehabilitation of critical irrigation infrastructure | 10,000 HH | 3 months | 1,650,000 |
| TOTAL | | | \$22,150,000 |

NUTRITION

Lead Agency: UNICEF, SRD, Save the Children



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| | | |
|--|---|---|
| <p># OF PARTNERS ACTIVE IN THE SECTOR RESPONSE</p> <p>5</p> | <p>PEOPLE TARGETED</p> <p>40,500</p> <p>(24,000 children under 5 years; 16,500 PLWs)</p> | <p>PEOPLE IN NEED</p> <p>140,000</p> <p>(40,090 children under 5 years, 27,500 PLWs)</p> |
| <p>FUNDS REQUIRED</p> <p>\$910,000</p> | <p>FUNDS AVAILABLE</p> <p>\$200,000</p> | <p>FUNDING GAP</p> <p>\$710,000</p> |

Priority Response Actions:

1. Delivering of life-saving infant and young child feeding (IYCF) services to PLW and children aged 0-24 months.
2. Screening of acute malnutrition and referral to treatment services for PLW and children aged 6-59 months.
3. Provision and delivery of nutrition supplies to prevent and treat moderate and severe acute malnutrition.

Needs

Due to the current escalation of violence and displacement in Dara'a and Quneitra, the affected population is in need of nutrition support, particularly 27,480 pregnant and lactating women (PLW) and 40,090 children under the age of 59 months. Caregivers of children under 24 months of age are in need of specific support to ensure appropriate feeding of infants and young children. This includes private spaces to breastfeed and 1-1 and group support by counsellors with specialised skills in IYCF counselling to help overcome breastfeeding challenges, especially for mothers who are ill and/or distressed. Caregivers of infants who are artificially fed require urgent support to protect these young children against risks associated with consumption of infant formula and other milks in emergencies. The large quantities of untargeted donations of breast milk substitute (BMS) flowing over the borders is dangerous, as replacing breastfeeding, a life-saving feeding practice, is putting infants at risk by providing powdered milk without the availability of clean water or fuel to prepare feeding and ensure clean feeding equipment. Most responders to the emergency are unaware of these dangers and need to be sensitized on a mass scale.

Worsening conditions and lack of food, clean water, and health care exacerbate the nutrition status of the affected population, with pregnant women and children under the age of 59 months being the most vulnerable to moderate and severe acute malnutrition. There is a need to rapidly assess the nutrition situation on the ground with SMART survey. Treatment services for malnutrition are only available in 25% of all areas due to the suspension of nutrition activities by the majority of stakeholders. Even with minimal treatment services, the ability to trace defaulters and conduct follow-up visits are challenging due to the rapid movement of the population. Moreover, prepositioned nutrition supplies are available in 25 functioning health centers providing nutrition surveillance. In addition to the availability of seven CMAM centers. As a result, at least 25% of the health facilities are providing supplies such as Plumpy'Doz, High Energy Biscuits, Plumpy nut and micronutrients. However, needs remain due to the low coverage of health centers and the need for capacity building.

Capacity and Gaps

Currently, the scope and geographical reach of nutrition partners is increasing gradually. Many surveillance centers and CMAM centers are providing integrated nutrition services provided through NGOs and DoH. Only a few partners are able to work on the ground despite huge needs. However, UNICEF is expanding its partnership to reach all beneficiaries. Referral to appropriate treatment services is currently non-operational because of the current situation and there is no proper geographical coverage especially for treatment of SAM with complications. In addition, the rapid movement of population is hampering the ability of humanitarian partners to conduct household visits, and tracing of beneficiaries who need multiple follow up visits. Warehouse and storage capacity for nutrition supplies is available in five health districts of DoH and in warehouses of partners (SFPA/IMC/AI-Birr/GOPA). Capacity building of one-to-one Infant and Young Child Feeding (IYCF) counseling skills that protect, promote, and support WHO/UNICEF recommended and life-saving feeding practices need to be scaled up, in addition to tracking and addressing unsolicited donations of breastmilk substitute. With regards to access, coordination efforts with the Damascus hub continue to ensure a timely nutrition response but numerous challenges remain.

