SITUATION OVERVIEW

In northwest Syria, estimated 2.7 million people required humanitarian assistance in 2018. Of the 3.9 million people in northwest Syria, 1.8 million were IDPs. Throughout the year, the areas in northwest Syria witnessed continuous displacement of people. In the first half of the year, about 95,000 people were "evacuated" to Idlib from southern and central Syria as part of "local agreements", and 137,000 people were displaced from Afrin in early 2018. In September, the establishment of a "de-militarized zone" (DMZ) in Idlib Governorate and adjacent areas significantly reduced conflict, particularly airstrikes. Nonetheless shelling and exchange of fire occurred on an almost daily basis after its creation. At the end of the year, hostilities between non-state armed groups (NSAGs) intensified in Idlib and surrounding areas. The situation was further aggravated by floods at the end of December.

The conflict in Syria continued to cause a major protection crisis, with civilians exposed to ongoing hostilities, displacement, dire conditions in sites and collective shelters hosting IDPs, and the depletion of socio-economic resources. Attacks on civilian infrastructure, including health care facilities, remained a hallmark of the crisis, with almost half of health facilities in Syria either partially functional or not functional. The protection of humanitarian and medical personnel also continued to be a key concern. More than one in three schools were damaged or destroyed as of the end of 2018. Millions of people were exposed to explosive hazards and gender-based violence (GBV) continued to affect the lives of vulnerable people. Elderly people and persons living with disabilities were also among the most vulnerable. A third of the population was estimated to be food insecure, with pockets of malnutrition persisting. Outbreaks of measles, acute bloody diarrhea, typhoid fever and leishmaniasis were reported during the year.

Humanitarian access remained difficult. Violence continued to impede humanitarian operations and affect humanitarian workers. Interference by armed groups or civilian authorities in humanitarian work continued to be a challenge, particularly in Idlib where Hayat Tahrir Al Sham (HTS), a proscribed terrorist group, took greater control and an affiliated civilian administration began running civilian affairs. Risk management and due diligence measures were strengthened, but some donors temporarily suspended operations in Idlib in September. Administrative processes for NGOs operating in northern Aleppo were often unclear and there were challenges related to conditionality being imposed on humanitarian aid. Registration for INGOs operating cross-border from Turkey was a further challenge.

KEY FIGURES

People in Need and Border Crossings

People in Need

6.2 million

IDPs

13 million

IDPs in Camp

464,509

TARGETED AND REACHED

Number of people targeted (Whole of Syria)

Individuals

1.000

% reached by Turkey cross-border of WoS target

81%

Number of people (million)

Whole of Syria

XEB Turkey

HRP PIN Reached

6.10

0.67

0.55

1.22

81%

26%

41%

26%

6.49

9.70

6.49

12.91

10.60

4.60

6.10

4.30

2.52

21%

35%

464,509

34%

26%

65%

210

Funding

3.36 billion

2.18 billion US$ Funded for HRP

Turkey Humanitarian Fund (THF)

118.4

81.7

million US$ allocation in 2018

115

7%

Grant Management System, 22 January 2019

21%

24%

22%

18%

21%

6%
**HRP 2018 STRATEGIC OBJECTIVES**

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

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

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

**CAMP COORDINATION AND CAMP MANAGEMENT**

**Key Planning Figures for 2018**

<table>
<thead>
<tr>
<th>Cluster Priorities</th>
<th>6.10 million</th>
<th>0.67 million</th>
<th>0.55 million</th>
<th>81%</th>
</tr>
</thead>
<tbody>
<tr>
<td>people in need</td>
<td>reached</td>
<td>total people targeted (whole of Syria)</td>
<td>reached by cross-border from Turkey</td>
<td>% reach of WoS target</td>
</tr>
<tr>
<td></td>
<td>672,423</td>
<td>1,425,465</td>
<td>1,500,000</td>
<td>81%</td>
</tr>
<tr>
<td>WoS target (individuals)</td>
<td>81%</td>
<td>95%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Key Indicators**

