

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 Idleb 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 Idleb 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 Idleb 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 Idleb 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 Idleb 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 ¹

People in Need ²

IDPs ³

13 million

6.2 million

People in Syria are in need of humanitarian assistance, of whom 5.2 million are in acute need of multi-sector assistance.

Humanitarian Needs Overview (HNO 2018), PMR June 2018

An estimated 1.5 million people in need in UN-declared hard-to-reach areas.

IDPs in Camp ⁴

464,509

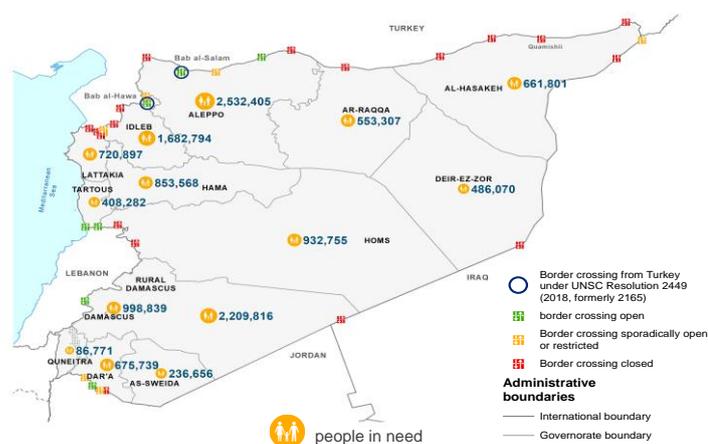
in 332 locations

24%

increase in numbers of IDPs since Dec 2017

IDP Camps in Idleb and Aleppo governorates

1,2,3 From Humanitarian Needs Overview (HNO 2018), PMR June 2018
4 From CCCM ISIMM of December 2018



TARGETED AND REACHED

(figures covering Jan - Dec 2018)

Number of people targeted (Whole of Syria)

% reached by Turkey cross-border of WoS target

Number of people (million)

Whole of Syria HRP PIN Targeted Reached

| Cluster | Individuals | Targeted | % Reached |
|-----------------------|-------------|------------|-----------|
| CCCM | 6,100,000 | 672,000 | 81% |
| Early Recovery | 9,800,000 | 1,700,000 | 35% |
| Education | 6,100,000 | 4,300,000 | 28% |
| FSL (Food Assistance) | 6,487,428 | 6,487,428 | 16% |
| Health | 11,300,000 | 11,200,000 | 115% |
| Nutrition | 4,600,000 | 2,900,000 | 28% |
| Protection | 13,300,000 | 9,700,000 | 26% |
| Shelter | 4,200,000 | 1,400,000 | 35% |
| NFIs | 4,700,000 | 2,700,000 | 41% |
| WASH | 14,600,000 | 14,000,000 | 26% |

Funding

3.36 billion US\$ requested in HRP 2018

2.18 billion US\$ Funded for HRP

US\$2.65 billion total funding reported to FTS

Financial Tracking Service (FTS), 4 April 2019

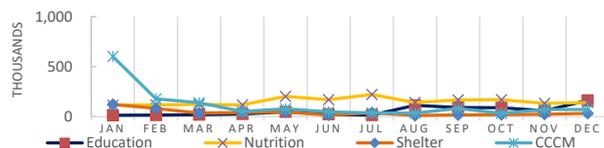
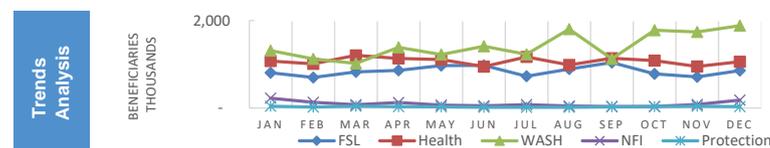
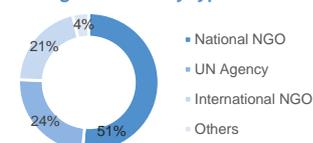
Turkey Humanitarian Fund (THF)

81.7 million US\$ allocation in 2018

118.4 contribution by donors in 2018

Grant Management System, 22 January 2019

Funding allocation by type



HRP 2018 STRATEGIC OBJECTIVES

- Provide life-saving humanitarian assistance to the most vulnerable people with emphasis on those in areas with high severity of needs.
- 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.
- Increase the resilience of affected communities by improving access to livelihood opportunities and basic services, especially amongst the most vulnerable households and communities.

