

# 2020 HUMANITARIAN RESPONSE PLAN MONITORING REPORT SYRIAN ARAB REPUBLIC

HUMANITARIAN  
PROGRAMME CYCLE

January - July 2020

ISSUED JULY 2021



# About

The 2020 Periodic Monitoring Report (PMR) is produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in collaboration with humanitarian partners. The report presents the achievements by the humanitarian community against the objectives and targets in the 2020 Humanitarian Response Plan (HRP) for the Syrian Arab Republic and the additional Covid-19 response plan. The publication of the 2020 PMR in July 2021 follows the publication of the 2020 HRP, which was issued in December 2020 upon the conclusion of consultations with the Government of Syria.

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

The reporting period for the information presented in 2020 PMR varies: inter-sector and sector achievements and the humanitarian access analysis cover for the period from January to July 2020; the humanitarian context analysis covers the period from January to September 2020, inter-sector severity analysis is as of July 2020, and the funding analysis is as of 21 December 2020.

Note regarding terminology in this document:

- Syria Humanitarian Country Team (HCT) Coordinated Response to designate humanitarian assistance delivered from areas controlled by the Government of Syria, including to North-East Syria;
- Syria Cross-Border Humanitarian Liaison Group (HLG) Coordinated Response to designate humanitarian assistance delivered cross-border from Turkey, including that provided by the United Nations as authorized by UN Security Council resolutions 2449 (2018), 2504 (2020) and 2533 (2020), or from areas of north-west Syria controlled by non-state armed groups;
- NES NGO Forum Coordinated Response to designate humanitarian assistance delivered by NGOs cross-border from Iraq or from areas of north-east Syria controlled by local authorities.

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

## PHOTO ON COVER

©OCHA, Syria, 17 April 2020.

*Eetur Nafra is one of several women working to raise community awareness about COVID-19 at the Abnaa Mhin camp for internally displaced persons in northern Idlib Governorate, Syria.*

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## Part 1

# Key Figures and Recommendations

SYRIA

© OCHA, 1 April 2020, Barisha IDP camp, northern Idlib Governorate





## Key figures

2020

### Key Planning Figures



#### PEOPLE IN NEED

**11.06 Million**

People in need of humanitarian assistance<sup>1</sup>

**4.65 Million**

People in acute need of humanitarian assistance



#### PEOPLE TARGETED FOR HUMANITARIAN ASSISTANCE

**9.8 Million** Direct Assistance

**11.4 Million** Service Delivery



#### HUMANITARIAN RESPONSE PLAN

**\$3.43BN** requirements  
**\$1.95BN (57%)** funding gap



#### ADDITIONAL COVID-19 RESPONSE

**\$384.2M** Requirements  
**\$213.2M (55%)** funding gap  
14 October 2020

### Humanitarian Impact and Need Trends

#### COVID-19 CASES

**14,129 cases** of COVID-19 have been confirmed across Syria as of 27 October 2020

#### DEPRECIATION OF THE SYRIAN POUND (SYP)

Over **200% increase** of the SYP/USD informal exchange rate  
from October 2019 to October 2020

#### DISPLACEMENT

**6.7 Million** protracted internally displaced persons in July 2020, 600,000 more than in July 2019.<sup>2</sup>

**1.6 Million** population movements from January to July 2020, compared to **950,674** during the same period in 2019.

#### FOOD PRICES

**236% price increase** of the average food basket  
from September 2019 to September 2020



**11.6 Million** people are in need of WASH assistance, **8%** more than in December 2019.



Up to **9.3 Million** people are food insecure, **18%** more than in December 2019.

#### RETURNS

**340,753** spontaneous IDP return movements from January to July 2020, compared to 292,065 during the same period in 2019.<sup>3</sup>

**21,560** self-organized refugee returns from January to July 2020, compared to **52,387** during the same period in 2019.<sup>4</sup>

#### GRAVE VIOLATIONS AGAINST CHILDREN<sup>5</sup>

**49** verified cases of attacks on schools  
from January to June 2020.

#### ATTACKS ON HEALTH FACILITIES<sup>6</sup>

**20 attacks** affected health facilities from January to July 2020, compared to **51** from June to December 2019

### Humanitarian Response January - July 2020



#### PEOPLE REACHED WITH HUMANITARIAN ASSISTANCE<sup>7</sup>

**7.4 Million** people in need reached with on average on a monthly basis with some form of humanitarian assistance from January to July 2020, of which **78%** are in high severity of need.

#### COMMUNITIES REACHED<sup>8</sup>

**2,214 communities** were reached with some form of humanitarian assistance from January to July 2020  
**1,568 communities** in high severity of need were not reached with any form of assistance from January to July 2020.<sup>9</sup>



#### SUPPORT TO DISPLACED PERSONS

**Over 1,4 Million** displaced persons were reached with multi-sectoral assistance.

#### PROTECTION

**905,720** Protection interventions were provided in **2,583 communities**.

#### FOOD ASSISTANCE

**5.4 Million** people were reached with regular food baskets.

#### NUTRITION SERVICES

**1.5 Million** pregnant and lactating women and children under age five were provided with life-saving curative and preventive nutrition services.

#### SHELTER AND NON-FOOD ITEMS

**490,000 people** received emergency shelter assistance.  
Over **2 Million** people received core non-food items.

#### ACCESS TO CLEAN WATER

**15.6 Million** people were reached through the provision of chlorine-based products for water treatment systems.

#### EARLY RECOVERY AND LIVELIHOODS

**1.6 Million** million people benefited from early recovery and livelihood interventions.

#### COVID-19

COVID-19 PCR testing capacity was initiated in **8 laboratories**, with a collective daily testing capacity of **630** (July 2020).

Over **4,600 health care workers** have been trained in infection, prevention and control.

Over **1,700 health care workers** have been trained in case management of COVID-19 patients.

**34 isolation centers** have been set up at governorate level, equipped with life-saving essentials.

1. 2020 HNO, People in Need (PiN) refers to people whose physical security, basic rights, dignity, living conditions or livelihoods are threatened or have been disrupted, and whose current level of access to basic services, goods and protection is inadequate to re-establish normal living conditions within their accustomed means without assistance. People in acute need refers to those facing more severe forms of deprivation in terms of their security, basic rights and living conditions and face life-threatening needs requiring urgent humanitarian assistance. PiN and acute PiN have been calculated based on the inter-sector severity categorisation tool.

2. UN IDP Task Force, as of August 2020

3. UN IDP Task Force, January - July 2020

4. UNHCR, as of 31 July 2020

5. Syria Monitoring and Reporting Mechanism on Grave Violations Against Children (MRM4Syria), 2020. The numbers refer to what MRM4Syria was able to capture and verify primary sources only. Due to this high threshold, the numbers do not reflect the full scope of the issues, as the actual numbers are expected to be much higher.

6. (4W) data as reported by partners across all response modalities between (Jan-July 2020)

7. Surveillance System for Attacks (SSA) on Health Care, <https://extranet.who.int/sssa>

8. High severity of need: severity three and above in an inter-sector severity classification model ranging from one to six, six being the worst.

9. Acute severity of need: severity four and above in an inter-sector severity classification model ranging from one to six, six being the worst.

# 1.1

## Response Priorities and Recommendations

(November 2020 – April 2021)

The Syria Strategic Steering Group has endorsed the following priorities and recommendations to guide the Syria response through April 2021, when the 2021 HRP is expected to be finalized.

### For the humanitarian community

- Reinforce multi-sectoral life-saving assistance provision to 1.5 million IDPs residing in 1,172 “last-resort” sites in north-west Syria, including expedited shelter and infrastructure repairs ahead of winter and decongestion of collective shelters as well as addressing assistance gaps related to Water, Sanitation and Hygiene (WASH), food, nutrition, health and protection, including housing, land and property (HLP) issues.
- Respond to rapidly growing food insecurity by scaling up livelihood and employment opportunities as well as agricultural support; more generally, address basic needs of the most vulnerable IDP, host community and returnee households as flexibly and in the most dignified manner as possible, including through multi-purpose cash and vouchers.
- Address rising chronic malnutrition amongst children under age five and nutritional deficiencies in pregnant and lactating women, through coordinated nutrition, food security, health and WASH interventions.
- Mitigate the continued impact of Covid-19 on people’s health and its secondary effects on livelihoods, education and protection needs, including by:
  - maintaining critical basic services, including through the rehabilitation of key civilian infrastructure such as health facilities and water systems;
  - ensuring adequate supplies of personal protective equipment (PPE) for all health care workers, as well as access to life-saving and life-sustaining health services and essential medicines – both for communicable and non-communicable diseases – in a context where pharmaceutical supply chains have been heavily disrupted and cross-border access has been further restricted;
  - Increase availability of education services by increasing classrooms and in-services teachers so that physical distancing can be enacted. Provide school furniture and learning supplies so that students do not need to sit together to share.
  - improving access to quality education services, including non-formal education opportunities, both at school and at home, especially in underserved areas such as north-east Syria, by amplifying risk mitigation measures and messages and addressing CP concerns, including child labour and child marriage;
  - integrating protection services, especially in response to reports of increased violence against children and women,

including through adequate funding and resources for specialized services, such as case management, reinforcing referral pathways and supporting remote assistance modalities.

- Continue to advocate for and flexibly use all response modalities to assist people in need, while maintaining ongoing efforts to improve logistical delivery capacity (crossing points, storage facilities, road conditions) and forward planning.
- Enhance the commitment of all sectors towards the four mandatory responsibilities of centrality of protection, accountability to affected population, gender-based violence (GBV) risk mitigation and protection from sexual exploitation and abuse (PSEA).

### For donors

- Allow for flexibility in adjusting existing and future grant agreements, enabling responders to better react to emerging needs (e.g. related to Covid-19, winterization, etc.), to currency fluctuations that significantly impact humanitarian programming (e.g. reduced purchasing power, procurement challenges, reduced viability of cash programming, and reduced salaries for staff paid in local currency), and/or to changes in the operational environment (e.g. movement restrictions, temporary closure of schools due to Covid-19 preventative measures, etc.).
- Reduce funding gaps in the most underfunded sectors, i.e. WASH (HRP: 20 per cent; Covid-19: 33 per cent), Camp Coordination and Camp Management (CCCM) (HRP: 11 per cent; Covid-19: 7 per cent), Shelter and Non-Food Items (NFI) (HRP: 11 per cent; Covid-19: 2 per cent), Early Recovery and Livelihoods (ERL) (HRP: 11 per cent; Covid-19: 38 per cent) as of 21 December 2020;
- Explore opportunities for in-kind support to address remaining shortages related to PPE for humanitarian actors as well as key medical equipment, in coordination with health sector partners.

### For all involved parties

- Adhere to principles and standards of international humanitarian law (IHL) and human rights law (IHRL), including the prohibition on launching of indiscriminate attacks and the respect for principles of proportionality and precaution, and the full respect at all times of the special protected status of hospitals, medical transport, medical personnel, schools and other infrastructure essential for the survival of the civilian population.
- Support all efforts by humanitarian partners to flexibly use all response modalities to ensure sustained access to people in need throughout the country and to ensure strong coordination between partners across response hubs, particularly following the removal of Ya’rubiyah as a UN-authorized border crossing (January 2020) and the reduction of crossing points on the Turkish-Syrian border in north-west Syria from two to one (July 2020).



## 1.2 Operational Context

### 1.2.1 Crisis-wide Context Developments

Humanitarian needs remain extensive across Syria. Civilians continued to bear the brunt of hostilities, including aerial bombardment, ground clashes, use of various types of improvised explosive devices, and unexploded ordnances. Violations of IHL and IHRL remain features of the conflict. Hostilities have resulted in civilian deaths, injuries, displacement and destruction of civilian infrastructure, although they have become increasingly localized in some parts of the country in the first seven months of 2020. The security situation remains particularly volatile in the north-west “de-escalation area” – where continued breaches to the existing ceasefire agreement have resulted in death and injuring of civilians, massive displacement and damage to civilian objects. In addition to reported assassinations, areas in the south witnessed continued popular unrest and tensions.

At the same time, Syria’s already fragile economic context has deteriorated significantly in 2020, exacerbated by a range of issues, including the impact of years of conflict, the financial crisis in Lebanon and unilateral coercive measures on institutions and individuals from other countries that conducted specific business activities in Syria. The resulting sharp depreciation of the Syrian currency to an all-time low has spurred unprecedented price increase for food staples and basic goods. Food insecurity is rising to dangerous levels.

In this context, the spread of Covid-19 has been pronounced and has compounded the debilitated state of the health system, with only 58 per cent of hospitals reported to be fully functional.<sup>1</sup> Over 50 per cent of health workers estimated to have left the country, and additional personnel have been infected with Covid-19 and required to remain at home during recovery – thereby hampering staffing within health facilities at a time when care is urgently needed.<sup>2</sup>

Access to water remained a major issue, particularly in the context of a severe sanitary and health crisis, throughout the reporting period. In the north-east, the production from Alouk station was halted numerous times, drastically reducing water levels in the Hasakeh region for more than 460,000 people. Water provision to the Al Bab area in northern Aleppo also continued to be interrupted, affecting 185,000 civilians solely relying on water trucking and unsafe water from wells.

In addition, an already complex humanitarian access situation has been rendered severely challenging, including disruption of direct access by UN agencies as well as preventing supplies of critical medical and other humanitarian assistance due to a reduction in the number of border crossing points authorized by the UN Security

Council for UN-delivered assistance and supplies from four (in 2019) to one. While this left the north-east without any authorized border crossing point, the UN maintained access from GoS areas to most parts of Ar-Raqqa and Al-Hasakeh governorates, other areas, including Manbij and Ayn al-Arab, remained difficult to access owing to the lack of agreement between parties in control and insecurity.

### 1.2.2 Access Developments by Area

#### North-west Syria

In early 2020, the situation in north-west Syria worsened as ground fighting, shelling and airstrikes rapidly extended to include a larger geographic area, affecting many population centres, such as Saraqeb and its vicinity. From 1 December 2019, active hostilities triggered the displacement of one third of the Idlib’s population. A ceasefire announced on 6 March 2020 was largely respected, with only limited instances of shelling and airstrikes.

Humanitarian access to the area was further constrained by Covid-19 preventative measures. However, concerted efforts by humanitarian actors and local authorities resulted in the continued delivery of critical humanitarian assistance. Bab al-Hawa and Bab as-Salam border crossings remained partially open for humanitarian supplies from the onset of the global pandemic. UN cross-border shipments continued and increased as partners prepared for the eventuality of the loss of cross-border access in July 2020, while commercial trucks (used by most Non-Governmental Organizations (NGOs)) were partially impacted.

Following the adoption of UN Security Council resolution 2533 in July 2020, the UN cross-border operation was reduced to a single authorized crossing point, at Bab al-Hawa, for the delivery of humanitarian aid into the north-west.

#### Government of Syria controlled areas

In Government of Syria controlled areas, Covid-19 confinement measures for the population were adopted in March and a daily curfew and a travel ban between and within governorates was imposed until 26 May. Services, businesses and transportation services have since progressively resumed. Universities and institutions re-opened on 31 May, and rounds of grade 9 and 12 national exams were held in June-July. Support was provided for students who travelled to sit for the exams (accommodation facilities, food, transportation and hygiene

1. WHO WoS Consolidated HeRAMS, Q4 2019

2. Bou-Karroum, Lama et al. , Health Care Workers in the setting of the “Arab Spring”: a scoping review for the Lancet-AUB Commission on Syria, *Journal of global health* vol. 9,1,2019. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6207103>

kits). While humanitarian access was constrained by the Covid-19 preventative measures, facilitating measures were granted to partners from March.

High levels of insecurity continued to prevail in southern governorates where three humanitarian workers were killed, including two International Non-Governmental Organization (INGO) staff on 19 February and one UN staff on 18 March.

Several inter-sectoral need assessments have taken place in areas which have recently changed control such as rural Hama and Idlib. Regular and sustained humanitarian access to parts of the north-east continued through Tabqa crossing point.

### North-east Syria

In the north-east, a daily curfew and several confinement measures were in place since March onwards. While the border with Iraq remained closed for civilians, facilitating measures were granted for the movement of humanitarian staff and their potential urgent medical evacuation to Iraq as well as movement of humanitarian goods and supplies into the north-east via the Fishkabour/Semalka border crossing. All internal crossing points were closed with the exception of Tayha and Tabqa which remained open for "humanitarian cases" (i.e. patients and students). In June, local authorities started to progressively relax the measures introduced in March. Movements of commercial and humanitarian cargo continued from areas controlled by the Government of Syria to some areas controlled by the Syrian Democratic Forces.

Following the adoption of UN Security Council resolution 2504 in January 2020 which discontinued the use of Ya'rubiya border crossing point, UN agencies stopped cross-border operations into the north-east. While NGOs were able to continue their operations through the Fishkabour-Semalka border crossing point, the ability of humanitarian partners to deliver medical items, including those required for the Covid-19 response, was severely impeded. A scale-up in overall humanitarian deliveries by the Syria HCT Coordinated Response was achieved, though full access remains constrained. With regard to deliveries of medical items with significant delays, concerted efforts were made to replace the supply of critical medical items previously delivered cross-border from Iraq.

There was little access to the Tell Abiad and Ras Al-Ain 'corridor', with the exception of a few NGOs operating cross-border from Turkey.

### Rukban

The humanitarian situation in Rukban remains dire. The movement of basic commodities continues to be limited. Access for humanitarian partners to Rukban from Jordan or from HCT partners in GoS areas remained very limited throughout the period. As a result, some 12,000 people continued to live in harsh conditions.

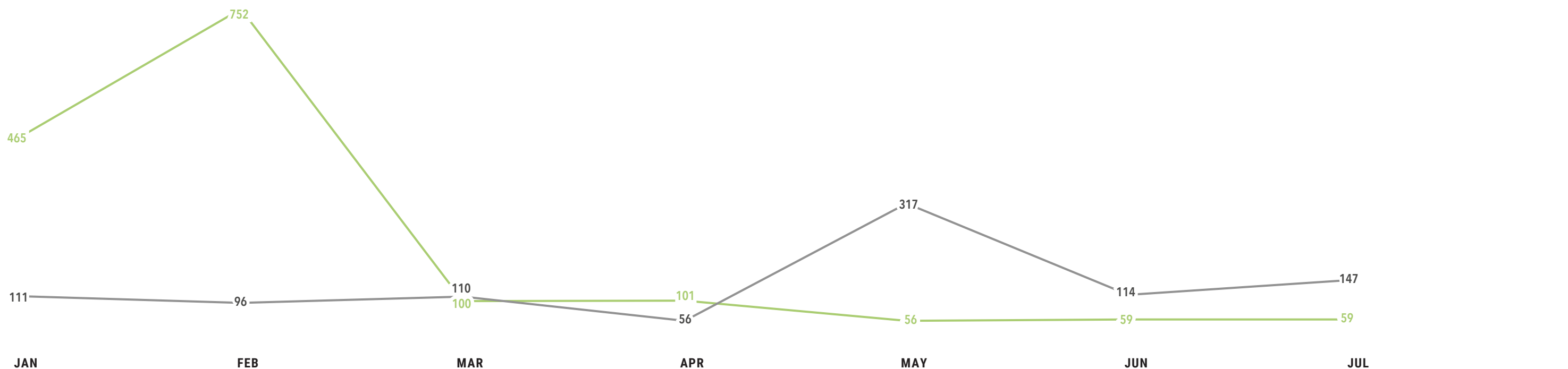
The UN-run clinic in Jordan remains inaccessible for Rukban residents due to Covid-19 prevention measures instituted by the authorities. Access to medical treatment in government areas continues to be facilitated by SARC and coordinated by the UN. However, those who leave Rukban don't have the option to return back.