- # of IDPs living in IDP sites provided with life-saving assistance: 547,539
- # of displaced persons identified during a sudden mass displacement: 1,425,465
- # of IDPs living in IDP sites with essential infrastructure score above 50%: 71,121

**Needs**

- During 2018, the number of IDPs in the last resort sites that are registered in CCCM database has increased by 25% especially in Idlib. 76 new IDP Sites hosting 74,922 IDPs were registered in Idlib and Aleppo. During the year, 59 IDP sites, of which collective centres are a majority, got emptied due to insecurity. An exercise conducted between April and July identified 120 per cent more space in the number of shelters within three communities in Dana sub-district alone. In short, IDP sites are growing larger and facing additional pressures in ensuring the delivery of life-saving assistance and basic services in line with humanitarian standards. Some sites are over-crowded by more than 400 per cent above their actual capacity. Thus, there is a need to upgrade site infrastructure, expand facilities and increase the assistance.

**Plan/Forecast**

- **Response**
  - In 2018, the Cluster reported 757,099 IDPs lived in a total 384 IDP sites in northern Syria. As of December 2018, Cluster members were able to cover water need at 87%, waste removal for 86%, sanitation at 84%, shelter for 66%, food needs for 65%, and NFI needs for 62%. The Cluster also continued to coordinate the displacement tracking in northern Syria. Several sudden onset displacements took place during 2018, where the CCCM Reception Centres (RCs) in Idlib and Aleppo served as the first reception centres to 46,784 IDPs. A new version of the data collection tool (ISMI 2.0 v3) was launched for all Cluster members in June. As of December 2018, the CCCM Cluster has tracked 1,425,465 displacements in 736 communities within four governorates in Syria since January 2018.
  - The construction and opening of the planned camps, the expansion of the Reception Centers to increase the capacity up to 9,100 IDDPs and the possible expansion of IDP sites, reported by member organizations, to host additional 29,000 IDPs will contribute to decongest the overcrowded IDP sites. The CCCM cluster, through the contingency stocks, will ensure the availability of 3,500 family tents to replace completely worn out tents as part of the winterization initiative guided by the cluster and implemented by cluster members.

- **Gaps**
  - As of December 2018, according to the CCCM’s IDPs Sites Integrated Monitoring Matrix (ISfMM) gaps in multi-sectoral life-saving assistance in the IDP sites were as follows: 38% NFI, 35% Food, 34% Shelter, 16% Sanitation, 14% Waste removal and 13% Water. Furthermore, the Transit/Reception centres in Idlib and Aleppo played a significant role in providing dignified and accountable assistance to the most vulnerable arrivials. These centres ran beyond their capacity and were faced challenges in food provision as duration of IDPs stay often prolonged. Due to the lack of space, existing camps in Idlib were unable to host any additional IDPs. In addition to the gaps in basic needs, winterization support items were among the other unmet needs. This is mainly linked to the scarcity of resources.

- **Sources: Cluster/Sector reports**

**Turkey/Syria: Humanitarian Dashboard for Cross-border Response from Turkey to Syria**

Jan - Dec 2018 (issued on 30 April 2019)

**Situation Overview**

According to the cluster response data (4Ws) of Jan - Dec 2018, 151 sub-districts (1,201 communities and by 9 clusters) was reached from Turkey. The estimated inter-sector reach in 2018 was about 3.1 million people. 739 communities were reached consistently (at least 5 months), and 459 communities were reached by at least 4 clusters during this year. Education cluster reached 1.2 million people; Early recovery cluster reached 0.6 million; FSL reached a monthly average of 1.1 million beneficiaries with regular food assistance (on average 0.84 million people reached with monthly food baskets); Health cluster partners provided more than 12.9 million medical procedures; NFIIs reached to 1.11 million people and shelter to 0.5 million people; Nutrition helped 0.8 million beneficiaries; protection cluster provided 2,501,000 interventions, and WASH cluster reached to 3.58 million people. The highest number of beneficiaries reached are in Idlib and Aleppo Governorates.