Response Strategy

The nutrition sector has prioritized the below activities to address the nutrition needs of the newly displaced population:

- Emergency training on IYCF-E and Community Management of Acute Malnutrition (CMAM) protocols to health and nutrition partners to deliver nutrition services who have access to newly displaced in and out of camps.
- Blanket mid-upper arm circumference (MUAC) screening for children 6-59 months and pregnant and lactating women with referral to available CMAM centers in addition to SMART survey.
- Preventive nutrition services, such as blanket supplementary feeding including Plumpy'Doz and high energy biscuits (HEB), and micronutrient distribution for children 6-59 months and pregnant and lactating women.
- Curative interventions through provision of therapeutic supplies.
- Monitoring and sensitization of untargeted distributions of infant formula, and delivery of key messages to all caregivers who are artificially feeding (hygiene, minimizing risk of diarrhea, preparation of formula and cleaning).

| Response activities | Target | Timeframe | Funding required (US\$) |
|--|--------------------------------------|-----------|-------------------------|
| Delivery of lifesaving nutrition supplies, such as HEB, Plumpy Doz, micronutrient supplementations, RUTF and RUSF through cross-border convoys. | 40,500 (24,000 u5 and 16,500 PLWs) | 5 months | 500,000 |
| Nutrition screening of children under 5 and PLW and referral of acutely malnourished cases by NGOs and DoH for treatment to CMAM centres SMART survey and analyses the screening data for programmatic decision making | 40,500 | 5 months | 50,000 |
| Blanket Supplementary Feeding for children from 6-59 months to prevent acute malnutrition and micronutrient deficiencies in collaboration with the food security sector | 21,600 | 5 months | 200,000 |
| Treatment of acute malnutrition | 300 SAM children 700 MAM children | 5 months | 50,000 |
| Skilled support for CMAM and infant and young child feeding including breastfeeding promotion, protection, mainly through 1-1 and group counseling and health education. | 4,100 pregnant and lactating women | 5 months | 10,000 |
| Micronutrient Intervention targeting Children 6-59 months and PLW through the distribution of micronutrient powder and tablet in collaboration with the health sector | 40,500 | 5 months | 100,000 |
| TOTAL | | | \$415,000 |

EDUCATION

Lead agency: UNICEF and SAVE THE CHILDREN



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OF PARTNERS ACTIVE IN THE
SECTOR RESPONSE

10



PEOPLE TARGETED

70,000

School-aged children



PEOPLE IN NEED

98,000

School-age children and
education personnel



FUNDS REQUIRED

\$3.7M



FUNDS AVAILABLE

\$1.6



FUNDING GAP

\$2.1M

Priority Response Actions:

1. Provision of safe learning spaces equipped with WASH facilities.
2. Structured psycho-social supports along with life-skill support.
3. Distribution of learning materials and school feeding.

Needs

The immediate resumption of learning activities for affected children and youths is vital to bring gradual normalcy to their lives ahead of the new school year commencing in September 2018. It is estimated that 98,000 school-aged children (5-17 years) have been affected by the ongoing conflict in southern Syria. Partners have reported that some of their staff lost their lives, and their offices and learning facilities were damaged due to continuous shelling and bombardment in eastern Dar'a. School buildings, currently closed due to summer vacation, are being used as shelters to host displaced people from NSAGs and GoS areas. It is therefore anticipated that schools need emergency rehabilitation with the start of the academic year in September. Moreover, children, adolescents and youths are likely exposed to protection risks such as child labour, child marriage, sexual exploitation, and gender-based violence due to absence of structured learning and psycho-social activities, as learning facilities have been converted into temporary shelters to accommodate IDPs.

Capacity and Gaps

Education activities in eastern Dar'a have been suspended due to the escalation of hostilities and the deterioration of security. Assessing the situation has been challenging due to access constraints and fragile security in the south. Moreover, scarcity of fuel and other services will further constrain the provision of mobile learning and learning centres in the south.