1.2.3 Humanitarian Impact

# Timeline of events

— IDP movement trends 2019  
 — IDP movement trends 2020  
 in thousands



JAN

FEB

MAR

APR

MAY

JUN

JUL



**JANUARY 2020**

Violence intensified in the north-west affecting 4 million people, including 2 million IDPs. Hostilities expanded across several locations, with 26 communities alone struck by airstrikes on 11 Jan, including camps and other IDP sites.



**FEBRUARY 2020**

The situation in North-west Syria continued to worsen. From December 2019 to February 2020, almost one million people were forced to flee from their homes. Humanitarian transshipments via the Bab al Hawa crossing were suspended temporarily on 11 February when hostilities intensified. Indiscriminate attacks continued to damage or destroy vital civilian infrastructure, including hospitals. On 17 February, one hospital in Daret Azza town were reportedly damaged by airstrikes and put out of service. Harsh winter conditions further aggravated the suffering of displaced people. In the southern governorates, high levels of insecurity continued to prevail as three humanitarian workers were killed in February and March.



**MARCH 2020**

In the North-west, a ceasefire was announced on 6 March triggering a sharp decrease in violence. From mid-March, following the global outbreak of COVID-19, various preventative measures, including lockdowns and crossing points restrictions, were imposed throughout Syria. These were often accompanied with facilitating measures for the movement of humanitarian staff and supplies. The first positive COVID-19 case in GoS held areas was announced on 22 March by the Syrian Ministry of Health (MoH) while the first fatality was reported on 29 March.



**APRIL 2020**

Most land borders into Syria continued to be closed, with some limited exemptions. In NES, local authorities enabled access to cross-border actors from Iraq through Fishkabour/Semalka border crossing once a week. The border with Jordan remained completely closed, also preventing access to the UN-run clinic for Rukban residents. On 29 April, North-east Syria local authorities confirmed their first two locally PCR-tested case of COVID-19.



**MAY 2020**

Humanitarian access in Syria remained generally impacted by COVID-19 preventative measures although a relaxation of various rules was observed. Existing vulnerabilities were further compounded by the COVID-19 outbreak and by a severe economic downturn. Throughout Syria, the significant devaluation of the Syrian Pound (SYP) – which reached record lows against the USD at the beginning of May – further contributed to the erosion of local purchasing power as prices of basic necessities such as food, water and hygiene supplies peaked.



**JUNE 2020**

COVID-19 cases numbers continued to increase in GoS areas and in NES. Impacts of COVID-19, notably in food security and livelihoods, continued to exacerbate existing substantial humanitarian needs across the country. In GoS areas, the widespread easing of preventative measures introduced throughout May continued, as the daily curfew and the travel ban between and within governorates were lifted. In NES, local authorities also started to progressively relax measures introduced in March. In NWS, individual crossing to and from Turkey remained restricted while humanitarian and commercial deliveries remained authorized.



**JULY 2020**

On 11 July, the UN Security Council adopted Resolution 2533, extending cross-border UN assistance from Turkey through the Bab Al-Hawa border crossing for another 12 months. The Bab Al-Salam border crossing was closed for UN transshipments, while remaining open for commercial shipments (used by most NGOs). Humanitarian efforts to increase capacity at Bab Al-Hawa border crossing between Turkey and Syria were scaled up. In addition, the first COVID-19 cases in the Northwest were confirmed.

## Displacement Trends

An estimated 1.6 million IDP movements were reported from January to July 2020, representing a 67 per cent increase compared to the same period in 2019, and resulting in an increase in the overall number of displaced persons in Syria from 6.1 million to 6.7 million by April 2020. 83 per cent of all IDP movements were recorded in the first quarter of 2020. These displacements were concentrated in the north-west, where ground fighting and airstrikes in southern Idleb and western rural Aleppo started in early December 2019, forcing an estimated 960,000 people to flee their homes and move northwards closer to the Turkey-Syria border and northern rural Aleppo, over a period running until March 2020. Women and children represented 81 per cent of those displaced.

Since the mass displacement of around one million people in the north-west from December 2019 to March 2020, hostility-induced displacements have decreased significantly. In the north-east, up to 250,000 people were displaced in Al-Hasakeh Governorate in October 2019 after Turkish-backed military operations were launched. Of these, some 75,000 people remain displaced.

### SYRIA

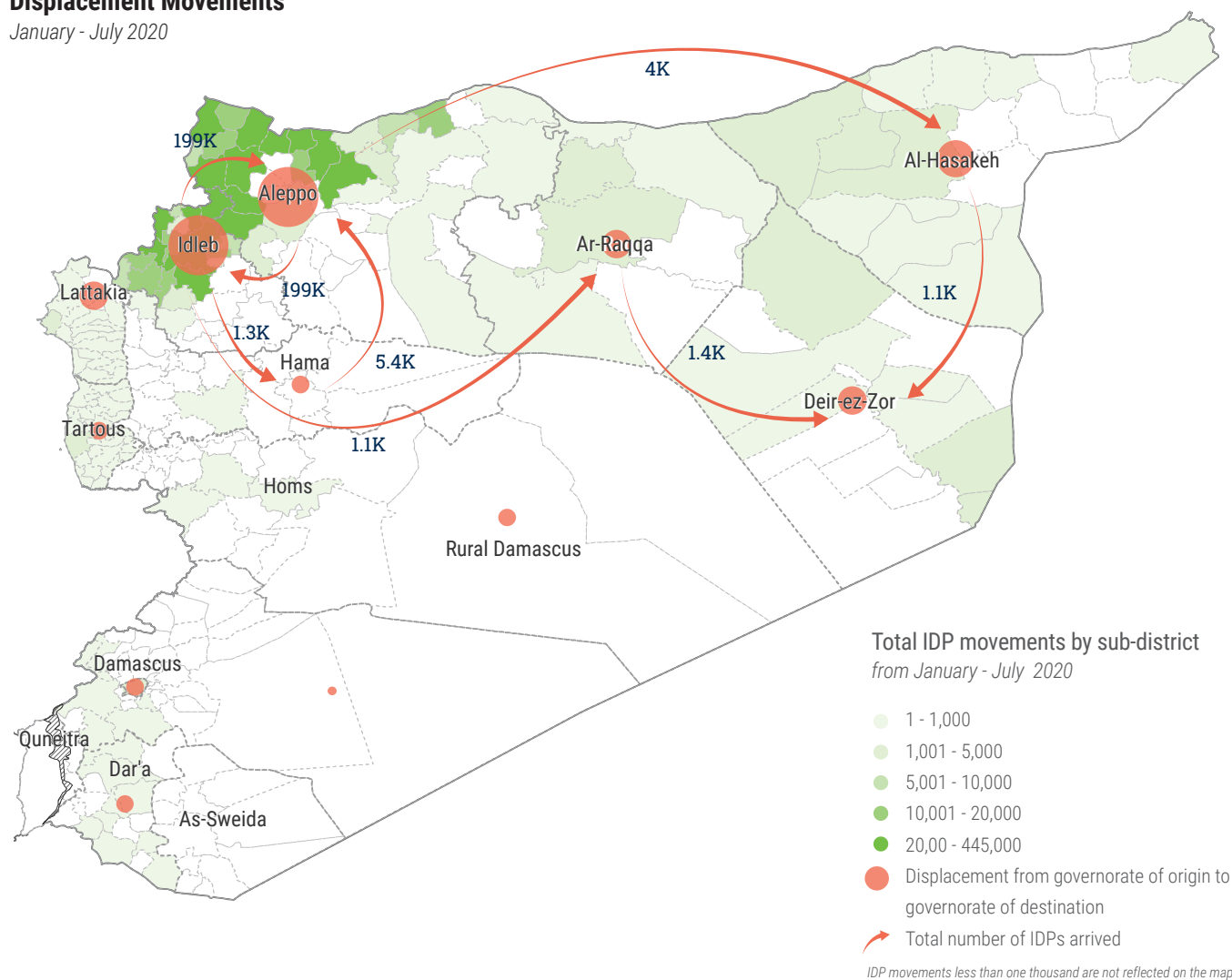
© HFO project, January 2020, Idleb Governorate





## Displacement Movements

January - July 2020



Arrows on the map do not depict actual IDP movement paths

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

Source: IDP Task Force

Creation date: 19 November 2020

**1.6 million**

### Total IDP movements

(January - July 2020)

includes displacements from within and outside of Governorate

#### Departures from Governorate (in thousands)

Idleb	937,497
Aleppo	613,302
Al-Hasakeh	7,644
Deir-ez-Zor	6,821
Hama	6,501
Ar-Raqqa	6,231
Lattakia	4,478
Damascus	2,179
Tartous	2,004
Homs	1,748
Rural Damascus	1,472
Dar'a	1,011
As-Sweida	150
Quneitra	-

#### Arrivals to Governorate (in thousands)

Idleb	935,204
Aleppo	613,355
Al-Hasakeh	11,073
Deir-ez-Zor	9,555
Lattakia	6,512
Ar-Raqqa	5,184
Tartous	4,780
Hama	1,469
Damascus	1,281
Dar'a	1,161
Homs	1,141
Rural Damascus	323
As-Sweida	-
Quneitra	-

An estimated 341,000 spontaneous IDP return movements were reported from January to July 2020, representing a 17 per cent increase compared to the same period in 2019. Overall, 73 per cent of spontaneous IDP returns occurred in locations within the same governorate. Similar to IDP movements, spontaneous return movements were concentrated in the north-west.

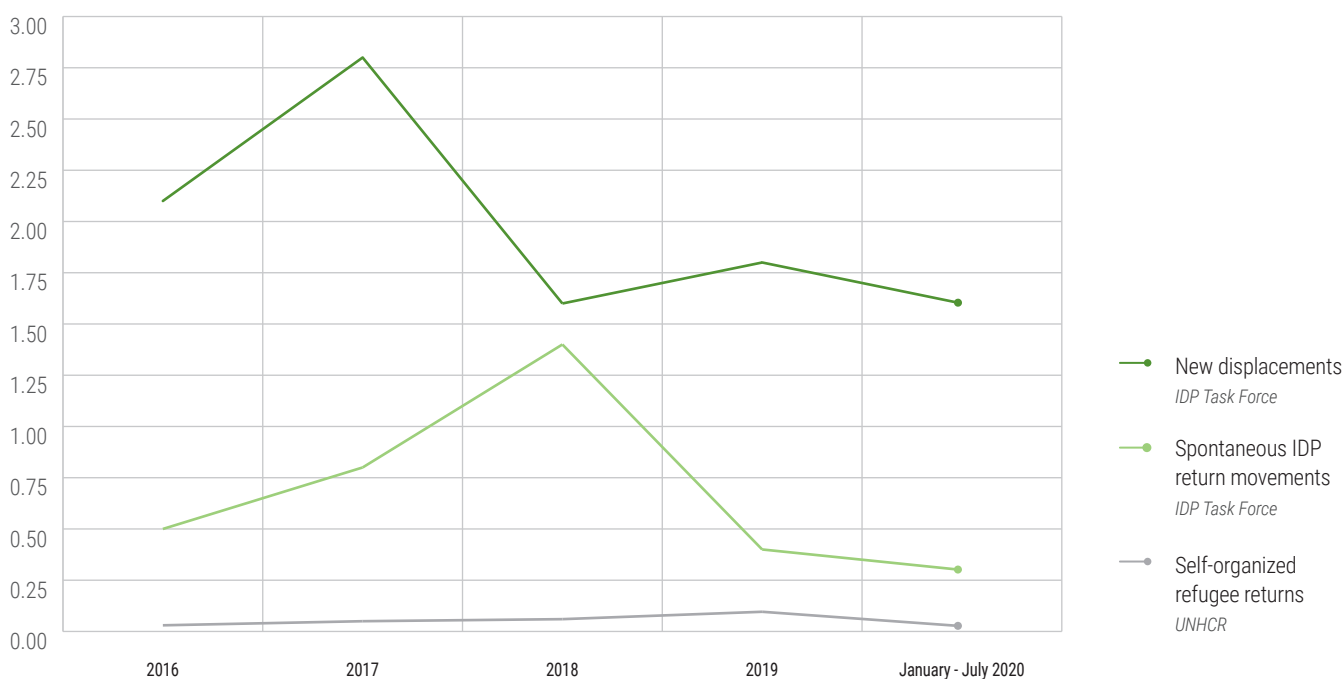
Following the ceasefire agreement on 6 March 2020, some 220,000 displaced persons voluntarily returned to their areas of origin in Idleb Governorate and western Aleppo Governorates until July 2020.

An estimated 7 per cent of all return movements were reported in Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor governorates, followed by 3 per cent in Dara' and 2 per cent each in Hama and Homs governorates. Only 1 per cent of return movements were reported in Rural Damascus.<sup>3</sup>

The United Nations High Commissioner for Refugees (UNHCR) verified some 21,560 refugee returns from January to July 2020. The significant drop in refugee returnee numbers – down from 52,387 during the same period in 2019 – can be partly attributed to movement restrictions and border closures in response to the Covid-19 pandemic.

## Refugee and IDP displacement and return trends

in millions / 2016 - 2020



### Impact of Covid-19 precautionary measures on the humanitarian response

From early March 2020 onwards, the humanitarian environment in Syria was largely driven by the Covid-19 response and subsequent preventative measures initiated in March 2020, yet progressively relaxed in May and June 2020. Various Covid-19 related curfew measures were imposed throughout Syria restricting movement for civilians and goods, yet often accompanied with facilitating measures for the movement of humanitarian staff and supplies. Many humanitarian partners suspended group and community activities,

and schools were closed. Mine action services were disrupted by preventative measures. Food, shelter and NFI distributions continued as did water trucking. Distribution modalities were adjusted to allow for physical distancing, remote or online modalities were adopted, while face-to-face Child Protection (CP) and GBV case management continued with risk reduction elements in place, jointly with remote case management and psychosocial support. Regular programming progressively resumed, adopting Covid-19 precautionary measures. From March onwards, borders with Jordan, Turkey and Iraq remained closed to civilians while the movement of humanitarian staff and commercial goods was to some extent granted.

3. Source: IDP Task Force, 2020.



### Growing poverty, loss of livelihoods and reduced purchasing power, and harmful coping strategies

Syria’s economy has experienced an unprecedented downturn in 2020, which has had profound impacts on the welfare of the population. Families across Syria have largely faced heavily eroded employment opportunities, skyrocketing prices and shortages of basic goods and services due to the banking crisis in Lebanon, the pre-existing and underlying fragility of the Syrian economy, and the social and economic fallout of Covid-19 precautionary measures. Amongst the most significant shocks is the extreme volatility of the informal SYP/ USD exchange rate, which fluctuated between SYP 2100 - 2,400 as of October 2020 – more than three times higher than one year prior (SYP 694). In some areas, local authorities have announced local adoption of the Turkish Lira as an accepted currency.

These factors have had a devastating impact on food prices, which have risen to record levels. The price of a standard reference food basket was 22.8 times the pre-crisis average at the end of July 2020, and had increased by 236 per cent by September 2020 compared to the same time in 2019. There has been a significant deterioration in food insecurity indicators across Syria, up to 9.3 million are now considered food insecure – 18 per cent more than in December 2019.

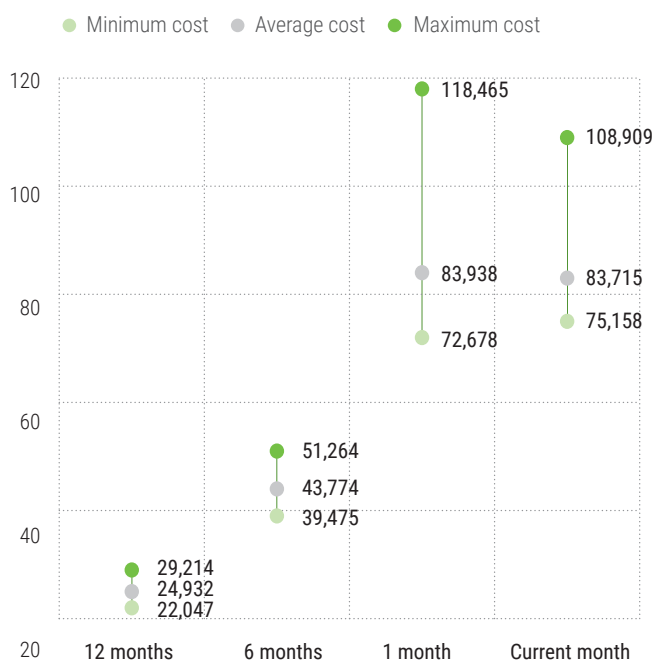
Prices of all Covid-19 related NFIs rose steeply between February 2020 (before Covid-19 related measures) and September 2020. The price of soap increased by 150 percent, while the price of plastic gloves recorded the highest increase of 398 percent.<sup>4</sup> Fuel shortages have been reported across Syria since the beginning of September, resulting in increases in fuel prices and consumable materials.

The depletion of the affected population’s ability to adapt to shocks due to overwhelming humanitarian needs has resulted in the adoption of harmful and dangerous coping strategies, such as child marriage,

serial temporary marriages, increased divorces, forced abortion and child labour. The impact on women and children cannot be overstated, with clear linkages between the deterioration of livelihoods and increased incidents of GBV. The experience of these strenuous conditions by women and children is unequal and more precarious.