Situation Overview

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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; NFIs 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 0.82 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\$72 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, 2.3% 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 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.



CAMP COORDINATION AND CAMP MANAGEMENT

Key Planning Figures for 2018



Cluster Priorities

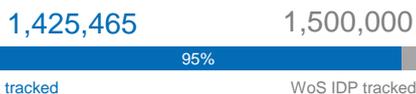
The first priority of the CCCM cluster is to ensure that life-sustaining activities continue in a coordinated manner serving as many residents as possible in need-based IDP sites. CCCM will ensure that the Do No Harm principle is applied in all steps of response coordination and that camps are not pull-factors. Promoting more accountable management structures within IDP sites ensuring that the different segments of the community are equally involved in decision making processes, ensuring a more effective use of scarce resources and improving conditions in IDP sites of last-resort is the second priority of the Cluster. The third priority is helping IDPs rebuild their physical and financial assets through livelihoods and resilience support, enabling them to find other, better solutions.

Key Indicators

of IDPs living in IDP sites provided with life-saving assistance



of displaced persons identified during a sudden mass displacement



of IDPs living in IDP sites with essential infrastructure score above 50%



Camp data is collected from cluster members providing services in IDP camps while IDP data is provided by all cross-border humanitarian actors. Data is triangulated by the cluster. For more detail contact hayo@unhcr.org, atarrisi@globalcommunities.org, awadm@unhcr.org, and ergul@unhcr.org

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.

Gaps

As of December 2018, according to the CCCM's IDPs Sites Integrated Monitoring Matrix (ISIMM) 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 arrivals. 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.

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.

Plan/Forecast

The construction and opening of the planned camps, the expansion of the Reception Centers to increase the capacity up to 9,100 IDPs and the possible expansion of IDPs 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.

EDUCATION

Key Planning Figures for 2018



Cluster Priorities

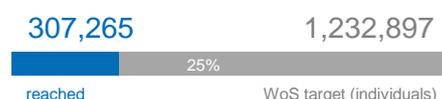
The Education Cluster aims to increase children's access to education in a safe environment, so that children are protected from crises-led risks, and they can develop their skills to cope with the various challenges created by the crises. Additionally, improving quality of education and making sure that children actually learn in the classroom is a key priority. Education Cluster also aims to strengthen the system-level education programming so that communities' resilience to shocks is supported and a smooth transition to recovery stage is maintained.

Key Indicators

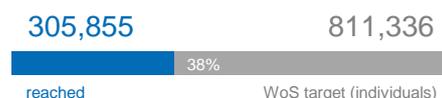
of children (5-17 years, girls/boys) enrolled in non-formal education



of children (3-17 years, girls/boys) receiving school supplies



of children (3-17 years, girls/boys) benefitting from classrooms constructed, established or rehabilitated



Needs

Access to safe, protected, quality learning environment continue to be the top need. Schools, children and education personnel need to be protected from indiscriminate shelling 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.

Gaps

The need for rehabilitation of education facilities and accelerated learning programmes is on the rise. Accreditation remains a critical gap in non-government controlled areas. The cost of providing education activities and heating of classrooms during the winter continues to increase. Insufficient salaries to teachers, lack of teaching and learning supplies, textbooks, are undermining the quality of education.

Response

In 2018, Education cluster members have reached 1,218,505 children and adults in need of education in 12 governorates. 95% of these people reached are living in high severity areas of 4, 5, and 6 out of a scale of 6. Key activities include providing maintenance and running costs for schools, rehabilitation and provision of formal and non-formal education, teacher trainings, in addition to school supplies and teacher incentives. Education cluster also actively responded to sudden onset crises, and prioritized displaced people, most vulnerable children, and host communities whose resources are overstretched. Most of the activities of the cluster members focused the governorates of Aleppo and Idlib, due to access and proximity to cross-border response.