During the same period, UN delivered 4,172 truckloads of humanitarian assistance using Bab al-Hawa and Bab al-Salam border crossings (83% via Bab al-Hawa). Shipped assistance included health supplies for 7.3 million people (including polio vaccines for 0.62 million children under 5 and 72,900 children under one year with routine DTP3); food assistance for over 691,000 people (517,000 monthly average); NFI and shelter items for 1.2 million people; WASH supplies for about 927,000 people; nutrition items for 305,000; and education materials for 601,000 people in 3 Governorates (Idlib, Aleppo and Hama). The highest number of beneficiaries reached are in Idlib and Aleppo. From Jan to Dec 2018, the Turkish Red Crescent (TRC) facilitated the crossing of 4,523 truckloads of humanitarian supplies from Turkish and Syrian NGOs, with a total value of 374 million TL (~ US$372 million) using 14 border crossings along the Turkish-Syrian border. Sectoral breakdown of the assistance facilitated by TRC is: 42% Health, 31% Shelter/NFIs, 25% Food, 23% WASH and 0.4% Education. Humanitarian assistance provided through commercial transshipments was estimated to be higher than either UN or TRC-facilitated shipments. From Jan to Dec 2018, Early Recovery, FSL and NFI clusters reported providing cross-border assistance to reach 2,493,407 people in the form of cash and vouchers. Out of this, 29% received cash and 71% vouchers. Early Recovery cluster reached about 72,988 (12% out of total) direct beneficiaries with cash. FSL food assistance services reached with cash and vouchers to about 1 million people. Shelter/NFI reported assisting 198,000 people with cash and voucher activities.

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**EDUCATION**

**Key Planning Figures for 2018**

<table>
<thead>
<tr>
<th>Cluster Priorities</th>
<th>People in Need</th>
<th>People Targeted</th>
<th>% of WoS Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Indicators</strong></td>
<td><strong>6.10 million</strong></td>
<td><strong>4.30 million</strong></td>
<td><strong>28%</strong></td>
</tr>
</tbody>
</table>

**Needs**

Access to safe, protected, quality learning environment continues to be the top need. Schools, children and education personnel need to be protected from indiscriminate shellings as well as school suspensions that undermine access to education. Due to influx of IDPs, classrooms are becoming overcrowded requiring scaling up of accelerated learning and catch up programmes for children. Existing schools need rehabilitation to improve the absorption capacity in areas that received an influx of IDPs. School supplies, textbooks, teaching and learning materials as well as school furniture are urgently needed, along with a need to recruit and train new teachers as most schools will either need to operate in double shifts or establish new classrooms. Absence or irregular payment of teacher salaries also lead to absenteeism and low teaching performance.

**Plan/Forecast**

In addition to continuing key activities, cluster will prioritize areas which are receiving high IDPs due to escalation in hostilities, as well as hit by natural hazards. Education Cluster will also coordinate with Child Protection, WASH, Mine Action, Nutrition, and Food Security clusters to implement a well-rounded response to the needs of children, teachers and the communities.

**FOOD SECURITY AND LIVELIHOODS**

**Key Planning Figures for 2018**

<table>
<thead>
<tr>
<th>Cluster Priorities</th>
<th>People in Need</th>
<th>People Targeted</th>
<th>% of WoS Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Indicators</strong></td>
<td><strong>6.5 million</strong></td>
<td><strong>6.5 million</strong></td>
<td><strong>16%</strong></td>
</tr>
</tbody>
</table>

**Needs**

At Whole of Syria level (projected in HNO 2019), the FSL sector targets 1.2 million displaced people and 1.5 million IDP returnees with emergency assistance, and 6.5 million people with food rations on monthly basis, through the most appropriate modalities. Moreover, the cluster targets 900,000 households with livelihoods and agriculture assistance to support resilience at the households and community level, minimize dependence on humanitarian aid and strengthen local economies along the value chain.