### National food basket cost, SYP

September 2020



4. World Food Programme Syria Market Price Watch Bulletin, Issue 70 September 2020.

### 1.2.4. Trends in Needs and Severity

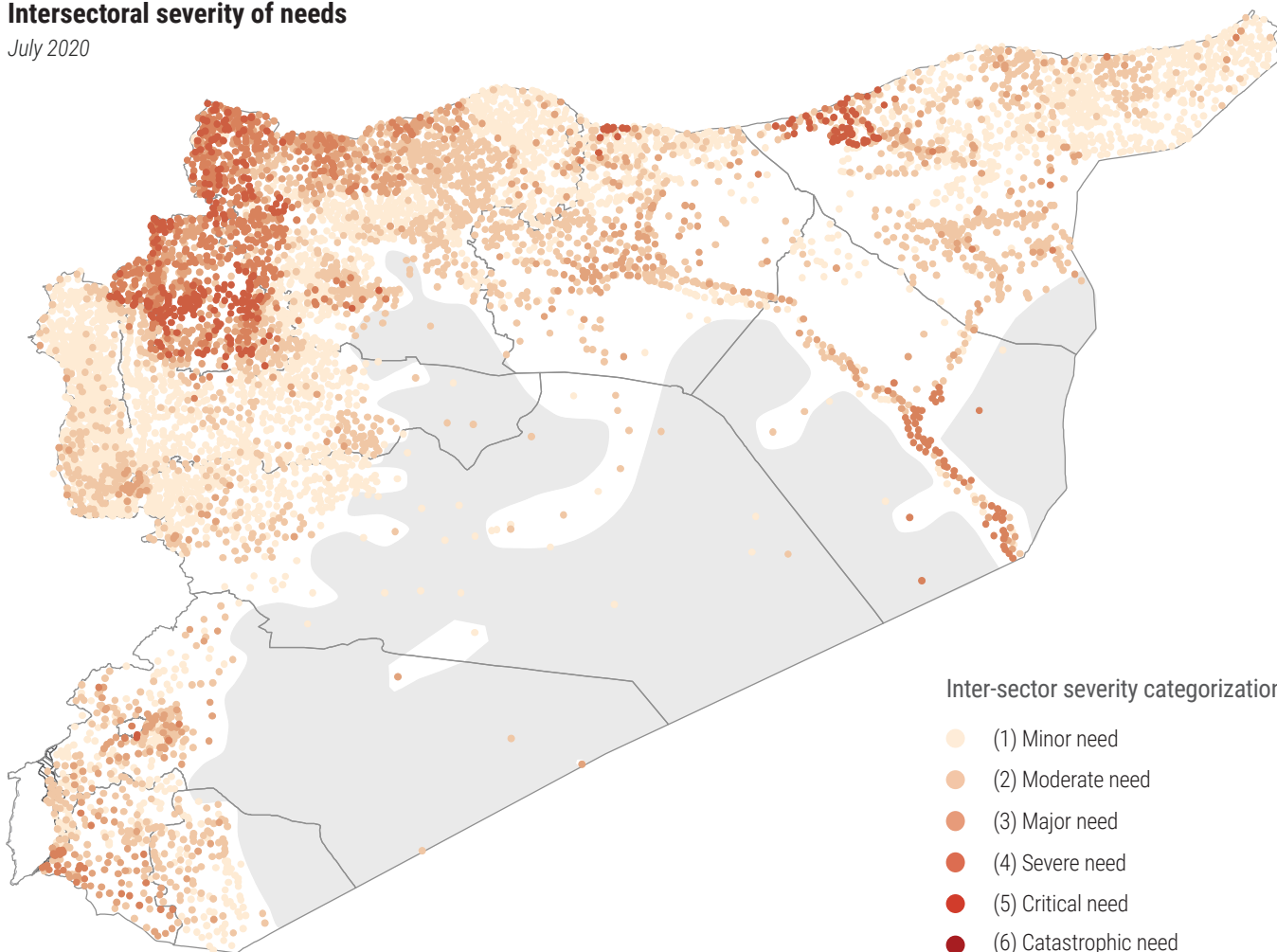
The combined impact of these changes on the population has been far-reaching, with several factors currently driving need severity.

Needs remain disproportionately severe among displaced communities. More than 1.5 million of the 2.7 million IDPs in the north-west currently shelter in over 1,100 “last resort” sites, with inadequate

access to shelter, safe water, food, health and psycho-social support. Severe needs are also observed in parts of Deir-ez-Zor, Al-Hasakeh and Ar-Raqqa governorates in north-east Syria where 230,000 IDPs live in 332 last resort sites; in Dar’a Governorate in the south; and in Damascus and Rural Damascus. An updated need severity classification depicts these trends, as at July 2020.

### Intersectoral severity of needs

July 2020



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

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

At the same time, reduced employment and livelihood opportunities, availability and/or accessibility of essential goods and services and purchasing power have led to an increase in the number of people struggling to make ends meet. Food insecurity, for example, has risen sharply, from 7.9 million people assessed as food insecure at the end of 2019 to 9.3 million by mid-2020.

More ‘silent’ consequences of years of crisis are on the rise as well, including unprecedented levels of stunting, affecting 674,000 children under five years of age as of November 2020 – a 37 per cent increase compared to 2019; gender-based violence and widespread psychological trauma, especially in children. More families are being forced to make unacceptable trade-offs to survive, including

skipping meals, taking on additional debt, resorting to harmful coping strategies such as child marriage and child labour and pre-emptively moving to areas where humanitarian assistance is assured, such as camps.

In sum, the widespread lack of livelihoods and employment opportunities, inadequate access to basic services and growing food insecurity have become principal drivers of need, denying millions of people the ability to meet their basic needs in a dignified and self-sustained manner. These factors will be more comprehensively reflected in a revised inter-sector severity classification model, which is being developed as part of the 2021 HNO process.

## 1.3

# Response: Reach and Gaps

### 1.3.1 Overall inter-sector reach and gaps

In the first seven months of the year, 7.4 million people in need in over 2,200 communities in Syria were reached on average on a monthly basis with some form of humanitarian assistance. These figures indicate a significant increase compared to the previous year when 6 million people were reached on average each month. 78 per cent of those reached are in communities where needs are considered highest (severity three and above in an inter-sector severity classification model ranging from one to six, six being the worst). Partners also provided 2.6 million protection and health interventions on average each month during the reporting period.

## Overview of Covid-19 Response Progress

Health partners have scaled up capacities to prevent and treat Covid-19, although surveillance and testing capacity remain key bottlenecks in the response. Overall testing capacity has increased – from 345 in early June to 630 by the end of July – yet remains vastly insufficient. In total, eight laboratories are operational in Al-Hasakeh (1) Damascus (2), Rural Damascus (1), Lattakia (1), Aleppo (1), Homs (1) and Idleb (1) as of July 2020. More than 4,600 health care workers have been trained in infection, prevention and control, and more than 1,700 health care workers have been trained in case management of Covid-19 patients. Thirty-four (out of 57 planned) isolation centres have been set up at governorate level, equipped with life-saving essentials.

Individual specialized protection, GBV and CP support continued remotely, with a quick adaptation to the alternative modality. More than 49,000 refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic received assistance adapted to Covid-19. More than 65,013 GBV response services were provided since the start of the Covid-19 crisis to survivors and/or women and girls at risk.

Following the closure of schools and learning spaces as part of Covid-19 preventative measures, Education Sector partners were able to quickly adapt and implement new learning modalities. More than 200,000 children were supported with distance/home learning and 42 per cent of targeted schools and learning spaces benefitted from gender-sensitive and disability-sensitive WASH facilities.

Humanitarian partners also scaled up communication efforts to raise awareness on Covid-19. WASH Sector partners reached more than 903,000 people through direct messaging on prevention and access to services, and Protection Sector partners reached more than 338,000 people with age-appropriate awareness messages on Covid-19.















*Further details on Covid-19 response efforts during the reporting period are available in annex 3.3.*



## Sector people in need, targets, reach

January to July 2020

This infographic shows the overall sector reach during the reporting period against the number of people in need and targets. Some sectors such as Health, Food Security, Education, WASH, CCCM, and ERL were able to reach over 50 per cent of their respective targets. This does not indicate sectors reached their targets for all activities, or that all needs were met; sector reach is calculated based on indicators related to key activities identified by sectors. In some cases, sectors provide recurring assistance on a monthly basis to the same people in need, such as displaced persons living in last resort sites. In these cases, cumulative sector reach will not vary significantly throughout the year.

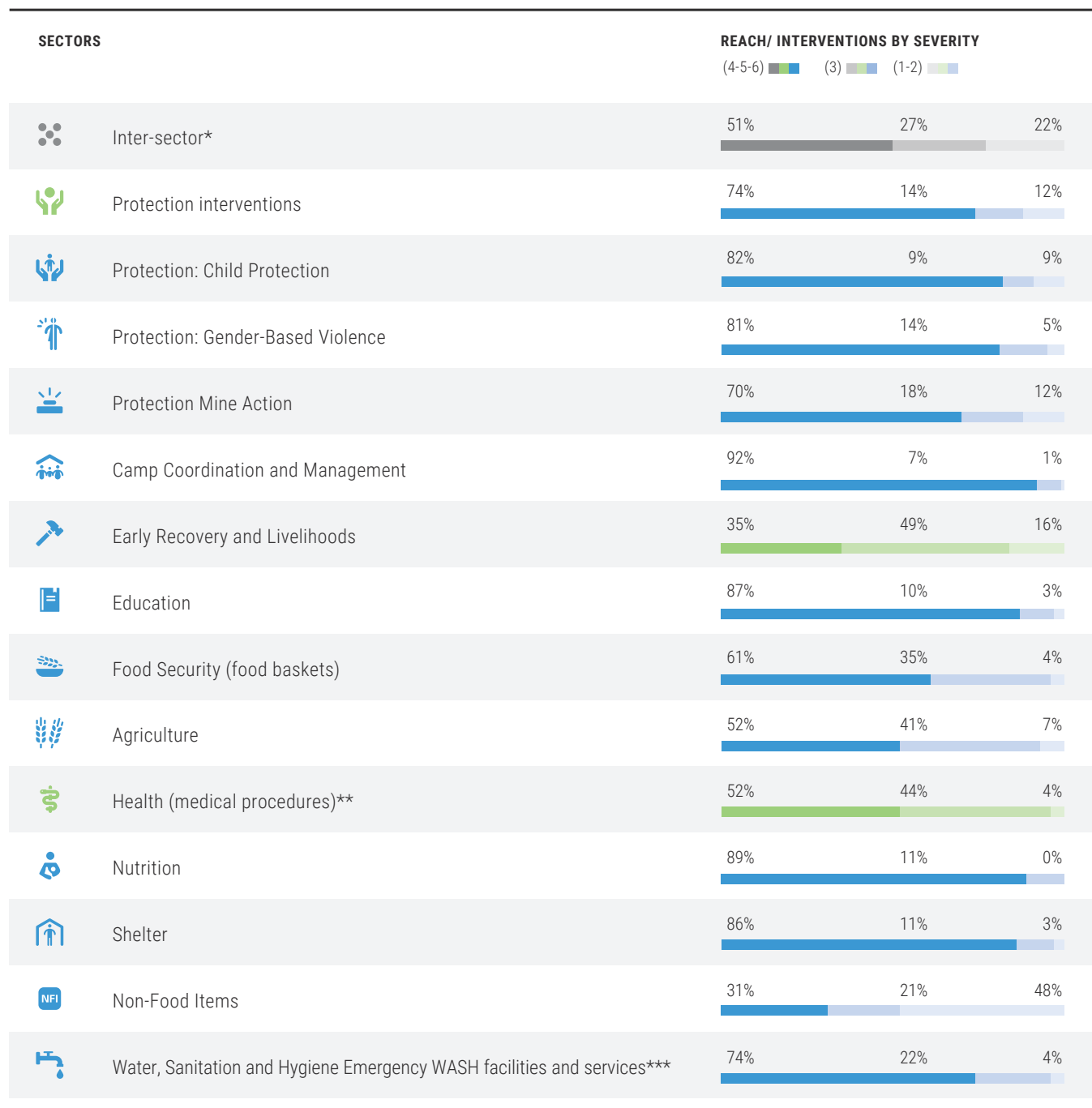
SECTOR	PEOPLE IN NEED HNO 2020	TARGET HRP 2020	REACH JAN-JUL 2020	REACH AGAINST TARGET
Protection Interventions	13.6M	12M	3.9M	 33%
Protection: Child Protection	5.7M	0.9M	0.9M	 100%
Protection: Gender-Based Violence	13.6M	1.6M	0.8M	 50%
Protection: Mine Action	11.5M	4.3M	1.1M	 26%
Camp Coordination and Camp Management (IDPs assisted)	6.1M	0.9M	1.8M	 100%
Early Recovery and Livelihoods	9.9M	1.9M	1.9M	 100%
Education	6.8M	4.2M	2.4M	 57%
Food Security	9.8M	9.8M	5.4M	 55%
Agriculture			1.7M	 17%
Health interventions	12M	22.8M*	14.3M*	 63%
Nutrition	4.6M	3M	1.5M	 50%
Shelter	5.7M	2.54M	1.1M	 43%
Non-Food Items	3.4M	3.42M	2.5M	 73%
Water, Sanitation and Hygiene	10.7M	10.7M	6.7M	 63%

\* These figures refers to medical procedures as per Health sector methodology

## Response Reach by Areas of Need Severity

January to July 2020

Humanitarian partners in Syria are guided by inter-sector and sector-specific severity classification models to ensure their activities target areas where needs are considered highest (severity three and above). As illustrated by the infographic below, with the only exception of the ERL Sector and the NFI response, over 80 per cent of people reached were located in high severity areas according to their respective severity classifications. For several sectors – CCCM, Education, CP AoR, GBV AoR, Nutrition and Shelter – over 80 per cent of people reached were located in high severity areas.



\* Inter-sector calculated by monthly average

\*\* Medical procedures include sum of outpatient consultations, trauma consultations, mental health consultations, physical rehabilitation sessions, vaginal deliveries, C-sections, and referral cases





























\*\*\* Number of people with improved access lifesaving/emergency WASH facilities and services and received essential WASH NFIs Hygiene promotion

## People reached through different response modalities

January to July 2020

The scale of the response was possible employing different response modalities to provide assistance to people in need across the country: from Syria HCT coordinated response, Syria Cross-Border HLG and NES NGO Forum coordinated response.

With shifting frontlines and areas falling under different areas of control, humanitarian partners flexibly leverage multiple modalities, including cross-line and cross-border operations, to increase their ability to reach people in need across the country. As an example, over 50 per cent of CP, CCCM, Health, Shelter, NFI, WASH and agriculture assistance was delivered through cross-border modalities, while several sectors continue to deliver cross-line on a regular basis. This highlights the need for continued response through all modalities to reach those in need.

SECTORS	REACH	REACH/ INTERVENTIONS BY RESPONSE MODALITY <sup>I</sup>	
		■ Syria HCT coordinated <sup>II</sup>	■ Syria Cross-border HLG/NES Forum coordinated <sup>III</sup>
 Protection interventions <sup>IV</sup>	<b>3.9M</b>	54%	 46%
 Protection: Child Protection	<b>0.9M</b>	35%	 65%
 Protection: Gender-Based Violence	<b>0.8M</b>	62%	 38%
 Protection Mine Action	<b>1.1M</b>	65%	 35%
 Camp Coordination and Management	<b>1.8M</b>	0%	 100%
 Early Recovery and Livelihoods	<b>1.9M</b>	66%	 34%
 Education	<b>2.4M</b>	62%	 38%
 Food Security (food baskets)	<b>4.6M</b>	62%	 38%
 Agriculture	<b>2.7M</b>	64%	 36%
 Health (medical procedures) <sup>IV</sup>	<b>14.3M</b>	47%	 53%
 Nutrition	<b>1.5M</b>	50%	 50%
 Shelter	<b>1.1M</b>	19%	 81%
 Non-Food Items	<b>2.5M</b>	53%	 47%
 Water, Sanitation and Hygiene (WASH) <sup>V</sup>	<b>6.7M</b>	31%	 69%

I. Sector-specific percentages by response modality is based on selected activities and therefore may not reflect the totality of the humanitarian response.

II. Syria HCT Coordinated Response to designate humanitarian assistance delivered from areas controlled by the Government of Syria, including to North-East Syria

III. Syria Cross-Border HLG Coordinated Response to designate humanitarian assistance delivered cross-border from Turkey, including that provided by the United Nations as authorized by UN Security Council resolutions 2449 (2018), 2504 (2020) and 2533 (2020), or from areas of north-west Syria controlled by non-state armed groups / NES NGO Forum Coordinated Response to designate humanitarian assistance delivered by NGOs cross-border from Iraq or from areas of north-east Syria controlled by local authorities.

IV. Interventions contain the Protection sector's overall reach figures represent the total number of distinct protection interventions conducted through the sector's prevention, response and capacity building activities, and medical procedures include sum of outpatient consultations, trauma consultations, mental health consultations, physical rehabilitation sessions, vaginal deliveries, C-sections, and referral cases

V. Number of people with improved access lifesaving/emergency WASH facilities and services and received essential WASH NFIs Hygiene promotion



## Communities reached and not reached with inter-sectoral assistance, against severity of needs

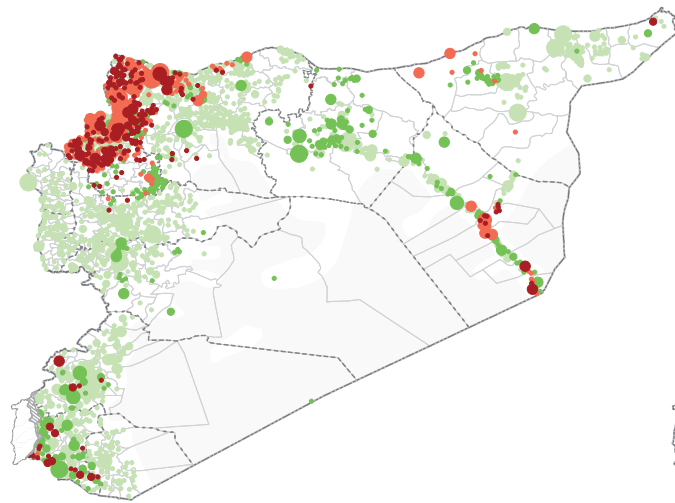
*Against variation in inter-sector severity of needs*

Partners were relatively successful in scaling up the humanitarian response in areas where the severity of needs deteriorated since 2019, particularly in the north-west, south and some locations in the north-east. Significant gaps remain, as illustrated in the maps below, particularly in the north-west, along the Euphrates river in Ar-Raqqa and Deir-ez-Zor governorates and some locations in the South.

While 2,214 communities were reached with some form of humanitarian assistance from January to July 2020, 1,568 communities in acute severity of need – with a total population of 330,871 – were not reached during the same period.<sup>5</sup>

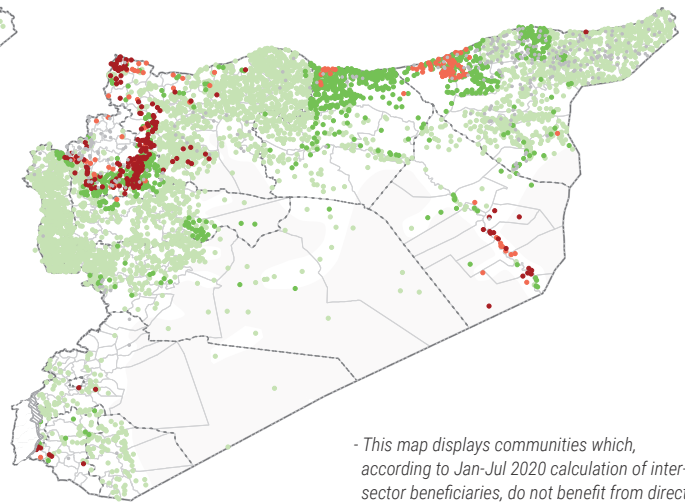
### Communities reached with inter-sector humanitarian assistance (Jan-Jul 2020)

*Against variation in inter-sector severity of needs*



### Communities not reached with inter-sector humanitarian assistance (Jan-Jul 2020)

*Against variation in inter-sector severity of needs*



- This map displays communities which, according to Jan-Jul 2020 calculation of inter-sector beneficiaries, do not benefit from direct humanitarian assistance. However, such communities could have benefited from service delivery interventions and sector-specific services.