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 collaborate and 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.

Data in this report covers Jan - Dec 2018 from Turkey XB education cluster members only. For more information, please contact: kemal.alptaylan@savethechildren.org or asimbolon@unicef.org

FOOD SECURITY AND LIVELIHOODS

Key Planning Figures for 2018



Cluster Priorities

The Cluster priorities are providing life-saving and life-sustaining food assistance through emergency food assistance (Ready to Eat Rations, cooked meals etc.) to displaced people and monthly food rations to the assessed food insecure people through the most appropriate modality (in-kind, cash or voucher). The cluster is supporting life-sustaining livelihoods interventions to support resilience through agricultural, livestock and income generating activities.

Key Indicators

Number of people assisted by emergency responses (RTEs without cooked meals)



Number of people receiving regular food assistance by different modalities



Number of people receiving livelihoods/agriculture inputs (at household or catchment area)



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 livelihood 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.

Gaps

Due to the volatile situation and conflict, access remains a key challenge. There is a risk of additional depletion of livelihood assets for IDPs as well as host communities. Agricultural and livelihoods support activities that build resilience at households and community levels are underfunded.

Response

In 2018, the cluster members reached an average of 840,000 people with monthly food baskets, an average of 300,000 beneficiaries with emergency food assistance (RTEs, cooked meals) and an average of 550,000 people with bread or flour support every month. The FSL cluster reached a cumulative total of 1,497,000 beneficiaries with agriculture and livelihood activities in 2018. Assistance from cross-border partners was primarily concentrated in Idlib, and areas of Aleppo and Hama governorates. This response was carried out by an average of 135 cross-border partners.

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.

The response reporting period covers Jan - Dec 2018 as reported by approximately 135 FSL cluster cross-border members. For more details, please contact: info.syria@fslcluster.org

HEALTH

Key Planning Figures for 2018



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

of medical procedures

12,908,667
performed

Number of trauma cases supported

519,301

% of facilities submitting weekly surveillance reports

98%

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 landmines 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 escalating 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 Penta3. 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.

Indicator data cover the period of Jan - Dec 2018. For more information please contact martinezj@who.org (HCC) and/or elameinm@who.int (IM)

NUTRITION

Key Planning Figures for 2018



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

of children under 5 and PLW screened for acute malnutrition



of caregivers (including PLW) counseled on appropriate IYCF-E



number of children under 5 and PLW treated from malnutrition



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. Breastfeeding 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 SAM 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. 820,321 people out of 1 million PiN were reached. 329,000 children under 5 and PLWs 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 approach to both northwest and northeast Syria.

Please note that data provided in this report covers the period Jan - Dec 2018. For more information please contact: Tairg Mekawi, Nutrition Cluster Coordinator (tmekawi@unicef.org)

SHELTER/NON-FOOD ITEMS

Key Planning Figures for 2018



Cluster Priorities

Shelter/NFIs 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



of people whose emergency shelter needs are met through shelter provision



of people assisted with durable shelter solutions



Needs

The priority for the cluster has been to ensure the provision of new arrival kits to all displaced population for the medium long term. In addition, shelter remains a critical need. Therefore, the cluster has continued to work to maximize shelter support through increased shelter rehabilitation activities.

Response

From Jan to Dec 2018, a total of 1,592,798 individuals were reached with Shelter and NFI assistance. Shelter initiatives included sustainable repair/rehabilitation of housing, rehabilitation of emergency shelters, provision of seasonal shelter assistance and transitional housing solutions. The cluster members responded to people displaced from several sudden onset events and evacuations. As regular programming, the Cluster responded with a winterization plan targeting 644,000 individuals.

Gaps

Access remained as the primary obstacle for cluster interventions. While there were NFI gaps, shelter remained the biggest gap. Idleb and northern Aleppo shelter capacity had been depleted for sometime. Displacements after the 1st quarter of the year revealed a severely reduced absorption capacity by host communities. Interference from armed groups also increased during this period. Consideration of key HLP issues in shelter activities remained a gap.