**Plan/Forecast**

Cluster plans to continue to provide life-saving and life-sustaining food assistance through 1) monthly food rations to assessed food insecure households; 2) emergency food assistance to affected people. Saving, restoring and protecting agricultural and related livelihoods and value chains are critical needs to increase the self-reliance and strengthen resilience of affected population.
### HEALTH

#### Key Planning Figures for 2018

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td># of medical procedures</td>
<td>12,908,667</td>
<td>performed</td>
</tr>
<tr>
<td># Number of trauma cases supported</td>
<td>519,301</td>
<td></td>
</tr>
<tr>
<td>% of facilities submitting weekly surveillance reports</td>
<td>98%</td>
<td></td>
</tr>
</tbody>
</table>

#### Cluster Priorities

Health cluster has identified five of the most vulnerable population groups: 1) children under five years of age, 2) women of reproductive age, 3) the elderly, 4) IDPs and returnees and 5) people living with disabilities. Cluster will focus its response on areas where the severity scale is 3 and above and will design programmes that address the specific needs of the aforementioned groups. Contingency and emergency plans will be updated in cooperation and coordination with health authorities and health actors to mitigate the effect of sudden changes in context and resulting IDP movements.

#### Key Indicators

**Needs**

Syria’s healthcare system is buckling under the strain of eight years of crisis. 46 per cent of hospitals and primary health facilities in Syria is partially functional or not functional while in some areas humanitarian partners have been unable to secure sustained and predictable access to populations in need. Access to maternal and reproductive health care, critical nutrition services, treatment for non-communicable diseases, mental healthcare, as well as specialist health services and support for victims of disabilities and long-term injuries inflicted by the violence are severely inadequate faced with the scale of needs. The number of people who are in need of health assistance in Syria is estimated to be 13.2M.

**Gaps**

Throughout 2018, health needs in Syria were exacerbated by limited access, damaged health care facilities and shortages of health staff. The lack of health staff in hard-to-reach areas was a major barrier to obtaining health care. Critical health care services were disrupted in areas that witnessed escalations of hostilities. The health system is struggling to respond to needs for trauma care and rehabilitation.

**Response**

The HeRAMS shows that almost half of health facilities in Syria are either non-functional or partially functional as a direct result of hostilities. The partners supported the provision of 12.9M medical procedures in northwest Syria. Partners provided 12M health consultations and care for 519,301 trauma cases, including over 61,000 mental health and psychological first aid (PFA) interventions. Equally significant, the cluster supported over 107,000 people living with disabilities. Over 126,000 deliveries were assisted by Skilled Birth Attendants (SBA), of which 94,789 were vaginal deliveries. In addition, 143,107 children under 5 years received Pentax. The cluster supported also supported hemodialysis care and ambulance referral system.

**Plan/Forecast**

Life-saving and life-sustaining health activities will be prioritized according to the sector severity scale and delivered in accordance with the above response strategy. Increasing access to life-saving and life-sustaining coordinated and equitable health care services for those most vulnerable and in need remains the health sector’s first priority. The health sector will continue strengthening its coordination and health information systems.

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### NUTRITION

#### Key Planning Figures for 2018

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children under 5 and PLW screened for acute malnutrition</td>
<td>329,414</td>
<td>2,349,565</td>
</tr>
<tr>
<td># of caregivers (including PLW) counselled on appropriate IYCF-E</td>
<td>77,255</td>
<td>821,640</td>
</tr>
<tr>
<td># number of children under 5 and PLW treated from malnutrition</td>
<td>37,267</td>
<td>89,757</td>
</tr>
</tbody>
</table>

#### Cluster Priorities

The cluster priorities are: 1) active and passive screening of children and pregnant and lactating women for SAM and MAM with following referral to OTP (Outpatient Therapeutic Programme) or SC (stabilization centres), 2) provision of CMAM programme services through OTP and where needed through stabilization centres, 3) prevention of micronutrient deficiencies by distribution of micronutrients and vitamins among the target population, 4) support for scaling up and dissemination of IYCF messages and one to one counselling, 5) committing to the integrated programme response through the “natural fit” approach, 6) Sustain a blanket distribution of preventive therapeutic food.