Variation in inter-sectoral severity of needs (2020 HNO and 2020 PMR)

- Non-acute to acute
- Acute and remained acute
- Acute to non-acute
- Non-acute and remained non-acute
- New communities
- Non populated areas

People reached (2020)

- 2,500
- 10,000
- 30,000
- 50,000
- >50,000

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

5. Analysis conducted based on the 2020 HNO inter-sector severity classification and the August 2020 population dataset. Communities in acute severity of need correspond to communities ranked with severity four and above in an inter-sector severity classification model ranging from one to six, six being the worst.

# 1.4

## Sector Achievements

January - July 2020



### Protection

- **3,905,720 interventions** were provided to people in need by Protection sector and Area of Responsibility (AoR) partners, in **2,583 communities** in **97%** of sub-districts in Syria.
- **158,004** GBV response services\* were provided in **589** communities in **262** sub-districts.
- **6,436 survivors** were assisted by Mine Action AoR partners with victim assistance services.
- Over **324,000 girls and boys** received structured Child Protection and psychosocial support (PSS) programming and almost **37,000 men and women** were supported with parenting programmes by Child Protection AoR actors.



### Health

- **13 hospitals** in Aleppo, Damascus, Idlib and Ar-Raqqa governorates were brought back to full functionality in the second quarter of 2020.
- **13.2M outpatient consultations** provided, of which **45%** of patients were male and **55%** were female, while **47%** were children under the age of 18.
- More than **284,000 children** under the age of 1 received DPT3 vaccination (**52%** of the annual target).

### COVID-19:

- **4,600 responders** were trained on infection prevention and control
- COVID-19 PCR testing capacity was initiated in **8 laboratories** in **7 governorates** throughout Syria, capable of collectively performing **630 tests** per day
- **34 COVID-19 treatment sites** were established, with **1,433 dedicated in-patient beds** for moderate cases and 303 beds for critical cases



### Food Security and Agriculture

- **5.4 million** people were reached with regular food baskets, while **4.2 million people** were reached through Emergency Food Rations.
- At least **1.7 million people** have benefitted from livelihoods support.

\* The list of GBV response services can be found on the GBV AoR dashboard.



### Camp coordination and camp management

- Over **1,4 million displaced persons** were reached with multi-sectoral assistance.
- Close to **160,000 displaced persons** live in camps with participatory management committees.



### Education

- Over **2 million children and youth** were supported in formal education, while over **470,000** were supported in non-formal education.
- **211,000 children** were supported with distance/home-based learning



### Nutrition

- **1.5 million pregnant and lactating women** and children under age five were provided with life-saving curative and preventive nutrition services.
- **1.3 million children** between 6-59 months of age and close to **0.5 million pregnant and lactating women** were screened for malnutrition.



### Shelter and Non-Food Items

- **Over 2 million people** received core non-food items, such as mattresses, blankets, plastic sheets, containers for water, cooking utensils and soap.
- **Almost 1.8 million people** received winter NFIs, including winter jackets, heaters and fuel.
- **Over 490,000 people** received emergency shelter assistance, such as tents, emergency shelters and collective shelter repairs; close to **670,000 people** were assisted with longer-term shelter repairs.



### Water, Sanitation and Hygiene

- **15.6 million people** were reached through the provision of chlorine-based products for water treatment systems.
- **2.2 million people** were reached by hygiene promotional activities and campaigns.



### Early Recovery and Livelihoods

- Almost **1.6 million people** benefited from early recovery and livelihood interventions.



### Logistics

- **188,534** mt of humanitarian assistance were delivered through UN Security Council Resolution 2504/2533 approved border crossings.
- **1,060** m<sup>3</sup> of COVID-19 related relief items were received into common warehouses of the Logistics Sector.



### 1.3.2 Achievements to Date



#### Strategic Objective One: Save Lives

Response efforts under this strategic objective focused on people living in areas with a high severity of need (severity three and above) and where access to basic goods and services is most limited, as well as on particularly vulnerable people who live in areas with a lower severity of need.

Of the 11.1 million people in need identified in the 2020 HNO, some 4.7 million people were estimated to be in high severity areas where they faced acute needs due to the combined impact of high intensity of hostilities, displacement, limited access to basic services, and price increases for basic commodities. Over the first seven months of the year, the number of people reached with some form of humanitarian assistance in areas with a high severity of need amounted to 5.8 million on average each month (78 per cent of the total number of people reached on average each month).

Humanitarian partners undertook efforts to closely coordinate multi-sectoral responses:

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

#### Outcome indicators:

- Across Syria, the ratio of essential health workers (doctors, midwives, nurses) to 10,000 population increased from 24 in 2019 to 24.9 by July 2020 although 7 governorates still remain below the emergency standard of greater than 22 essential health workers per 10,000 population;
- The ratio of fully functional health facilities providing primary health care services per 10,000 populations remained at 0.46 between June 2019 and June 2020 -- well below the emergency standard of 1.
- Percentage of targeted households with improved food consumption score [will be reported on in the 2020 HRP Annual Report];
- Number of medical procedures per person in need per year [will be reported on in the 2020 HRP Annual Report];
- Percentage of disease alerts investigated within 72 hours of identification [will be reported on in the 2020 HRP Annual Report].

#### Output indicators

- 3.8 million people were reached on average on a monthly basis with some form of assistance in communities in acute need (severity four and above in the inter-sector severity classification);
- 4 million people had improved access to WASH services as a result of repair, rehabilitation and operational support to WASH systems

and establishment of water safety plans;

- 3.8 million people were reached with NFIs and basic support including nearly 1.8 million with critical assistance to help them through winter and severe weather;
- 15.6 million people had access to safe water as a result of provision of water disinfectants;
- 490,622 crisis-affected households were provided with timely life-saving and life-sustaining shelter support (medium-term/temporary shelter), including those in protracted displacement, spontaneous returnees and Palestinian refugees.
- **IDPs in camps, last resort sites and open spaces regularly access quality life-saving and life-sustaining basic services and humanitarian assistance.**

#### Output indicators

- 1.4 million displaced persons living in IDP sites received humanitarian life-saving, multi-sectoral assistance, including 277,926 women, 400,046 girls, 402,853 boys and 322,846 men;
- **The health, nutrition and food security status of PLWs and children under 5 years of age is improved**

#### Outcome indicators

- Average number of Ante-Natal Care (ANC) visits per pregnant woman [will be reported on in the 2020 HRP Annual Report].

#### Output indicators

- 1.5 million girls and boys under five and pregnant and lactating women received life-saving preventive maternal and child nutrition support services (50 per cent of the target for 2020);
- 1.3 million boys and girls (6–59 months) and 472,000 pregnant and lactating women were screened for malnutrition.



#### Strategic Objective Two: Enhance Protection

Response efforts under this objective aimed to enhance the prevention and mitigation of protection risks and respond to protection needs related to the protracted nature of the crisis, including through promoting the respect of international law, IHL and IHRL, and the provision of quality, principled, needs-based assistance.

Over the first seven months of the year, partners of the Protection Sector and its Areas of Responsibility provided 3,905,720 interventions to people in need in 2,583 communities, in 263 out of 272 sub-districts in Syria.

Humanitarian partners undertook efforts to closely coordinate the following responses:

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

#### Output indicators

- 158,004 GBV response services<sup>6</sup> were provided in 589 communities in 262 sub-districts.
- Over 324,000 girls and boys received structured CP and psychosocial support and almost 37,000 men and women were supported through parenting programmes.
- 147,576 of people received legal awareness-raising, counselling or assistance, including civil status documentation and HLP issues

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

#### Output indicators

- 6,436 survivors were assisted with victim assistance services, including trauma care, prosthetics and orthotics, physiotherapy, psychosocial support and self-care training;
- Contamination surveys were conducted in 202 communities;
- 502,452 men, women, boys and girls received risk education from humanitarian risk-education actors;
- 597,414 men, women, boys and girls received risk education from public service providers.



### Strategic Objective Three: Increase Resilience and Access to Services

Response efforts under this objective sought to improve living standards and resilience through enhanced livelihood and income generation programming for the most vulnerable people, as well as improved sustained and equitable access to basic services and infrastructure – such as quality education, health, water and sanitation, waste management, etc. – particularly in areas with a high severity of needs.

Humanitarian partners undertook efforts to closely coordinate multi-sectoral responses:

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

#### Output indicators

- 126,772 girls and boys benefitted from classrooms constructed, established or rehabilitated;
- 132,638 people were assisted through the rehabilitation of damaged houses;
- 435,179 people were assisted by repaired or rehabilitated community and public infrastructure and facilities.
- 195 health facilities were refurbished or rehabilitated;

- 2,013,130 people had improved access to water as a result of repair and rehabilitation of water systems.

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

#### Outcome indicators

- Percentage of targeted households with improved reduced coping strategy [will be reported on in the 2020 HRP Annual Report];
- Percentage of targeted households with reduced expenditure on food [will be reported on in the 2020 HRP Annual Report];
- Percentage of targeted households with Negative Livelihoods Coping Strategy [will be reported on in the 2020 HRP Annual Report]

#### Output indicators

- 1,562,197 people benefited from ERL interventions;
- 7,729 short-term work opportunities were created, 997 people accessed regular employment, and 3,885 people benefited from livelihood support to rehabilitate, develop or start a social or business entrepreneurship initiative.

### 1.3.3 Key challenges faced by sectors and partners in implementing the response.

Constrained freedom of movement for affected populations remains of concern, leading to increased GBV (especially domestic violence) and protection concerns for civilians related to the armed conflict as well as legal issues stemming from lack of civil status documentation, including an inability to prove property ownership or occasionally exclusion from assistance lists. The CCCM Land Identification and Verification Taskforce has faced challenges in verifying land due to a variety of issues, including proximity to the frontlines or a military base, the land already being used, sloped or too small.

Since March 2020, sector partners have adapted programming to adhere to Covid-19 precautionary measures. Education sector partners, which have been heavily impacted by preventative measures, quickly adapted to enable retention and learning through distance/home-based education interventions, including paper, phone and online modalities. However, these adaptations have seen limitations due to insufficient access to electronic devices and related credit, unsuitable home study environments, insufficient access to students, etc. These factors risk disproportionately excluding the most vulnerable children from accessing education opportunities, increasing inequality and dropout rates. The inability to conduct face-to-face activities also hampered access of refugees and asylum seekers to documentation, due to the temporary suspension of registration and renewal of UNHCR-issued documentation. Humanitarian workers faced challenges in continuing their presence on the ground or returning to the field in light of Covid-19 related travel restrictions,

6. The list of GBV response services can be found on the GBV AoR dashboard.

resulting in a higher reliance on remote management modalities which impacted the pace of the response to varying degrees. Across Syria, misinformation, rumours and general fatigue with regards to Covid-19 messaging hindered the impact of precautionary measures and population adherence to risk-reduction behaviours.

Operational access to people in need remained challenging due to ongoing displacement and severe insecurity in the north-west and persistent insecurity and attacks on humanitarian personnel in central, south and in north-east Syria, where the majority of sub-districts are classified at severity 3 and above, some areas remained inaccessible for the delivery of both food and livelihoods assistance, most notably in contested areas in south-western Deir-ez-Zor Governorate.. As a result, access to highly food insecure locations was curtailed and in one instance in Dar'a Governorate, a partner had to suspend or relocate operations to more accessible areas.

Unilateral coercive measures affecting the importation of select materials, movement restrictions due to Covid-19 preventative measures and administrative impediments have hampered the humanitarian response in Syria. Global shortages of health supplies and equipment, increased restrictions in international conveyance – including airport closures, and unilateral coercive measures delayed a full-scale Covid-19 response in Syria. Access challenges, mainly related to lack of agreement over team composition, meant that no cross-line inter-agency convoys could be undertaken to north-west Syria and the Ras al-Ain – Tell Abiad corridor. Moreover, despite increased access by humanitarian actors operating from GoS areas, approvals can be slow, particularly for Protection actors.

Barriers to freedom of movement for humanitarian actors resulted in hampered protection and humanitarian responses, including in relation to reaching all individuals and households in need. Despite increased access to affected population by humanitarian actors operating from GoS areas, it has been hampered by slow approval processes by the Government of Syria. Movement restrictions combined with underfunding also prevented Protection sector actors from reaching all individuals and households in need, especially in north-west and north-east Syria.

The devaluation of the Syrian Pound and the volatility of currency rates have had a negative impact on life-saving humanitarian interventions. For example, some contractors put implementation on hold or requested value conversion from SYP to USD for ongoing WASH contracts, affecting water trucking (with prices increasing up to 50 per cent in the past six months), infrastructure rehabilitations and purchasing communication materials or hygiene supplies (with price of some hygiene items increasing by 115 per cent in the last 6 months). Emergency cash assistance provided by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) to Palestine refugee families in Syria has lost significant value, and is therefore increasingly insufficient to cover even the most basic needs. The macro-economic decline and sharp depreciation of the Syrian currency, compounded by funding limitations affecting longer-term support, also made it difficult for Shelter and NFI partners

to confirm pipelines with suppliers and ensure a meaningful transfer value through cash programming. The impact of the economic crisis on children's education is also a major concern. The cumulative effects of financial hardships compel families to make hard choices when trying to meet their basic needs, because children may be needed to contribute to the house income. This can be exacerbated when learning is expected to be done at home and when learning services do not meet expectations of quality.

Due to the withdrawal of bi-lateral UN funding and supply pipelines, and the non-availability of funding from Country-Based Pooled Funds after UNSCR 2504, the INGOs in north-east Syria face increased funding challenges within the overall context of funding gaps.

Coordination challenges in the north-east that result in part from the lack of a traditional cluster coordination mechanisms continue to affect to varying degrees overall operational coordination of the humanitarian response. UNSCR 2504 has further impacted the direct engagement between INGOs in north-east Syria and UN agencies.

### 1.3.4 Progress on cross-cutting issues

#### (i) Resilience

In the first half of 2020, sectors complemented humanitarian life-saving interventions with longer-term investments to support people's self-reliance and ability to withstand shocks, stress factors and seasonal conditions. For example, nutrition interventions have been building the resilience of families through the integration of nutrition services with activities aimed at improving household dietary diversity and access to food. Families have been also empowered through activities building mothers' capacity for MUAC screening of their own children.

#### (ii) Community engagement

Coordinated efforts to mainstream accountability to affected populations (AAP) throughout the humanitarian response and establish safe feedback and complaint mechanisms are ongoing for the Syria HCT and Syria Cross-Border HLG coordinated response. However, from a Whole of Syria perspective, engaging communities in the Covid-19 response has proven challenging in the face of the rapid spread of misinformation through social media channels and the general mistrust that pervades the Syria context after nearly 10 years of crisis. More than 1,600 community health workers received training from January to July and these efforts must be expanded to provide trusted conduits for information and behaviour change communication. As part of risk communication and community engagement, WASH Sector partners conducted awareness and sensitisation sessions using different media (e.g. national radio channels, outdoor posters, SMS messages and other popular media). These interventions were conducted in close coordination and collaboration with Risk Communication and Community Engagement (RCCE), led jointly by UNICEF and WHO (by INGOs in the north-east), and in coordination with health authorities.



### (iii) Protection from Sexual Exploitation and Abuse

Efforts are ongoing to set up an effective reporting mechanism which will allow beneficiaries to safely and confidentially report concerns about sexual exploitation and abuse (SEA) by humanitarian actors using a wide variety of channels. The Whole of Syria inter-agency PSEA programme continues to lead humanitarian actors in the prevention of, preparedness for and response to SEA through technical and operational support. During the reporting period, 601 humanitarian workers (347 males, 216 females, 38 undisclosed) were provided with new, state of the art PSEA Training packages as well as customized, sector-specific training. Member organizations report training activities reaching a total of 7,962 humanitarian workers (2,656 females and 5,306 males). Innovative capacity building tools, including PSEA Organizational and Field Prevention and Migration checklists were developed and distributed for use by agencies throughout the response, including recipients of SCHF funding, and third-party monitors. Community awareness materials, posters, videos and new roll up banners reached 501,598 individuals. A community mobilization project was launched to address the high SEA risks in Idlib and Aleppo governorates. Under this project, five implementing partners have conducted innovative community outreach campaigns and awareness sessions for various stakeholders including local council members, camp management, teachers, and beneficiaries. The PSEA network continued to engage with the GBV coordination structures at Whole of Syria level and in the hubs to ensure better coordination of referrals for survivors of SEA that need specialized support.

### (iv) Gender, age and disability

Efforts to mainstream programmatic inclusion mechanisms in services and promote the rights of persons with disabilities have been made by some actors. For example, the Inclusion Technical Working Group under the Syria hub Protection Cluster has been supporting humanitarian actors to more effectively identify and include persons with disabilities. In NES and NWS within health sector, effort was made for the inclusion of accessibility requirements and priority under the pooled fund projects whenever health partners executed rehabilitation of health infrastructure. GBV actors have also enhanced the transportation of survivors and women and girls beneficiaries to overcome some physical barriers to accessing services.

However, recent evidence suggests that persons with disabilities are, for the most part, being systematically denied their right to access humanitarian relief on an equal basis with others. For example, in north-west Syria during the Covid-19 response, 70 per cent of HH's out of camp and 59 per cent of HH's in camp, reported that no information is being provided that is accessible for people with vision, hearing and cognitive difficulties.<sup>7</sup> Further, 62 per cent of older people (60 years and above) and 47 per cent of persons with disabilities report additional challenges accessing services and humanitarian assistance in the current Covid-19 situation.

The negative cumulative impact of disability on the economic

well-being of the household unit is now well understood, where the average monthly expenditure on health care and medical expenses is higher than for households with no members with disabilities. In fact, currently 77 per cent of households with more than one member with disabilities report income insufficiency compared to 68 per cent of households with no members with disabilities.

### (v) Multi-purpose cash programming

Humanitarian agencies are increasingly adopting market-based programming – including cash and voucher assistance – in the Syria humanitarian response, recognizing the functionality of markets in many areas and the importance of these interventions in building resilience and promoting early recovery. More than 2.3 million people were reached with multipurpose cash (MPC) assistance across Syria from January to July 2020. In addition, 712,275 people were reached per month on average with sector-specific cash and vouchers support during the same period.