Partner staff have either lost their lives or been displaced in GoS and NGSA areas. Availability of trained staff is challenging, as trained personnel is either unreachable due to break-downs of communication systems, or tending to their families' survival and unable to contribute to the humanitarian response. Availability of education items in the market, such as school supplies and school feeding, is also expected to be challenging.

Response Strategy

The education sector aims to ensure the immediate resumption of formal and non-formal education for affected school-aged girls and boys (5-17 years) including children with disabilities in line with INEE Minimum Standards for Education. The sector partners will focus to deliver life-saving education interventions and learning opportunities through the provision of safe learning spaces, education supplies, psychosocial supports (PSS), capacity building and Back-to-School campaign.

The sector partners commit to reaching vulnerable children by adopting flexible or alternative modality of delivering education, such as provision of mobile education and self/home-based learning modalities. They will do it, also by integrating multi-sectoral and cross-cutting components in their activities. Strong advocacy will be carried out to ensure prioritization and protection of education throughout the crisis. Joint monitoring with the Child Protection Sub-Working Group is critical to map and update education facilities used as shelter and/or attacked by warring parties.

The following education activities will be conducted based on the assessed needs, by adhering to the principle of partnership and community participation from the onset of planning to monitoring stages.

| Response activities | Target * | Time Frame | Funding required (US\$) |
|---|---|------------|-------------------------|
| Procure and preposition education supplies (1750 school in a box, ECD kit, 778 recreational kits and 350 school tents, self-learning material and school feeding) | 70,000 children (50 % female, 5-17 years) | July - Sep | 3,650,000 |
| Repair damaged classrooms | | | |
| Implement non-formal education (remedial education, self-learning and Curriculum B) | | | |
| Distribute learning materials including school feeding | | | |
| Implement structured life skills and psychosocial activities for children and youth | | July – Aug | |
| Training education in emergencies facilitators | 540 facilitators (50% females) | July -Aug | |
| TOTAL | | | \$3,650,000 |

LOGISTICS



Lead agency: WFP

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OF PARTNERS ACTIVE IN THE SECTOR RESPONSE

18



PEOPLE TARGETED

N/A



PEOPLE IN NEED

N/A



FUNDS REQUIRED

\$0.48M



FUNDS AVAILABLE

\$0.48M



FUNDING GAP

\$0

Priority Response Actions:

1. Logistical coordination and information management
2. Free-to-user transport from inside Syria to affected areas
3. Donation of essential assets (Mobile Storage Units, pallets, diesel, and other logistical assets)

Needs

Enhanced logistical coordination is needed to avoid duplication of response efforts and to find viable common solutions to bottlenecks and constraints. Due to increasing humanitarian needs, storage and transport capacity in southern Syria also need to be expanded.

Capacity and Gaps

Warehouse space and transport capacity in the south of the country, as well as access, remain the major logistical constraints. Current capacity in terms of storage and transport is being assessed to optimize use of available logistical resources.

Response Strategy

The logistics sector has been providing logistical coordination and information management support to organizations responding to the ongoing emergency, both from Jordan and from within Syria. Free-to-user transport from inside Syria to affected areas in the south of the country is made available to requesting organizations, access permitting. Mobile Storage Units (MSUs), pallets, diesel, and other logistical assets can be made available to enhance warehousing space and logistical capacity.

As a service provision sector, the logistics cluster will closely liaise with programmatic sectors and tailor its activities to fill logistical gaps and ensure the timely and effective delivery of assistance.

| Response activities | Target | Time Frame | Funding required (US\$) |
|--|--|--------------|-------------------------|
| Facilitation of free-to-user transport from within Syria to affected areas | 400 truckloads | Next 60 days | 60,000 |
| Provision of assets to increase logistical capacity | 10 MSUs 10 prefabs 32,000 pallets 30,000 liters of diesel | Next 60 days | 394,323 |
| Coordination and information management | 6 coordination meetings and 22 IM products | Next 60 days | 24,405 |
| TOTAL | | | \$478,728 |

Total funds available to the sector partners is US\$ 478,728, hence the logistics response is fully funded.