#### Key Indicators

**Needs**

The cluster assessed the main needs of the programme in 2018 aiming to increase accessibility of the essential nutrition services in the most vulnerable areas of the NWS. The coverage of CMAM programme does not fully respond to the actual location of the population in need. Breeding practices are not widely applied and reached less than 30 per cent. The IYCF programme need to be further scaled up considering the challenges in application of the recommended complementary feeding practices.

**Gaps**

Only 512 communities and camps were fully covered by the full fledge of nutrition cluster response out of the 1,257. The remaining communities received life-saving support but were not supported by long term budgeted early recovery nutrition interventions for preventing of SIAM relapses. Shortage of funding hindered the scale-up of nutrition services in more communities.

**Response**

The nutrition cluster operated through 31 partners to provide CMAM, IYCF-E and supplementation programme-related services. In 2018, nutrition services were provided in over 512 communities of 72 sub-distRICTS. 860,321 people out of 1 million PN were reached. 329,000 children under 5 and PLW were screened for malnutrition. Counseling service was provided to 77,255 PLWs on appropriate IYCF, 4,748 severely malnourished children aged 0-59 months, 17,712 moderately malnourished children aged 6-59 months and 14,807 PLWs with acute malnutrition received treatments. 121,654 children under 5 and 157,232 PLWs received micronutrient supplementation and LNS/HEB.

**Plan/Forecast**

2018 plans included further expansion of SMART survey coverage, scale up IYCF programme interventions and integrated nutrition with other programmes through “natural fits”. The plan also included a coordinated approached to both northwest and northeast Syria.
Turkey|Syria: Humanitarian Dashboard for Cross-border Response from Turkey to Syria

Jan - Dec 2018 (issued on 30 April 2019)

### SHELTER/NON-FOOD ITEMS

#### Key Planning Figures for 2018

- **NFI**
  - **4.20 million** people in need
  - **4.70 million** people reached
  - **1.40 million** total people targeted
  - **0.49 million** reached by cross-border from Turkey
  - **35%** % reach of WoS target

#### Cluster Priorities

Shelter/NFI cluster priorities are: 1) Assess and provide the most vulnerable with life-saving and life-sustaining shelter and NFI support. 2) Orient programming towards sustainable solutions that build resilience. 3) Enhance emergency response coordination, capacity and strategies between hubs. 4) Prioritize NFI support to newly arrived IDPs. 5) Advocate for funding to support shelter rehabilitation activities. 6) Update existing NFI standards and kit content. 7) Conduct the sector assessment to support evidence-based programming for cluster members. 8) Ensure winterization planning and support.

#### Key Indicators

- **# of people whose needs in relation to core and essential NFIs are met**
  - **822,676**
  - **31%** reached WoS target (individuals)

- **# of people whose emergency shelter needs are met through shelter provision**
  - **184,466**
  - **39%** reached WoS target (individuals)

- **# of people assisted with durable shelter solutions**
  - **46,612**
  - **6%** reached WoS target (individuals)

### WATER, SANITATION AND HYGIENE (WASH)

#### Key Planning Figures for 2018

- **14.60 million** people in need
- **14.00 million** total people targeted
- **3.58 million** reached by cross-border from Turkey
- **26%** % reach of WoS target

#### Cluster Priorities

WASH cluster priorities are to provide emergency WASH services to both existing and new IDPs, rehabilitate and maintain infrastructure in strategic locations, continue basic services for IDPs at border camps, and reduce risks related to water borne diseases. The cluster’s other priorities are to coordinate WASH response to avoid overlaps and ensure timely response and to finalize the revision of WASH cluster emergency response guidelines.