With the expected long-term socio-economic impact of the Syrian pound devaluation and Covid-19, multipurpose cash can help prevent negative coping strategies. Moreover, in one distribution, MPC gives HHs the agency to address multiple needs. MPC also allows implementing partners to limit interactions between staff and beneficiaries and therefore reduce risk of Covid-19 transmission. However, the sharp devaluation of the Syrian pound and subsequent economic hardship have created additional challenges in access to basic needs and services, especially for IDPs. During the reporting period, cash and voucher assistance has fallen as one of the reported top needs and preferred modality of support for new IDP arrivals from 36 per cent in May to 14 per cent in June and 17 per cent in July.<sup>8</sup>



#### Multipurpose cash

**2,331,543**

Number of people benefiting from multipurpose cash\*



#### Sector-specific cash / voucher

**712,275**

Monthly average of people reached with sector-specific cash and voucher

**Cash 368,990    Voucher 343,285**

*\*This represents the number of individuals benefiting from multipurpose cash (MPC), a multi-sectoral aid modality by design and intent. Humanitarian agencies distribute MPC to the most vulnerable households across Syria to help them meet their minimum survival needs. Its objective is to give people in different states of displacement the choice, flexibility and dignity to prioritize spending on their most pressing needs, based on their access to markets for goods and services. Collection of MPC information from three response hubs is intended to provide better understanding of how this modality could complement strategic objectives in multiple sectors.*

7. Syria Protection Cluster (Syria Cross-Border HLG Coordinated Response), Protection Impacts of Covid-19 on NWS Communities - KII Survey - Round 2 (August 2020).

8. Multipurpose cash as CWG, sector specific cash is Sector 4Ws

**(vi) Protection risk analysis and context sensitivity**

The Protection Sector and Areas of Responsibility provided guidance and conducted training to develop sector specific protection risk analyses (PRAs) encompassing all activities with hub-specific components. The PRAs guide sector partners in identifying and mitigating protection risks in their individual projects. While all sectors developed PRAs, most were not submitted to the Protection Sector for review. Some of the sector PRAs are not fully in accordance with the guidance provided and are therefore of limited use to partners in mitigating risks associated with sector activities. PRAs in 2020 HRP projects were often generic and more on the lines of programme risk and mitigation. To address this issue, the joint responsibility of sectors towards PRAs must be re-emphasized by the humanitarian leadership. An inter-sector level analysis of Sector level PRAs, and quality and compliance in HRP projects should be done to inform and improve the next year's PRA exercise.

To reduce protection risks related to the impact of Covid-19, the

Protection Sector provided online training to over 120 organizations on protection mainstreaming and protection risk analysis in the context of Covid-19. As part of Covid-19 preparedness and response efforts, the Protection Sector shared global guidance on protection risks specific to persons with disabilities; community-based initiatives; protection and market-based interventions; protection considerations in quarantine facilities; CP considerations for national exam centres; and remote GBV service provision

**(vii) Grave violations against child's rights**

In the first half of 2020, the MRM4Syria verified 1,092 cases of grave violations against child's rights in Syria and 60 other violations of concern. Killing and maiming of children remains the most frequently reported grave violation against children in Syria, with 315 children killed and 358 injured. Recruitment and use of children continued unabated by parties to the conflict, with 312 verified cases. Also, these figures included 68 verified cases of attacks on schools (49)

**Grave violations against children in Syria\***

January - June 2020

# 1,092 cases of grave violations against child's rights

MRM4 Syria



**312** incidents of recruitment and use of children



**4** instances of sexual violence against children



**8** cases of child abduction



**49** verified cases of attacks on schools



**19** verified attacks on hospitals and their protected personnel

**673** Killing and injuring of children



**315** children were killed



**358** children were injured



**27** incidents of denial of humanitarian access for children

**60**

**Other issues of concern**



**33** instances of detention of children on security grounds/due to possible association to parties in conflict



**21** instances of military use of schools



**3** instances of military use of hospitals



**3** other interferences in the education process

\* Syria Monitoring and Reporting Mechanism on Grave Violations Against Children (MRM4Syria), 2020. The numbers refer to what MRM4Syria was able to capture and verify primary sources only. Due to this high threshold, the numbers do not reflect the full scope of the issues, as the actual numbers are expected to be much higher.

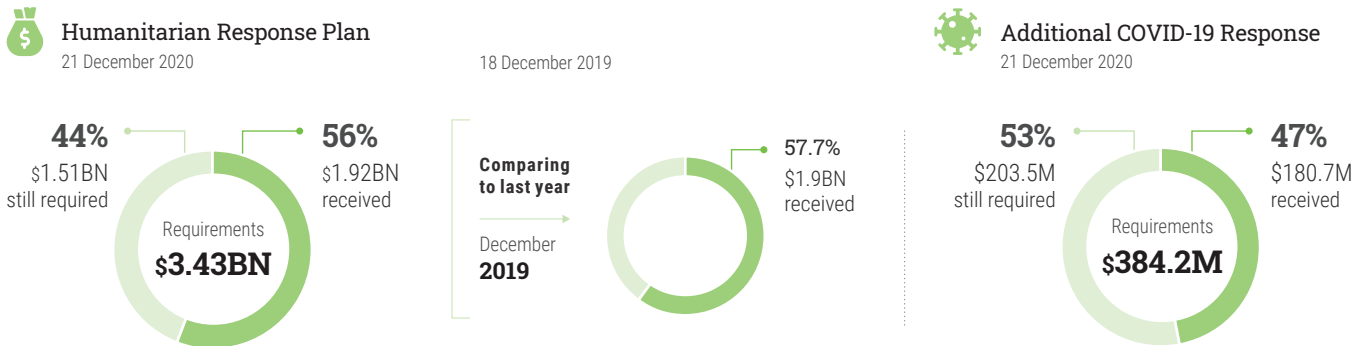
and hospitals (19) and their protected personnel, in addition to 27 incidents of denial of humanitarian access for children, eight cases of child abduction and four instances of sexual violence.

Of the 60 cases of MRM-related violations of concern, 33 were about the detention of children on security grounds/due to possible association with parties to the conflict, 24 included the military use of schools (21) and hospitals (3) and three other types of interferences with the education process.

(viii) Attacks on health care

**Funding Status**

Funding status as of 21 December 2020



\* Source: [fts.unocha.org](https://fts.unocha.org)

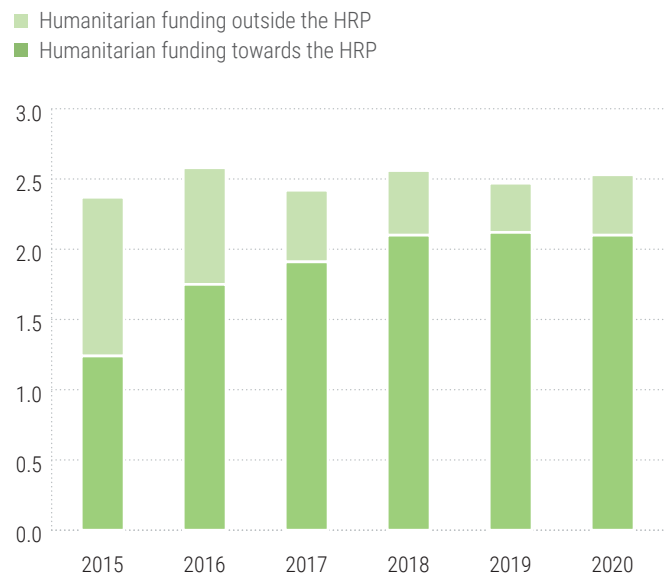
Between January and July 2020, 20 attacks on health care were reported<sup>9</sup> as compared to 51 from June to December 2019 (the previous seven-month period). Twelve persons were killed and 41 injured as a result of these attacks compared with 26 and 50 respectively in 2019. Matching trends in hostilities, 12 of these attacks took place in the first three months of 2020 and 14 took place in north-west Syria.

**1.3.5 Funding analysis**

Donors generously provided over \$2.1 billion to the 2020 Syria HRP and Covid-19 response, as of 21 December 2020.<sup>10</sup> \$1.92 billion in funding was recorded against the 2020 HRP (56 per cent of requirements), while \$180.7 million was recorded against the Covid-19 response (47 per cent of requirements). 83 per cent of all humanitarian funding to Syria so far in 2020 was provided through the framework of coordinated humanitarian response plans – the HRP and Covid-19 response –, in line with trends in previous years. These contributions have supported partners in delivering crucial assistance detailed in this monitoring report. Several sectors continue to report critical funding gaps against their HRP requirements, however, limiting the ability of partners to fully meet response targets. Sectors facing the most significant funding shortfalls include Protection (22 per cent funded, including areas of responsibility), ERL (11 per cent funded), Shelter and NFI (11 per cent funded), CCCM (11 per cent funded) and WASH (20 per cent funded).

**Humanitarian Funding to Syria**

in billion US\$



9. Surveillance System for Attacks (SSA) on Health Care, <https://extranet.who.int/sssa>

10. All funding information is based on FTS tracking records as of 21 December 2020. FTS is the authoritative source of information on humanitarian funding. Funding levels reflect contributions recorded by the FTS against the 2020 HRP, as reported by donors and partners. Funding may be under-reported in the case of some sectors, and approximately 44 per cent of funding recorded by the FTS was not reported under any sector at the time of publication. Humanitarian partners and donors are requested to continue reporting to FTS to allow for accurate up to date funding information: <http://fts.unocha.org>

The Health response is critically underfunded as of 21 December. The \$138.3 million in funding towards the Health response foreseen in the HRP covers only 31 per cent of requirements, while the \$66.8 million in funding to the Health component of the Covid-19 response covers only 42 per cent of requirements.

Essential health services are the backbone of any resilient health system yet the intense demands of the COVID-19 response over the course of 2020 has necessarily engaged resources and capacity that normally would be expended in support of routine health services delivery. To avoid weakening the health system, renewed attention on delivery of essential health services is required in 2021 alongside continued COVID-19 response activities.

Funding towards the 2020 HRP is 1 per cent higher than to the 2019 HRP at the same of the year; 10 per cent higher if funding to the Covid-19 response is included. In absolute terms, the Syria HRP and Covid-19 response have received the highest funding worldwide in 2020 (12 per cent of all funding tracked globally).

National NGOs appealed for 9 per cent of HRP requirements and received (directly) only 4 per cent of funding recorded. 56 per cent of HRP funding has been allocated to UN agencies.

## HRP Partners and Funding

As of December 2020

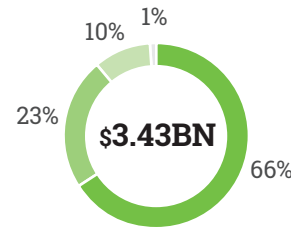
### 2020 Syria (HRP)



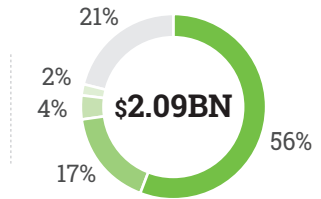
**196**

Number of partners\*

#### Funding requested\*\*



#### Funding received



■ United Nations ■ International NGOs ■ National NGOs ■ Pooled fund ■ Other\*\*\*

\* Partners reported on FTS

\*\* The breakdown of requirements by organization type for the Humanitarian Response Plan only.






















\*\*\* Others refers to Red Cross / Red Crescent and NGOs that have not provided details



## Funding recorded against the HRP and Covid-19 response plan, by sector

As of 21 December 2020

Funding levels indicated reflect contributions recorded by the FTS against the 2020 HRP and the additional Covid-19 response plan, as reported by donors and partners. Funding may be under-reported in the case of some sectors, and approximately 44 per cent of funding recorded by the FTS was not reported under any sector at the time of publication.<sup>11</sup>

SECTOR	2020 HUMANITARIAN RESPONSE PLAN			ADDITIONAL COVID-19 RESPONSE PLAN		
	CURRENT REQUIREMENTS US\$	FUNDING US\$	FUNDING VS REQUIREMENTS	CURRENT REQUIREMENTS US\$	FUNDING US\$	FUNDING VS REQUIREMENTS
Protection	184.3M	65.1M	 35%	12.8M	6.7M	 52%
Protection: Child Protection	75.7M	6.5M	 9%			
Protection: Gender-Based Violence	64.4M	3.6M	 6%			
Protection: Mine Action	52.6M	7.7M	 15%			
Camp Coordination and Camp Management	25M	2.8M	 11%	8.1M	0.5M	 7%
Early Recovery and Livelihoods	174.4M	19.4M	 11%	20.7M	7.9M	 38%
Education	264.4M	96.1M	 36%	27.4M	5.2M	 19%
Food Security and Agriculture	1,120.5M	563M	 50%	37.8M	5.7M	 15%
Health	443.2M	138.3M	 31%	158M	66.8M	 42%
Nutrition	79.3M	21.6M	 27%	10.9M	-	 0%
Shelter and Non-Food Items	569.9M	65.5M	 11%	33.2M	0.5M	 2%
Water, Sanitation and Hygiene	314.4M	62.5M	 20%	69.9M	23M	 33%

11. All funding information is based on FTS tracking records as of 21 December 2020. Humanitarian partners and donors are requested to continue reporting to FTS to allow for accurate up to date funding information: <http://fts.unocha.org>

## Part 2

# Sector Achievements

©OCHA, 4 April 2020 - Idleb Hospital in Idleb Governorate

SYRIA





## 2.1 Protection

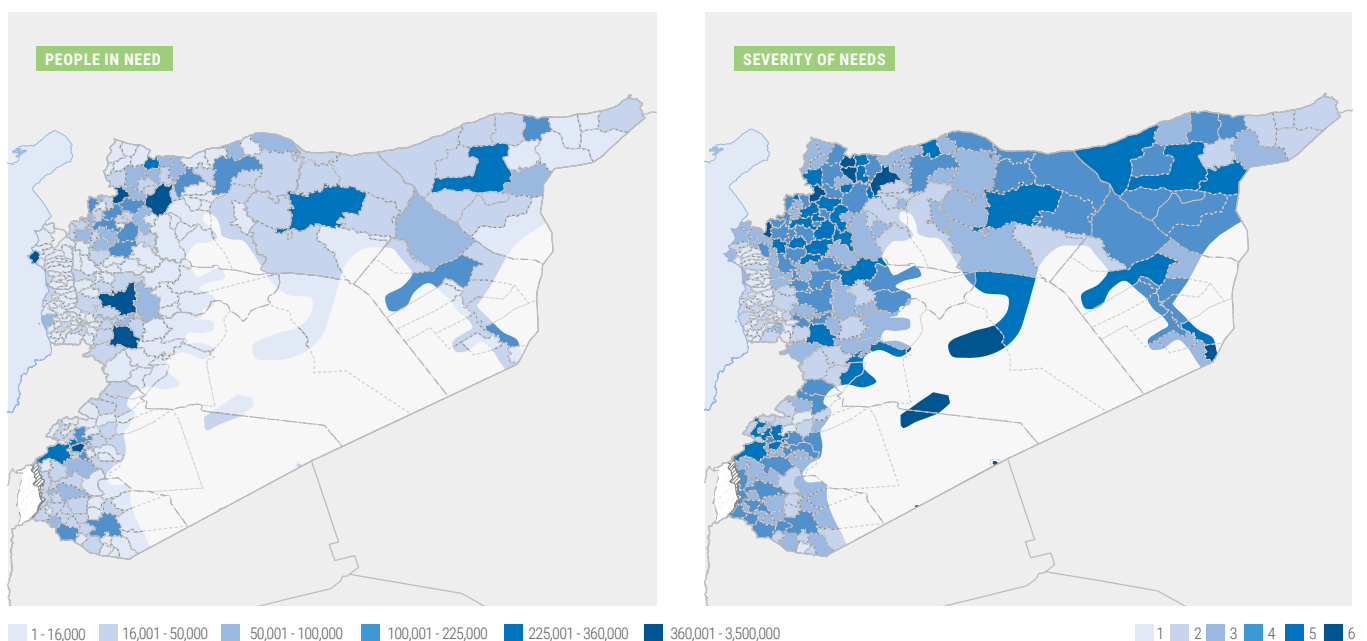
### Update on Sectoral Needs

Suspension and/or minimization of protection programmes following the introduction of Covid-19 mitigation measures<sup>12</sup> led to various increased protection risks including:

- Increased adoption of negative coping mechanisms, including child labour and its worst forms, early/forced marriage, temporary marriages and forcing young girls to take hormonal medications to accelerate puberty.
- Increased risks, threats and vulnerability, as well as reduced care options, for older persons and persons with disabilities.
- An increase in all forms of gender-based violence, particularly domestic and sexual violence, resulting from the deteriorating economic situation and loss/reduction of income due to home confinement measures applied as a precaution against the spread of Covid-19.
- Increased likelihood of exposure to the threat posed by explosive hazards for those engaging in negative coping mechanisms. Increased risk of killing, maiming and injury of civilians has been observed due to hostilities leading to clashes, shelling and aerial bombardments in populated areas.

The first half of the year has also been characterized by persistent and serious protection concerns, including grave child rights violations, which continued unabated with children being killed, injured, recruited, abducted and detained. Covid-19 pandemic has increased risk factors that drive the intensity and frequency of violence against children. Restrictive measures in some locations in Syria are isolating children in homes that are not safe, exacerbating the risk of emotional, physical and sexual violence. Deepening poverty caused by loss of livelihoods and economic downturn is putting many

12. For example, from Syria HCT Coordinated Response, protection programmes serving around 2.1 million boys, girls, women and men have been affected by Covid-19 mitigation measures implemented by the GoS. This includes 450 community centres, child-friendly spaces and women safe spaces providing specialized protection activities to 1.2 million vulnerable persons, being closed for several months and lifesaving protection activities being put on hold, affecting the most vulnerable among children, women and men.





more children at risk of marriage and child labour, including in its worst forms such as recruitment and use by armed actors. Children continue to be separated from their caregivers due to a range of conflict-related factors. Exposure to violence, multiple and prolonged displacement and other disruptions to daily life, continue to have a negative impact on the wellbeing of children and their caregivers.

The impact of the escalation of hostilities in north-west Syria in the first quarter of the year was aggravated by Covid-19 pandemic and the devaluation of the Syrian pound in the second quarter of the year. Programmes were suspended and relocated throughout this period and protection response capacity is low compared to the level of need.

Women, girls, adolescent girls, including women and girls with disabilities, widowed and divorced women and girls as well as older women, remain at risk of GBV. Covid-19 has exacerbated the GBV 'shadow pandemic'. Lockdowns and restrictions on movement have increased the already widespread limitations on women and girls' freedom and led to an increase in GBV, as women and girls have often been trapped at home with their abusers. Since the beginning of the Covid-19 pandemic GBV actors have reported a significant increase in domestic violence and psychosocial stress. Women and girls with disabilities and pregnant women are among the most vulnerable to domestic violence during this period. Cases of exploitation of women (both financial and sexual exploitation) have been reported. IDP women are especially at risk of this type of violence due to financial vulnerability. Child marriage continues to be widespread, including families marrying off their daughters repeatedly for short periods of time in exchange of money. In north-west Syria it was widely reported that parents often force their young daughters to undertake hormonal treatments to advance puberty in order to be ready for marriage.