Plan/Forecast

The cluster targeted 1 million people for the winter response with an identified capacity to reach over 644,000 individuals. Given the overcrowded shelter conditions and the limited hosting capacity, the Cluster plans to prioritize shelter during 2019.

For more information please contact: reigber@unhcr.org or koclejda@unhcr.org

WATER, SANITATION AND HYGIENE (WASH)

Key Planning Figures for 2018



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

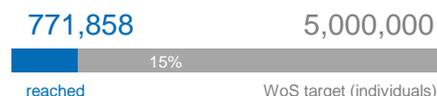
Estimated number of people served by repair, rehabilitation, augmentation of water systems



People reached with distribution of essential WASH NFIs and Hygiene promotion



People reached with improved access to lifesaving/emergency WASH facilities and services



Needs

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

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 Idleb 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.

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

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.

Data in this report are from Jan - Dec 2018. For more information please contact WASH cluster coordinators: [Lalit Patra](mailto:Lalit.Patra@unicef.org), lpatra@unicef.org and [Omar Sobeh](mailto:Omar.Sobeh@ijydrelief.com), o.sobeh@ijydrelief.com

PROTECTION/CHILD PROTECTION/GENDER BASED VIOLENCE/MINE ACTION

Key Planning Figures for 2018



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 specialised 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

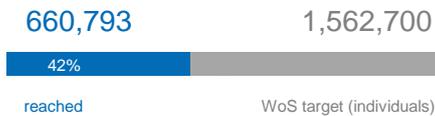
of people reached through awareness raising sessions



of women, men, girls and boys reached by GBV prevention and empowerment activities



of people who received risk education from humanitarian Risk-Education actors



of girls and boys who are receiving specialized child protection services through case management



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.

Plan/Forecast

The Protection cluster will facilitate the cluster planning workshop with member organizations to discuss strategy and develop work plans. CP will develop SOPs for Alternative Care in northwest Syria and train partners on Alternative Care in Emergencies. The focus is on building capacity of partners in working with children with disabilities and training to respond to the worst forms of child labor. GBV sub-cluster will increase the field level coordination, through capacity building, case discussions, consultations and increased M&E. Exploring the possibility to standardize cash interventions provided within the scope of case management and the inclusion of women and girls with disabilities will be key. The GBV sub-cluster will focus on the roll out of the GBV awareness raising toolkit and the operationalization of the guidance note on "Ethical closure of GBV programmes". Risk education is an essential component of the humanitarian response in northwest Syria and the sub-cluster will continue to expand RE campaigns and use context-specific RE materials for identified at-risk groups. The sub-cluster will also continue to advocate for additional fund for VA services, to create contingency stocks of medical consumables and assistive products are part of emergency preparedness strategy.

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, 60 sub-districts, and 269 communities. The cluster also conducted rapid monitoring and produced reports for two emergencies and four 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 to a total of 66 active members and reached 84 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.

EARLY RECOVERY

Key Planning Figures for 2018



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.

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Response

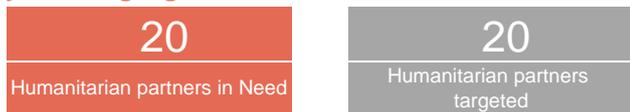
From Jan to Dec, 48 ER cluster members implemented activities either directly or through an implementing partner in 11 governorates primarily concentrating on Aleppo and Idlib. Since the beginning of the year, cluster members reached 602,368 direct beneficiaries. 1,450,151 indirectly benefited from ER 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.

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.

LOGISTICS

Key Planning Figures for 2018



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.

Response

Between Jan-Dec 2018, the transshipment of 689 trucks from Kilis/Bab al-Salam and 3,483 trucks from Reyhanli/Bab al-Hawa was facilitated. 66 people from 35 organisations were trained on warehouse management and procurement.

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

Plans include supporting smooth transshipment operations at UNSC-mandated border crossings and organising logistics-related training based on partners' feedback. The Logistics cluster has the capacity to scale up its support and organize ad hoc convoys on short notice if needed, security and access permitting, in response to developments of the situation on the ground.

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