#### Key Indicators

- **Estimated number of people served by repair, rehabilitation, augmentation of water systems**
  - **2,075,217**
  - **26%** reached WoS target (individuals)

- **People reached with distribution of essential WASH NFIs and Hygiene promotion**
  - **1,108,095**
  - **15%** reached WoS target (individuals)

- **People reached with improved access to lifesaving/ emergency WASH facilities and services**
  - **771,858**
  - **15%** reached WoS target (individuals)

#### Needs

Key WASH needs include providing emergency life-saving services for the new IDPs in northern and western Aleppo, Mfrn and Idlib governorate; providing WASH support for returnees; and rehabilitation of sewerage networks. Other WASH needs are to scale up WASH services and emergency responses for IDPs, providing WASH services for new IDPs in host communities.

#### Gaps

Key gaps include lack of electricity to operate WASH systems, sustainable solution to access water from water grid, sanitation and hygiene at border camps, access to communities near active military conflict, decrease in funding and emergency response capacity.

#### Response

Response mainly focused on 1) providing safe Water; construction and rehabilitation of emergency latrines and showers; hygiene kit distributions; and rehabilitation of existing infrastructure and informal settlements for new IDPs from northern Hama, southern Idlib and east Ghouta. 2) Rehabilitation, operation and maintenance of existing infrastructure in strategic key locations 3) Conducting trainings on humanitarian principles, humanitarian action and stabilization activities, joint operating principles, engagement with civilian administration entities and ethics 4) conducting WASH organization capacity assessment.

#### Plan/Forecast

Continue WASH activities for both host communities and informal settlements and prepare for continuous influx of new IDPs towards northern Syria. In addition, training on Water Safety Plans. Continue to support existing water and sanitation projects.

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For more information please contact: reighben@unhcr.org or koclejda@unhcr.org
Cluster Priorities

The Protection cluster priorities are the following: 1) The protection of population affected by the crisis is improved through community-based and individually targeted protection interventions and through advocacy with duty bearers; 2) Strengthen the capacity of humanitarian actors and duty bearers at national and community level to assess, analyse, prevent and address protection risks and needs; 3) Survivors have access to quality specialized GBV services and measures are in place to prevent and reduce risks of GBV; 4) Reduce the impact of explosive hazards; and 5) Increased and more equitable access for boys and girls to quality child protection interventions in targeted locations in line with the Child Protection Minimum Standards in Humanitarian Action.

Key Indicators

# of people reached through awareness raising sessions 140,328 753,100 19% reached WoS target (individuals)

# of women, men, girls and boys reached by GBV prevention and empowerment activities 333,406 1,029,559 32% reached WoS target (individuals)

# of people who received risk education from humanitarian Risk-Education actors 660,793 1,562,700 42% reached WoS target (individuals)

# of girls and boys who are receiving specialized child protection services through case management 8,969 44,000 20% reached WoS target (individuals)

Needs

Protection: sustained access and ability to monitor protection situation of the affected population; provision of specialised services related to Housing, Land and Property and civil documentation and community-based protection remains as key needs.

Child Protection: mentorship initiatives to support partners to expand activities, and to provide quality prevention and response services to affected populations both in accessible and hard to reach or besieged locations are needed.

GBV needs include increasing availability of focused services for GBV survivors and guaranteeing safe and equal access to services and opportunities for women and girls including GBV survivors. Mine Action needs include access for specialised mine action personnel to assess the impact of explosive hazards in communities and to remove them.

Gaps

 Provision of specialized or inclusive services for groups with specific needs remains a critical area for improvement. Guaranteeing continuity of services remains challenging due to funding, especially for Syrian NGOs that rely on HF funds or annual partnership with UN or INGOs. Equally, there is a continuous need to scale up partners’ capacity to provide specialized services, like GBV and CP case management, including provision of alternative care, family tracing and reintegration of children. For the mine action, victim assistance services are provided but remain limited due to insufficient capacity to meet the increasing demand in NW Syria. Constant increase in casualties contributes to increased needs from the health sector, including on the longer term to treat permanent impairments. Latest assessments show that 95% of these victims did not receive any risk education, implying the need to continue expansion of RE. The investment in GBV risk mitigation measures adopted by other sectors is still limited and inconsistent across sectors. Additional resources are required to increase awareness of men and boys to prevent GBV and engage them as change agents.