## Progress against HRP and Covid-19 targets, related challenges

Protection sector targets are progressing, with awareness-raising activities reaching significantly fewer people than planned due to a lack of resources combined with Covid-19 risk mitigation measures. Wherever possible these activities have incorporated Covid-19 prevention awareness-raising messages and messaging on wellbeing and protection risks exacerbated by Covid-19.

Capacity as well as access constraints have hampered protection service delivery. Authorities prioritize material support over protection service delivery, resulting in protection actors being prevented from reaching all affected populations. Quality of access across much of the country remains a recurrent challenge for the protection sector to provide services of a sustained nature, such as case management in response to protection violations. Ongoing challenges in providing equitable access to protection services to all populations in need include, amongst others, restrictions on entry of new and specialized

actors in GoS-controlled territories through government registration, restrictions on cross-line service provision, access to families with alleged associations with ISIL, access to camps and informal settlements in north-west and north-east Syria.

Resources are insufficient compared to the scale and complexity of needs. For example, even though the hubs have a highly prioritized response planning and targets, protection needs remain unaddressed.

Initially protection activities were not prioritized by the authorities as critical or life-saving intervention, in response to Covid-19. As a response, the protection sector developed a COVID-19 response strategy where life-saving and critical protection activities have been prioritized while taking appropriate precautions, including changing the modalities of activities ordinarily involving large gatherings.

In the initial months of the Covid-19 response, programme reach, quality and impact of interventions were significantly hindered, in part because protection services by design are heavily dependent upon in-person support and often offered over a sustained period to promote recovery. The demands to rapidly adapt service delivery modalities in response to Covid-19, which led to reducing gatherings size, conducting home visits, support community-led initiatives, transitioning to virtual platforms and training staff and volunteers accordingly, required a heavy investment. However, the sector is now well positioned to deliver in the second half of 2020.

### Gender-Based Violence (GBV)

A total of 158,004 GBV response services<sup>13</sup> (42 per cent of the HRP target) were provided in 262 sub-districts in 589 communities (68 per cent of the HRP target). Out of these, 66,257 GBV response services were provided since the beginning of the Covid-19 crisis (24 per cent of the Covid-19 response target). Some 605,355 people were reached with prevention and empowerment services (38 per cent of the HRP target) and 67,678 (49 per cent of the Covid-19 response target) awareness raising interventions (including on associated GBV risks and GBV key messages) were implemented. Since Jan 2020 a total of 1,804 GBV actors were trained on GBV prevention, response and risk mitigation. Even though all indicators are on track, those with lower achievements are affected by the challenges linked to the suspension of in-person activities and the need to organize alternative modalities, as well as limited funding. GBV referral pathways are in place throughout the country and are functional, including in IDP sites, in 14 governorates. The pathways in north-west Syria have been regularly updated to reflect changes in service availability and working hours linked to Covid-19, while in other hubs this is still being worked out. Through the GBV emergency response model, adapted to remote service provision, GBV actors provided information, psychological first aid, psychosocial support and specialized GBV services, referral to specialized protection and health services and distributed dignity kits to women and girls in the context of the Covid-19 emergency response.<sup>14</sup>

13. The list of GBV response services can be found on the GBV AoR dashboard.

14. Dignity kit consists of essential life-saving items for women and girls of reproductive age such as menstrual pad sets, female underwear, cover and flashlights.



## Mine Action (MA)

Due to Covid-19 health protocols and authorities' directives (such as restriction of movements, limiting in-person gatherings), Mine Action activities involving community gatherings such as Risk Education face-to-face sessions have been significantly impacted. However, Mine Action AoR partners adapted operations modalities to follow health protocols, notably by developing online and/or remote tools, such as social media awareness campaigns, use of loudspeakers, to continue deliver lifesaving risk education messages to people at risk (more than 900,000 beneficiaries reached in the first half of the year by humanitarian actors and public service providers, 21 per cent of HRP target). Messages on the threat posed by explosive ordnance have often been combined and delivered together with Covid-19 prevention and awareness messages. Explosive hazard surveys and clearance removal activities continue to remain limited to certain geographical areas, despite the high levels of contamination country wide.

202 contamination impact surveys were conducted in communities potentially at risk, thus enabling the sector to advise communities and humanitarian actors of potential hazards in their project locations and to identify needs of victims as well as behaviours leading to incidents. In the first half of the year, Mine Action AoR partners assisted 6436 survivors (31 per cent of HRP target) with victim assistance services including trauma care, prosthetics and orthotics, physiotherapy, psychosocial support and self-care training. To date, more than 11,00 specialized victim assistance services have been delivered (60 per cent of HRP target).<sup>15</sup>

## Child Protection (CP)

During the reporting period, the CP AoR worked on adapting services to Covid-19 realities to ensure children retained access to services in prioritised locations. CP services and response activities were available in 788 communities in 183 sub-districts. CP actors provided structured CP and psychosocial support (PSS) programming to over 324,000 girls and boys (47 per cent of target) and almost 37,000 men and women (35 per cent of target) were supported with parenting programmes. A further 497,000 individuals (33 per cent of target) were reached with awareness raising and social mobilisation initiatives on CP issues, including via WhatsApp and SMS. These community-based programmes are critical in a context where communities are severely over-stretched to reduce vulnerabilities, strengthen individual and community resilience and self-coping mechanisms, as well as increase awareness about protection risks. Building on investments over previous years, more than 24,000 children at risk and survivors of violence, abuse, neglect and exploitation (43 per cent of target) were provided with specialized CP services including through case management. Efforts continued to build a sustainable CP workforce, reaching over 6,000 men and women (61 per cent of target) with trainings and common guidance, SOPs and modalities adapted to Covid-19 to reach particularly vulnerable children, such as survivors of violence, worst forms of child labour and children with disabilities. Enhancing the integration of CP with other sectors such as education has also been crucial in the first half of 2020.

## Update of response strategy, including key priorities and funding gaps

for October-December 2020

The protection sector will continue protection monitoring activities to facilitate identification of individuals in need of support and understand trends in the protection environment. Furthermore, the sector will continue investment in Housing Land Property (HLP) technical capacity to strengthen dispute resolution, community awareness as well as HLP due diligence processes.

The sector will increase resources for remote engagement with communities which remains a priority, although face-to-face engagement for certain protection cases remains crucial. The sector will additionally enhance the integration of ad-hoc and individual basic needs assistance, either in-kind or using market-based modalities, to achieve protection outcomes by averting adoption of harmful coping mechanisms and support case management processes, by limiting refusal to engage with protection partners. The sector committed to increase the support for outreach protection programming modalities to ensure access to populations, regardless of geographical location.

The sector will continue to adapt to emerging issues. There are increasing movements of people out of camps, and to other camps in north-east Syria. Protection actors will focus on protection issues arising from population movements and associated advocacy, including for host populations.

## Gender-Based Violence (GBV)

Covid-19 and related prevention and control measures, including lockdowns, restrictions on movements as well as fear and psychosocial distress have increased the challenges that women and girls face to access GBV services. GBV actors were able to continue the provision of GBV prevention and response services in person through the introduction of infection prevention and control measures or the remote provision of services, further increasing the entry points for disclosure of GBV. This has been accompanied by intensified capacity building of GBV actors on service provision through new modalities, the development of relevant guidance and, in north-west Syria, the establishment of a GBV-Covid-19 taskforce. The continued distribution of life-saving dignity kits, which were adjusted to meet specific needs related to Covid-19, was critical in responding to women and girls' increased need for personal hygiene products. Specific measures were taken by GBV actors during distributions to prevent the spread of Covid-19.

Contingency planning and continuity of services, capacity building, including on emergency response and the provision of remote GBV

15. Mine Action AoR members have adapted victim assistance delivery modalities to comply with Covid-19 protection and prevention measures (such as consistent wear of PPEs, medical visits and rehabilitation sessions provided on a strictly one-to-one ratio, etc) and ensure safety and security of beneficiaries and service providers

services, and continuing and expanding specific adolescent girl programming as well as inclusion of persons with disabilities remain priorities for the GBV response. The GBV AoR will continue to support sectors/clusters with GBV risk mitigation in their response.

While the quality of GBV services have improved, gaps remain in ensuring comprehensive specialized care in all areas. This is primarily due to intensification of hostilities in north-west Syria, loss of access to some communities due to change in lines of control, the Covid-19 emergency as well as funding gaps and short funding cycles, which, in some instances, led to the closing of women and girl safe spaces and have affected the continuity of GBV services. GBV actors have adopted measures to improve access for women and girls, including through new response modalities, however access to services for older women, persons with disabilities and their caregivers remain restricted. Concerning gaps remain in access to Clinical Management of Rape for survivors, due to the limited number of capacitated health staff and shortage of post-rape treatment kits, as a result of increased challenges in procurement and shipment.

### **Mine Action (MA)**

Loss of employment or income as a result of Covid-19 prevention measures may force some people to adopt risk-taking behaviour patterns to generate income. In response, the Mine Action AoR will continue to focus on the delivery of age and gender sensitive explosive hazard risk education. The Mine Action AoR will additionally continue to promote integration of risk education into other sectors, and boost training and technical support to humanitarian partners.

Flexible and sustained funding across all Mine Action activities is paramount to allow comprehensive geographic coverage, continuous delivery of services, more rapid scale-up into new areas, and efficient sharing of expertise and resources. Funding and support are needed to further develop knowledge and technical capabilities on remote, online or digital risk education tools as well as to ensure continuity of delivery of victim assistance services, as Covid-19 crisis is imposing an extra burden on the already stretched Health sector. The Mine Action AoR will continue to advocate for the expansion of explosive hazard survey and clearance operations.

### **Child Protection (CP)**

The CP AoR will continue to promote the continuity of services by adapting existing activities to respond to challenges presented by Covid-19. Geographical coverage will be expanded to reach the growing number of children experiencing CP concerns due to the impact of Covid-19 and the economic downturn. CP actors will continue to address grave violations against children, such as preventing and responding to child recruitment. CP AoR will also continue to provide technical guidance and capacity building opportunities, such as a new Children Associated with Armed Forces and Armed Groups training initiative, while strengthening inter-hub coordination and engagement with other sectors. The enhanced collaboration between the Mine Action and CP AORs to respond to children impacted by explosive ordnance is noteworthy. Additional investment from donors with flexible funding is required to ensure CP actors can scale up to reach more children with sustained and quality interventions.



## 2.2 Camp Coordination and Camp Management

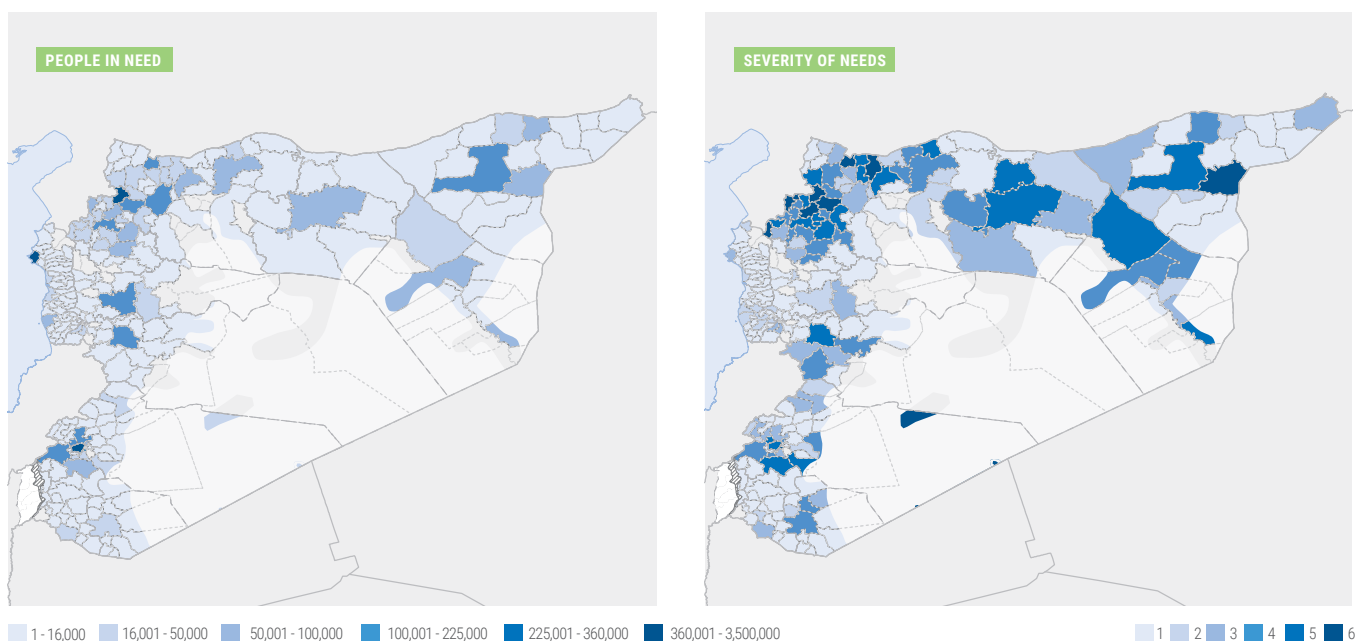
### Update on Sectoral Needs

Between January and July 2020, 1.6 million displacement movements were tracked in north-west Syria by the CCCM Cluster, noting that people may have been exposed to multiple displacements. Departures principally occurred from Idleb and Aleppo governorates. Dana was the sub-district where most displaced people arrived in, followed by Salqin, A'zaz, Maaret Tamsrin, and Atareb sub-districts.

As of July 2020, 1,116 IDP last-resort sites were listed in the CCCM database. 6 per cent of the sites are planned camps compared to 92 per cent self-settled camps. These sites host 1,479,251 IDPs (285,862 families), 80 of whom are women and children, and 22,719 IDPs are reported to be persons with specific needs.

CCCM continued to monitor and report on multiple incidents in IDP sites as part of its coordination response, including fire, high-speed wind, flood incidents. Notably, many fire incidents continue to be reported, with urgent needs ranging from tents and NFI kits, to food parcels and fire extinguishers.

CCCM's Multi-Sectoral Monitoring Factsheet, produced in May 2020, indicates that out of 907 sites hosting more than 1.2 million IDPs, camp management is not available in 515 sites. An urgent need for fire points was also identified in 724 IDP sites. Regarding Shelter and NFI services, CCCM identified gaps in shelter availability in 584 sites, while approximately 1.13 million people were identified as not having access to fuel. In terms of WASH services, although 91 per cent of IDP have access to potable water, urgent needs for access to clothes washing basins (96 per cent), showers (51 per cent) and latrines (44 per cent) were identified. It was also reported that hygiene kits were not systematically distributed in the majority of sites (90 per cent). Looking at access to Health services, Community Health Workers were found not to be available in 733 sites, while 487 sites had access to health care within two kilometres.



## Progress against HRP and Covid-19 targets, related challenges

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In north-west Syria, CCCM Cluster members have provided multi-sectoral assistance to 1,403,671 individuals between January and June 2020, including 277,926 women, 400,046 girls, 402,853 boys and 322,846 men; reaching 94 per cent of the total target for 2020. Multi-sectoral assistance in north-east Syria is ongoing and work is ongoing with partners to look at its impact.

CCCM promoted participatory management structures with the view to improve the management quality and accountability of IDP sites. At the mid-year review stage, in north-west Syria, 159,653 IDPs were reported as living in camps with participatory management committees, including active participation by women; reaching over the half of the annual target for 2020. In north-east Syria, 93,222 IDPs are currently active in participatory management structures.

This participatory approach was also relevant to build the capacity of emergency responders and committees in IDP sites. As of July 2020, 273,848 IDPs are living in settlements in north-west Syria with self-run emergency response capabilities.

Due to Covid-19 mitigation and response measures, such as social distancing measures and restrictions on gatherings of large groups of people, CCCM faced obstacles in implementing some of its training and capacity development activities.

## Update of response strategy, including key priorities and funding gaps

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for October-December 2020

The CCCM Cluster aims to coordinate a comprehensive, multi-sectoral service for displaced persons in IDP sites. As far as possible and in line with Covid-19 mitigation and response measures, CCCM will continue to develop the capacity of humanitarian actors operating in IDP sites, with a focus on camp management and protection mainstreaming, establish and expand IDP committees as well as promote other participatory management structures.

CCCM plans to guide its members to implement tailored livelihood activities that focus on supporting IDP households in restoring their assets and securing more sustainable solutions, in coordination with the Food Security and Agriculture, and ERL sectors. In addition, CCCM in the north-east plans to steer the current strategic conversations towards focusing on durable solutions, specifically with the leadership of the shelter and NFI, Protection, and Education clusters.

Tracking displacement, including sudden mass displacement, as well as trends and intentions enabling the quick identification of IDPs in need of life saving assistance remains a priority. Population movement data and location details will be triangulated and published to trigger humanitarian, multi-sectoral responses. A vulnerability index will be developed to ensure that top-line needs are met, and the most vulnerable sites are prioritized.

CCCM will also focus on coordinating the establishment and expansion of IDP sites in north-west Syria in alignment with appropriate site selection criteria as well as on advocating for efficient responses, and maintaining the temporary nature of assistance in IDP sites, which should be last report options for vulnerable displaced persons both in north-west and north-east Syria.





## 2.3 Early Recovery and Livelihoods

### Update on Sectoral Needs

As per the latest needs assessment conducted by the sector in July 2020, an estimated 11.6 million people are in need of ERL support. ERL needs across the country remain considerable in scale, severity and complexity, and new needs have emerged as a result of Covid-19 pandemic, mainly in the areas of income-generating support, restoration of basic services and assistance to persons with disabilities.