Response

The Protection cluster in Turkey reached over 4,600 women and men, exceeding its target for capacity building to implement protection interventions for prevention and response. The Protection Monitoring Task Force continued to conduct regular monthly monitoring in 2018. From January to December, 19 members of the Protection Cluster in Gaziantep conducted 3,758 interviews in seven governorates, 23 districts, 65 sub-districts, and 269 communities. The cluster also conducted rapid monitoring and produced reports for two emergencies and quarterly reports for regular protection monitoring. The cluster also continued to use its emergency response package, which enhances field coordination and provides minimum service packages in an integrated manner to affected communities. Finally, the Protection Cluster in Gaziantep actively promoted a Housing, Land, and Property Technical Working Group which brings together cluster coordinators and HLP practitioners to strategize about preventing and resolving HLP issues.

Child Protection (CP): sub-cluster has expanded. By the end of 2018, more than 50 partners were reporting regularly to the sub-cluster’s 4W. The sub-cluster continued to provide support to PSS and case management services for vulnerable children in northwest Syria. This included a capacity building on child protection in emergencies, case management, case management coaching and supervision among others. There was limited information about the situation and practices of alternative care among partners. Therefore, the sub-cluster led an assessment that focused on these. Equally the sub-cluster focused partners’ attention on working with adolescents, youth and children with disabilities. In coordination with the Global Child Protection AOR, the Child Protection Sub-Cluster developed guidance on integrating PSS in schools and temporary learning centers and another guidance for the use of case funds in the absence of available services.

The GBV sub-cluster expanded a total of 66 active members and reached 48 communities with 57,000 specialized services. 333,352 women and girls were reached with empowerment and prevention activities. Standard Operating Procedures (SOPs) were revised and a new guidance note on Ethical Closure of GBV Programs was developed. The GBV sub-cluster continued the implementation of its 3-year capacity building strategy and developed a GBV Awareness Raising Toolkit to scale up GBV prevention activities targeting women, adolescent girls, men and adolescent boys. GBV actors continued to provide case management, psychosocial support and other specialized services to GBV survivors. The GBV sub-cluster members continued and expanded their programming specific for adolescent girls such as targeting young mothers in dedicated GBV and reproductive health awareness sessions.

The Mine Action sub-cluster (MASC) expanded the risk education (RE) response in the NW. MASC members reached 950,000 people with RE sessions, 32% girls, 37% boys, 18% women, and 13% men. In 2018, 85 focal points from different sectors were trained to facilitate RE sessions to enable the integration of prepositioned printed RE materials and sessions throughout the humanitarian response. Surveys and marking of hazardous areas have been carried out in 192 communities across 24 sub-districts in NW Syria, which was conducted to ensure the safety of civilians and humanitarian actors. MASC members provided Victim Assistance (VA) services, such as medical referrals, prosthetics and rehabilitation support, to 5,040 people.

Key Planning Figures for 2018

Cluster Planning Figures for 2018

People in need 13.30 million

Total people targeted (whole of Syria) 9.70 million

People reached by cross-border from Turkey 2.52 million

% reach of WoS target 26%

Please note that data provided in this report covers the period Jan - Dec 2018. For more information please contact: shepherd@unhcr.org, and chalah@unhcr.org

Creation date: 30 April 2019

Feedback: ochaturkey@un.org

https://www.humanitarianresponse.info/en/operations/stima
EARLY RECOVERY

Key Planning Figures for 2018

<table>
<thead>
<tr>
<th>9.80 million</th>
<th>1.70 million</th>
<th>0.60 million</th>
<th>35%</th>
</tr>
</thead>
<tbody>
<tr>
<td>people in need</td>
<td>total people targeted (whole of Syria)</td>
<td>reached by cross-border from Turkey</td>
<td>% reach of WoS target</td>
</tr>
</tbody>
</table>