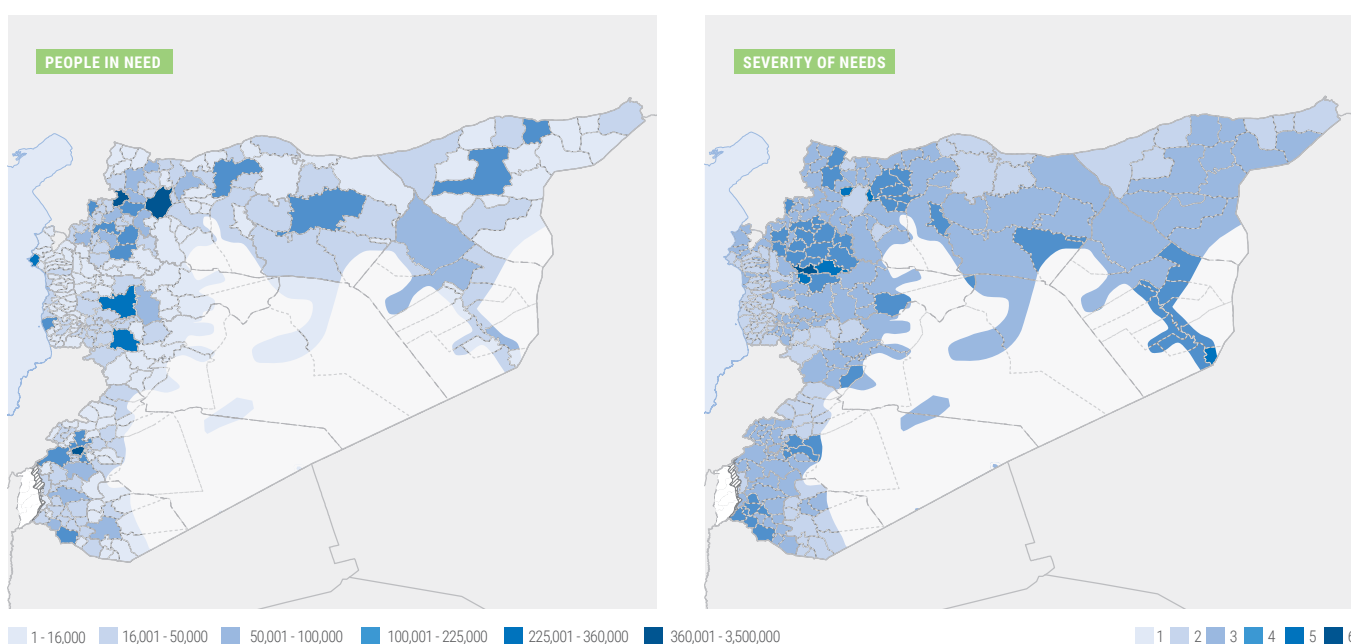
As per the latest sector needs assessment, the sector's activities were distributed as follows:

- 5 per cent in areas with severity scale 2;
- 46 per cent in areas with severity scale 3;
- 40 per cent in areas with severity scale 4
- 9 per cent in areas with severity scale 5

In general, a major change in terms of severity of ERL activities occurred since the development of the 2020 HNO, whereby the majority of ERL severity increased from 23.99 to 40 per cent in areas with severity 4, due to growing need for job opportunities after the massive disruption of jobs and livelihoods that the ten-year crisis and the Covid-19 pandemic brought about, in addition to the increased pressure on essential services and infrastructure.

### Progress against HRP and Covid-19 targets, related challenges

In its endeavour to strengthen the resilience of the Syrian people, the ERL sector response strategy continued to focus on (i) strengthening access to livelihood, (ii) improving access to basic and social services and infrastructure, and (iii) promoting social cohesion through working for and with communities.



From January to July 2020 a total of 1,562,197 people benefited from ERL interventions. 7,729 short-term work opportunities were created, and 997 people accessed regular employment, as a result of sector support. 3,885 people benefited from livelihood support to rehabilitate, develop or start a social or business entrepreneurship initiative, and 3807 people were provided with vocational and skills training opportunities. 164 vulnerable households (female-headed households, older persons, etc.) were provided with market-based assistance. In addition, 5 schools, 1 clinic and 426 social infrastructures were rehabilitated, and 33,748 households were provided with access to one or more basic utilities (electricity, gas, water, sewage). 11,681 community members benefited from 490 initiatives to promote social cohesion between IDPs and host communities.

With respect to the Covid-19 response, 4,688 people enrolled in and benefited from social safety net support, 12 critical livelihoods infrastructure (including through cash-based modalities) were rehabilitated as part of Covid-19 preventative measures, and 48 rural and urban entrepreneurs were assisted to mitigate the impact of the pandemic on their activities.

The biggest constraint to achieve the sector objectives was low funding. In fact, overall funding levels for both HRP and Covid-19 ERL responses remain significantly low, with only 11 and 38 per cent of required funding received. So far, underfunding has led to a prioritisation of activities mainly focusing on building communities' resilience, such as improving access to newly-accessible areas through debris removal, rehabilitation of social and basic infrastructure, and local economic infrastructures rehabilitation.

Therefore, the progress exceeded the target with respect to number of local economic infrastructures rehabilitated (127 per cent of HRP target), and achieved nearly 66 per cent of HRP target for social infrastructure rehabilitated. By contrast, some interventions such as vocational skills training and enterprise development, achieved only 8.5 per cent and 9.5 per cent of HRP targets respectively. Moreover, the Covid-19 pandemic has directly impacted the delivery of activities that require congregating people, especially in confined and closed environments, such as social cohesion activities, whereby only 3.6 per cent of the target was achieved.

## Update of response strategy, including key priorities and funding gaps

for October-December 2020

According to the latest targets-gap analysis, ERL needs remain high across Syria and new needs are emerging as a result of the increased pressure on essential services and infrastructure due to Covid-19. In particular, Idleb, Rural Damascus, Aleppo governorates and north-east Syria continue to have severe needs, mainly in terms of income generating support, restoration of basic services and assistance to persons with disabilities.

The sector requires at least \$172 million until the end of December 2020 to undertake essential response activities, including but not limited to basic and social infrastructure rehabilitation, creating income generating opportunities especially for the most vulnerable groups as well as supporting access to one or more basic utilities (electricity, gas, water, sewage).

The ERL sector has developed a prioritization approach based on the needs-analysis of the sector severity. In line with needs expressed by communities, the sector has identified the following activities:

In line with needs reported by communities and based on the severity of ERL indicators, the areas with highest severity of needs will be selected, taking into account the resilience-oriented nature of the ERL activities, requiring regular access to the targeted locations, where access to basic services is most limited.



## 2.4 Education

### Update on Sectoral Needs

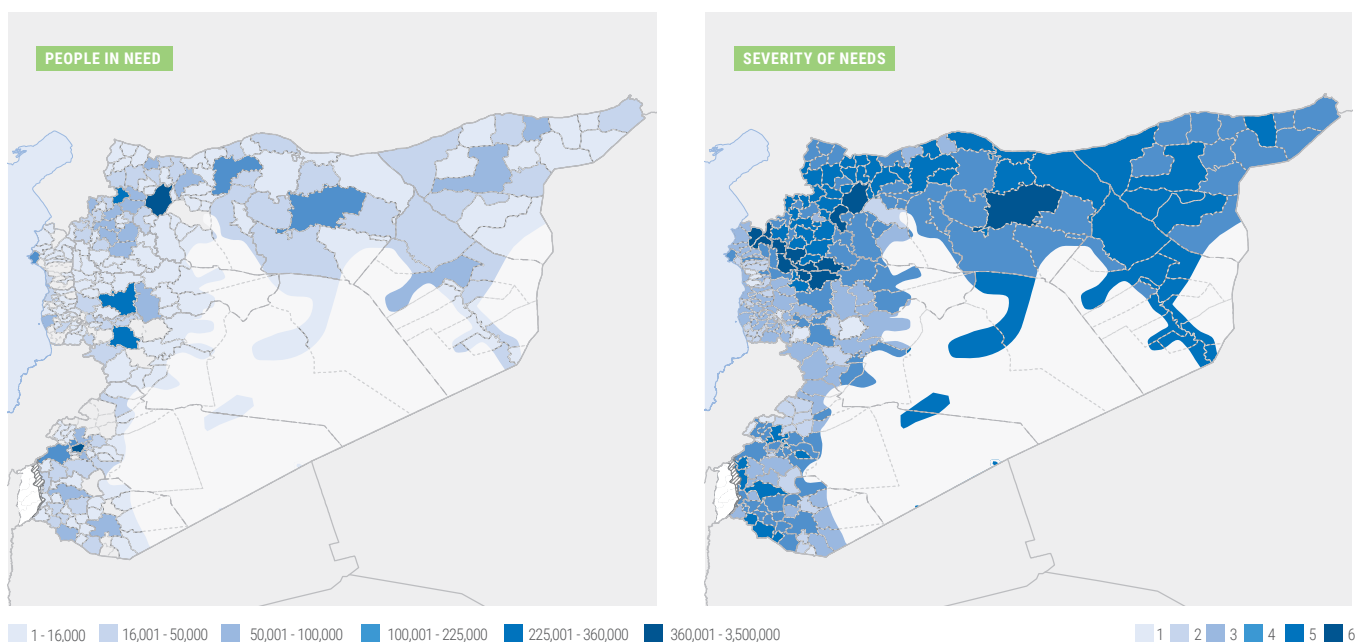
*The sectors PiN and severity will be updated in the up-coming 2021 HNO process.*

Extended school closures as part of Covid-19 mitigation measures (compounded by inadequate learning environments even if schools re-open due to over crowdedness, lack of WASH facilities, schools being used by IDPs etc) highlights the need for the sector to rely fully or partially on remote/blended learning modalities. These modalities may pose a risk for children living in areas where services are not available, or where they are not able to learn through these services. Such factors can increase the number of children who are behind in their learning and the number of children who drop out, disproportionately affecting children in communities with insufficient communication infrastructure, children who live in unconducive home environments, poorer children and children with special needs.

### Progress against HRP and Covid-19 targets, related challenges

Members quickly adapted to implementing new learning modalities and were able to make sufficient gains in formal education, with 81 per cent of the target reached and 56 per cent of the non-formal education target reached.

42 per cent of targeted schools and learning spaces benefitted from gender-sensitive and disability-sensitive WASH facilities—an important gain given the importance of hygiene as a Covid-19 prevention measure. However, with only five per cent of the target reached, members were not able to adequately establish or rehabilitate classrooms, limiting the ability of schools to address overcrowding or absorb additional students. This critically hampers the ability to operate schools safely during the pandemic.



Only 18 per cent of the teacher training target was reached with Covid-19 making it both more difficult to train teachers and more critical to do so. School closures and challenges encountered in the roll out of online teacher training impacted the ability to reach the target. Insufficient progress towards early childhood support was further hindered by Covid-19, with the sector reaching eight per cent of its early childhood education target, including children with disabilities who accounted for one per cent of the children reached. The sector remains committed to increase its reach to these children but increased investment per learner and increased investments in learning infrastructure and education personnel are fundamental for improvements.

## **Update of response strategy, including key priorities and funding gaps**

for October-December 2020

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The sector will continue to frame its response through improving availability, access, quality and systems. The Covid-19 pandemic exacerbates the consequences and risks of systemic underinvestment in education service delivery and requires adaptations to ensure continuity of learning. Education systems need to be further strengthened so that the expansion and investment in education services is more sustainable and builds resilience through continuous services. School infrastructure must be improved and/or established to provide sufficient safe spaces for children. Investments must enable schools to enact Covid-19 prevention and identification guidelines on physical distancing, WASH facilities, ventilation, disinfections and hygiene and PPE materials, etc. Schools must be adequately winterized to keep children and education personnel warm while enabling regulated ventilation (a key Covid-19 prevention measure).

Educators and other school personnel need to be provided with resources, tools and guides and trained and supported to acquire the skills and tools needed to support remote and blended learning modalities. Additional classrooms also mean that additional teachers and subsequently teacher incentives are needed. Students must be provided with continuous and sufficient access to learning materials and supplies. School-based and home-based interventions should have integrated psychosocial support (PSS) and psychological first aid (PFA) activities and cross-sectoral linkages with CP, health, nutrition, food security and livelihood.





## 2.5 Food Security and Agriculture

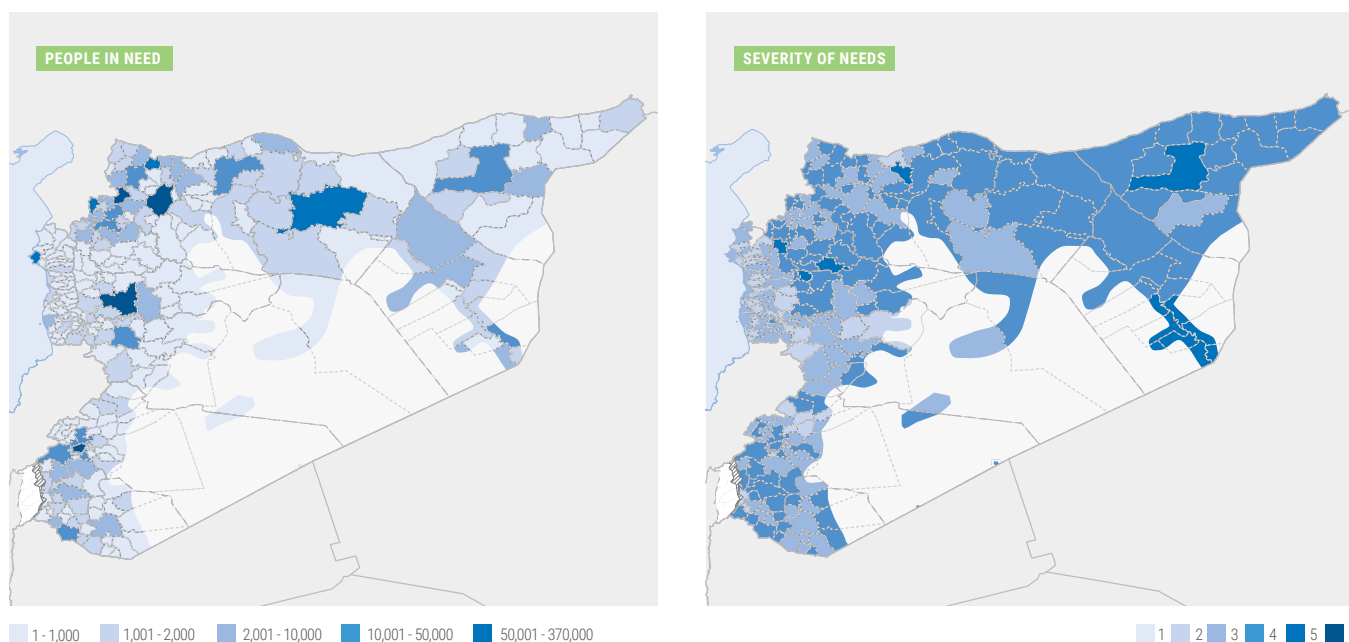
### Update on Sectoral Needs

At the beginning of 2020, the number of people estimated to be food insecure was 7.9 million or 39 per cent of the total population of Syria. Of these, at least 569,477 people (6 per cent) were estimated to be severely food insecure. A mid-year review analysis undertaken by Food Security and Agriculture Sector (FSA) has seen a substantial increase in the food insecure population which is now estimated to be 9 to 9.3 million people, an increase by 14 to 18 per cent since the beginning of 2020. In addition, at least 1.9 million people remain at risk of food insecurity since the beginning of the year. The total FSA PiN is now estimated at 10.9 to 11.2 million people, an increase by 11 to 14 per cent compared to January 2020.

The substantial PiN increase is attributed to continued hostilities and instability in Syria, further economic collapse since the beginning of the year, in particular exchange rate volatility, the regional banking crisis, including knock-on effects of the preventative measures of Covid-19 on the economy, particularly for those reliant on daily wage labour or seasonal work and the continued rise in food prices, which have combined to push more people into food insecurity.

By 31 July 2020 the SYP/USD informal exchange rate stood at SYP 2,140/USD, an increase by 108 per cent from January 2020 and by at least 263 per cent compared to the same period in 2019. Similarly, by the end of July 2020, the national average reference food basket price at SYP 86,571 was 131 per cent higher than in January 2020 (6 months ago), 240 per cent higher than October 2019 (start of Lebanese financial crisis), and 251 per cent higher than levels in July 2019 (year-on-year). The national average food basket price in July was at least 22.8 times higher than its pre-crisis 5-year monthly average price, exceeding the highest paid official government monthly salary of SYP 80,240.

In north-west Syria, military activities have led to significant reduction in farming activities due to insecurity and loss of access to farmlands as well as disruption of critical supply chains for food commodities. For example, not more than 30



per cent of bakeries in the north-west are functional to date leaving a bread supply deficit of at least 42 per cent compared to minimum consumption requirements. A recent food security assessment focusing on newly displaced persons (between December 2019 and March 2020) in north-west Syria indicates critical levels of food insecurity, particularly for those living in unfinished buildings, collective centres, schools, as well as in formal and informal camps (tents). It also highlighted that food was the main expenditure item by far for all households and relatively little was spent on other basic needs such as medical and education expenses.

Across north-east Syria, low wages and limited work opportunities affected both residents and IDPs. IDPs remained heavily dependent on daily-waged labour, which was reported as main source of income in 95 per cent of assessed communities. The resident population reportedly counted on more diversified ways of meeting basic needs, including crop and livestock production, but was still largely dependent on waged labour. Low wages were reportedly the main barrier to accessing sufficient livelihoods for both residents and IDPs. In fact, while reported estimated wages did not show a significant change from previous months, the increase in prices of essential goods resulted in a decreased purchasing power for waged workers.

Covid-19 containment measures have affected food availability, causing a rise in input prices, whether due to import constraints or opportunism and speculation on the part of the traders. Small livestock keepers could not take their animals to graze or buy feed due to movement restrictions. The markets where they usually sell their animals were temporarily closed or operated under restrictions. As a result, the poultry business was subsequently affected by the high cost of imported feed and a collapse in demand. The farming system had to cope with increased costs of fuel, inputs and transportation, which have resulted in higher production costs, whereas the market price of cereals has remained more or less the same.

All the aforementioned factors have had negative impacts on agriculture productivity, with the GDP of the agricultural sector contracting by -11.70 per cent compared to the expected productivity in the absence of Covid-19. Moreover, in the months of May, June and July 2020, extended fires burnt thousands of hectares of farmland in Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor governorates as well as in north-west Syria.

Unilateral coercive measures imposed on Syria including most recently the 2020 Caesar act have continued to affect production lines, supply and value chain systems which have continued to curtail economic opportunities and employment. Moreover, livelihood activities have remained majorly underfunded with only 22 per cent of the population targeted for agriculture and livelihoods activities supported under the Food Security Sector since the beginning of the year.

## Progress against HRP and Covid-19 targets, related challenges

In terms of coverage against planned targets, the sector was able to achieve full coverage (100 per cent) for the provision of food baskets and bread/flour. However, in terms of emergency response, which encompasses emergency ration distribution both to displaced and returnee populations, only 26 per cent of the overall target was achieved, due to low levels of returnees compared to the target number (1 million). The coverage for supplementary food baskets was also relatively low at 45 per cent, which was partly due to funding for the activity which is mainly supported by NGOs. The emergency response in north-west Syria was at large scale with peaks of about 700,000 people assisted over the period of high waves of displacements. About 25 Food Security and Livelihoods (FSL) partners were on the frontline to provide rapid response with Ready-To-Eat (RTE) rations and emergency food baskets.