Cluster Priorities

The main priorities of the early recovery are 1) to empower affected communities and individuals including adolescents and youth through enabling better and safe access to essential services 2) restoration of basic infrastructure and socio-economic infrastructure adopting labour-intensive schemes, rehabilitating disrupted livelihoods and social protection schemes 3) to foster social cohesion and local participation for more resilient communities. The sector’s strategy is to empower people in their communities through capacity building and ensuring local engagement in emergency response activities. Adolescent and youth inclusion is a key element of the programme’s design 4) to enhance resilience through providing better opportunities enabling less harmful coping mechanisms for affected people and vulnerable groups (especially female headed households, adolescents and youth) through the rehabilitation and restoration of disrupted livelihoods in parallel to social protection schemes.

Needs

As livelihoods have broken down, millions of people have been thrust into poverty, while recurrent displacement, loss of assets, the impact of unilateral coercive measures, and weakened social protection schemes have further compounded vulnerabilities across the country. By the end of 2014, about 82.5% of the population was living below the poverty line. Over 60% are extremely poor, and the unemployment rate reached 57.7% (2014). More than 60% of the labour force (about 3.5 million) is unemployed with about 3 million having lost their jobs because of the conflict. The situation in northern Syria indicates that maintaining reasonable consumption of goods and services has become increasingly difficult over the past two years due to multiple and diverse shocks, resulting in continued movement of people, volatility in prices and shrinking labour opportunities. More households are increasingly reliant on labour and petty trade as survival strategies, however, overall, the number of available labour days has decreased. In response to households reduced purchasing power, a variety of negative coping mechanisms have emerged. These negative coping mechanisms such as child labour: engagement in armed groups, early marriage amongst others impacting differently the livelihood of men, women, boys and girls.

Gaps

The major gap is insufficient investment in sustainable job creation.

For more detail contact Francesco.baldo@undp.org

LOGISTICS

Key Planning Figures for 2018

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<td>Humanitarian partners in Need</td>
<td>Humanitarian partners targeted</td>
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Cluster Priorities

To provide a logistics coordination and information platform to the humanitarian community, as well as transshipment services at Bab al-Hawa (BAH) and Bab al-Salam (BAS) Hubs to all Turkey based UN Agencies and their Implementing Partners (IPs), as mandated by the UN Security Council Resolution. To conduct logistics-related trainings to enhance expertise.

Needs

There is a need to support agencies in coordinating transshipments at BAH and BAS to enable the provision of support to vulnerable populations and the prepositioning of relief supplies in Syria. Regular Logistics cluster meetings are needed to avoid information gaps and duplication of efforts. Logistical trainings are needed to support a strengthened logistics response.

Gaps

The Logistics cluster identified a new hub in Kilis. The physical transfer has been completed and the cluster is awaiting approval from Turkish authorities. Until the approval is received, the cluster will continue to conduct the transshipment operations from the customs area in Turkey. Due to limited capacity in the customs area, the truck number is currently limited to 12 trucks per day from Bab Al-Salam crossing point. After the approval is received, daily capacity will go back to the usual 22 trucks per day.

Plan/Forecast

ER Cluster is working on the formulation of a livelihood strategy in collaboration with sector partners and donors to stimulate the creation of sustainable job opportunities, and strengthen NGO capacity to support the design and delivery of livelihoods interventions with a pilot to test effective and innovative livelihoods approaches, which can then further inform the livelihoods strategy.

Response

From Jan to Dec, 48 ER cluster members implemented activities either directly or through an implementing partner in 11 governorates primarily concentrating on Aleppo and Idlib. Since the beginning of the year, cluster members reached 602,368 direct beneficiaries. 1,450,151 indirectly benefited from ER activities in 308 communities with a total population of 5,117,290 (28%). 149,447 directly benefited from rehabilitation of access to basic utilities (electricity, gas, water, sewage) while 120,129 benefited from removal of debris and waste. 116,118 benefited from rehabilitation of other social infrastructure. Vocational and skills training were provided to 37,826 direct beneficiaries while rehabilitation or repair of basic, local economic infrastructure assisted 15,596 direct beneficiaries.

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