In terms of agriculture and livelihoods, the sector was on average only able to reach 22 per cent of the total target at the time of reporting although this coverage is expected to increase by the end of the year owing to the winter season agriculture activities. Apart from support with income generating activities and infrastructure rehabilitation, which had a coverage of 36 and 26 per cent respectively, all the other livelihood activities had a coverage of less than 13 per cent at the time of reporting. As over the past years, the major reason for low coverage is the low levels of funding for agriculture and livelihood interventions. In the north-west and parts of central, south and north-east Syria, insecurity, access and active conflict have continued to affect the smooth implementation of livelihoods activities which require some form of stability in order to meaningfully engage communities, deliver and monitor such interventions. It should also be noted that partners particularly in the north-west (with the highest intensity of hostilities) have often had to re-programme their activities during emergency situations leading to the diversion of funding originally meant for livelihood activities to emergency response programmes.

In north-east Syria, irrigation canals remain a key gap, particularly in northern areas of Deir-ez-Zor Governorate where the lack of functionality of irrigation systems is a fundamental barrier to agriculture. Despite access to livelihoods and sources of income being reported as a priority need, livelihood programming remains extremely limited. As outlined below, the upcoming multi-sector livelihood assessment is seen as a critical first step in fully understanding needs and tailoring programming accordingly to the context.

During the reporting period, the sector, in coordination with WHO and Ministry of Health (MoH), and in partnership with UNICEF, SARC and local NGOs, developed and displayed Covid-19 awareness material in

1600 distribution points throughout Syria. The sector also deployed a total of 4,518 posters, 2,422 banners, 3,180 roll-up, and 3.5 million flyers (for food distribution, nutrition distribution, and key messages on Covid-19 as set with WHO/MoH Standards). In addition, PPE were procured and distributed to ensure the safety of 12,000 staff working at 806 Food Distribution Points (FDPs). During the reporting period, a total of 843,116 individuals have been supported with hygiene kits as part of food distributions.

## **Update of response strategy, including key priorities and funding gaps**

for October-December 2020

The overall strategy of the sector in 2020 was to address food insecurity and support livelihoods in three different thematic areas while ensuring adherence to the sector minimum response guidelines for both food and agriculture livelihoods packages. The overall strategy also involves promoting an integrated approach to programming and fostering close collaboration with other sectors in particular Nutrition, while ensuring the mainstreaming of cross-cutting elements such as gender, climate change and environmental protection.

The sector made significant strides in reaching newly displaced persons with emergency food assistance within 24 to 72 hours. It is however important to note that the random and unpredictable nature of displacement and unstable funding particularly in north-west Syria implied that not all affected households could be reached with the

full 2100 kcal per person per day or at least 70 per cent of the total requirements while a substantial number remain unassisted.

The food security sector has also been working closely with partners to ensure the mainstreaming of climate smart agriculture and environmental mitigation measures in projects, for example by ensuring that partners undertake environmental impact assessments for projects such as installation of irrigation infrastructure. Through guidance from the sector, a number of partners supporting livelihood initiatives were able to employ an integrated approach to programming ensuring linkages in addressing immediate food needs while supporting livelihood interventions among the same communities in order to improve the effectiveness of programmes delivered. Collaboration is ongoing with the Nutrition sector to develop and pilot an integrated approach to tackling food insecurity and stunting.

The key priorities for the sector in the second half of the year are focused on securing increased funding to support food and agriculture livelihoods assistance to the most vulnerable, with a focus on agriculture livelihoods for which coverage has been low. Support to agriculture entails other wide-reaching benefits, such as increasing employment opportunities in rural areas, sustainably supporting local and diversified food production and enabling people to sustain their livelihoods. The Food Security sector will also focus on ensuring that partners maintain minimum standards and adhere to the food and agriculture livelihoods response guidelines in order to maximize impact and maintain the minimum integrity of programmes.

Noting the impact of Covid-19 in terms of increased caseloads and potential disruption of ongoing programmes, the Food Security and Agriculture sector has already circulated a number of guidelines and provided orientation to partners to ensure the continuity of programmes amidst the pandemic.

## Food Security sector response summary

January - July 2020

FSS OBJECTIVE	ACTIVITIES	TARGET	RESPONSE		GAP	% REACHED AGAINST TARGET	DESCRIPTION
			■ HRP / ■ NON HRP				
S01	Bread/Flour distribution	1,000,000	586,554 / 884,338		-	>100%	Average by reach
	Emergency Food Rations (EFRs)	1,200,000	1,408,270 / 2,870,508		-	>100%	Cumulative Annual
	Food baskets	5,000,000	4,910,737 / 515,088		-	>100%	Average by reach
	Mixed Food Items (MFIs, SFBs**)	1,000,000	142,853 / 431,141		-426,005	57%	Average by reach
S02	Agricultural inputs	300,000	24,060 / 23,370		-252,570	16%	Cumulative Annual
	Animal treatment/vaccination	100,000	28,243 / 3,805		-67,952	32%	Cumulative Annual
	Income-generating activities (IGAs)	100,000	71,999 / 9,514		-20,816	82%	Cumulative Annual
	Livestock asset restoration	200,000	12,619 / 12,223		-175,158	12%	Cumulative Annual
	Small-scale foodproduction	200,000	28,329 / 3,765		-176,906	16%	Cumulative Annual
S03	Infrastructure rehabilitation	200,000	37,888 / 36,208		-125,904	37%	Cumulative Annual
	Provision of services	100,000	1,424 / 320		-98,256	2%	Cumulative Annual

\* S01 activities are calculated in beneficiaries level. S02 and S03 activities are calculated on household level



## 2.6 Health

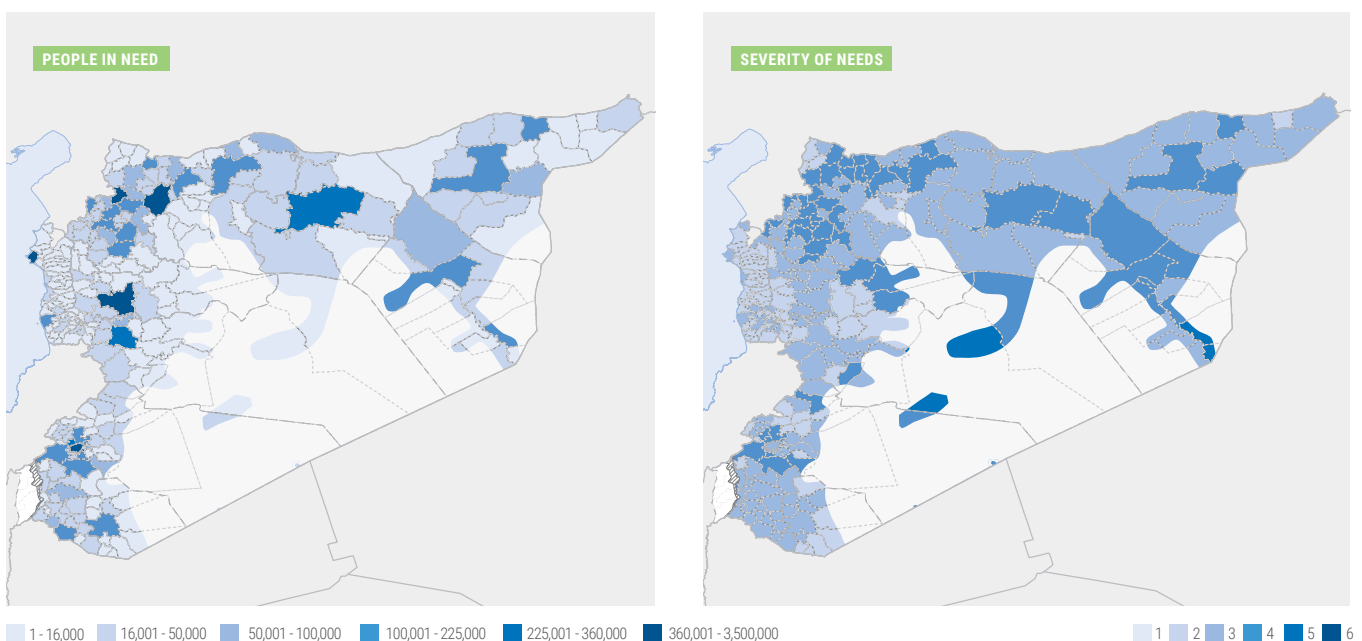
### Update on Sectoral Needs

The Health sector did not undertake a mid-year update of its severity scale and PiN. However, given the concurrent devaluation of the Syrian pound and loss of livelihoods due to the economic effects of Covid-19 preventative measures, it is likely that the number of people in need of humanitarian health services will have increased since the start of the year, especially in areas where functionality of public/humanitarian-supported hospitals is very low – such as parts of Dar’a, Rural Damascus, Hama, Idleb, Aleppo, Ar-Raqqa, Al-Hasakeh and Deir-Ez-Zor governorates. Patients in these areas must rely on private sector services or must travel significant distances for free services. In the face of shrinking resources, they may choose to delay care, thus risking worsening health status or even death, or may be forced to take on catastrophic household debt in order to access care. Furthermore, health care utilization patterns in the second quarter of the year showed an initial reduced demand in April and May, followed by significant rebound in June suggesting that patients may have been delaying care-seeking, likely due to fears about Covid-19.<sup>16</sup> If so, patients may have experienced worsening illness and onset of new conditions requiring expanded care.

### Progress against HRP and Covid-19 targets, related challenges

Between January and July, the health sector provided more than 14.3 million medical procedures, representing 62 per cent of the annual target and putting the sector on track to reach a coverage level of 2 medical procedures per person in need per year. Among the sub-categories of medical procedures, trauma consultations are notably below target which is expected given the relative reduction in hostilities in the second quarter of the year. Physical rehabilitation sessions are

16. Due to fears about Covid-19 in health facilities and/or temporary suspension of health services due to Covid-19 mitigation efforts.





also behind target: this may be partly due to the high-contact nature of the intervention and Covid-19 concerns, though health actors in north-west Syria have managed to increase their delivery despite these risks.

Despite a pause in immunization activities, more than 299,000 children under 2 received MMR vaccine and while more than 284,000 under 1 received DPT3 vaccine. In terms of disease surveillance, on average, 92.5 per cent of early warning sentinel sites submitted weekly reports while 100 per cent of disease outbreaks were responded to within 96 hours of identification.

The sector delivered more than 6.72 million treatment courses in the first 7 months of the year – nearly 8 per cent below the target, with GoS-controlled areas and north-east Syria seeing the largest shortfalls. This is likely due to re-direction of resources and operational capacity towards the Covid-19 response and overall global supply disruptions.

Finally, nearly 13,800 health workers were trained or re-trained and 195 health facilities were rehabilitated – Finally, nearly 13,800 health workers were trained or re-trained – an achievement well above the annual target, 195 health facilities were rehabilitated, and the average number of mobile medical units (254) and supported ambulances (302) operating each month exceeded the target by 10 and 21 per cent respectively. While the average number of mobile medical units (251) and supported ambulances (288) operating each month exceeds the target by 9 and 15 per cent respectively.

## Update of response strategy, including key priorities and funding gaps

for October-December 2020

- As the year draws to a close, health actors must be supported to ensure reliable supply of safe, quality medicines and medical supplies across all areas of Syria, particularly for care and treatment of communicable and non-communicable diseases, as well as psychotropic medication. Buffer stocks to enable emergency response must be replenished.
- Maintaining essential service availability – including reproductive, maternal and child health services, even in the face of outbreak response, is a core objective of the health sector. This continues to be particularly challenging in areas where human resources for health are well below emergency standards and Covid-19 cases are high. Coordination among health actors is critical to ensure rational distribution of health care personnel according to levels of need.
- Specialised care services, such as tuberculosis treatments, haemodialysis, cancer treatment and burn management, must be maintained and expanded in areas where gaps persist.
- To overcome shortages in essential and specialized health

services, referral networks and community health interventions must be strengthened and expanded to ensure continuity of care and promote timely and appropriate health-seeking behaviour.

- Immunization activities, including campaigns, must be supported to safely continue operations, especially in areas of north-west and north-east Syria where immunization coverage rates fall short of levels needed to achieve herd immunity.
- While the number of mental health and psychosocial support (MHPSS) consultations supported across Syria is on track within all hubs, the sustained stress of economic hardship and the ongoing Covid-19 pandemic are likely to trigger further distress. Increasing awareness among communities and expanding availability of MHPSS services through initiatives such as mhGAP and mobile mental health interventions remains a priority of the sector.
- Efforts to limit transmission of Covid-19 and other communicable diseases, particularly among displaced populations and other vulnerable communities, are necessary to prevent further stress upon the health system.

The convergence of the existing Covid-19 outbreak and impending flu season will place further strain on the health system. Accordingly, the existing response must be enhanced and expanded in the following ways:

- Strengthen surveillance capacity, including active surveillance and contact tracing, to ensure rapid detection and appropriate response to cases of suspect Covid-like illness (CLI), influenza-like illness (ILI) and severe acute respiratory infection (SARI).
- Expand laboratory capacity across Syria to reach the target of up to 17 laboratories with total collective capacity of more than 2000 tests per day.
- Increase availability of isolation facilities and dedicated beds, with particular emphasis on Damascus and north-east Syria, as well as quarantine centre capacity in north-west and north-east Syria.
- Bolster infection prevention and control activities to avoid further depletion of the health workforce and reduce number of infections: ensure sufficient supplies, conduct refresher training on proper use of PPE and monitor adherence.
- Promote awareness and behaviour change: health care providers are among the most trusted information sources regarding Covid-19 are uniquely placed to address complacency, rumours and misinformation. Together with other sectors, health actors must maintain risk communication and community engagement (RCCE) activities with an emphasis on vulnerable groups – including close to 1 million IDPs in Idleb and more than 200,000 IDPs in north-east Syria; those in dense and overcrowded urban areas such as Damascus, Rural Damascus, Aleppo, Homs, Al-Hasakeh and Ar-Raqqah governorates; 1.5 million people living in last resort sites; more than 802,000 individuals aged 60 and above; and those with underlying health conditions.



## 2.7 Nutrition

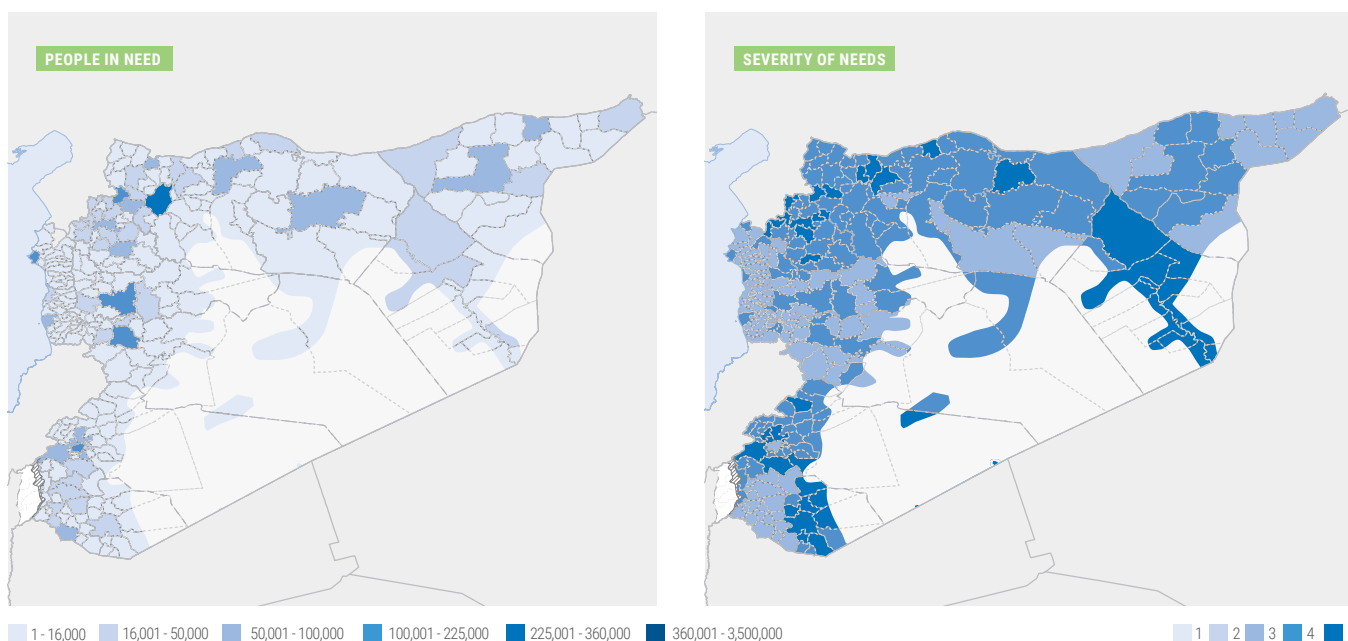
### Update on Sectoral Needs

The Nutrition surveillance system in north-west Syria has shown increased levels of chronic malnutrition among children under age 5 from the 19 per cent recorded in January to the 32 per cent recorded in July 2020. Maternal malnutrition and anaemia remain major public health concerns, especially among displaced and hard-to-reach populations; for example, surveillance data shows that maternal malnutrition rates range between 11-40 per cent in Idleb Governorate. The highest rates of maternal malnutrition are among displaced mothers. Despite the lack of data from north-east Syria, we can anticipate a similar trend due to the ongoing displacement, the depreciation of the Syrian Pound (SYP) and the lack of interventions to address chronic malnutrition and micronutrient deficiencies. Even though acute malnutrition remains below emergency levels in Syria, in some pockets of north-west Syria cases of acute malnutrition have been increasing among displaced and hard-to-reach children.

The Nutrition Sector is anticipating that the nutrition situation of mothers and children is at risk of deterioration across Syria, because of the economy deterioration and rapid, yet progressive devaluation of the Syrian Pound. This will negatively impact access to health care and household food security, with food prices increasing.

### Progress against HRP and Covid-19 targets, related challenges

During the first half of 2020, the Nutrition Sector and its 52 partners across Syria have reached 1.5 million pregnant and lactating women (PLW) and children under age five with life-saving curative and preventive nutrition services. This corresponds to 50 per cent of the sector intended target for 2020. Essential nutrition services reached 56 per cent of the targeted mothers and children in severe need, 32 per cent of those in critical need and 12 per cent of those in major



need. Humanitarian nutrition services have been provided in 14 governorates, including 1,2979 communities in 208 accessible sub-districts. Out of the overall reach, the sector has reached 45 per cent of their target through cross-border support and 55 per cent by HCT partners operating from GoS areas.

1.3 million children between 6-59 months of age and close to 0.5 million PLW were contacted through Mid-Upper Arm Circumference (MUAC) screening. Out of those, 6,359 (40 per cent of the target) severely malnourished children were treated. An additional 16,384 moderately malnourished children were treated, corresponding to 26 per cent of the target. About 14,000 acutely malnourished PLW were reached with the appropriate treatment. In the next half of the year expansion and extended coverage for moderate acute malnutrition management is to be achieved.

Micronutrient deficiency and anaemia were prevented among 0.7 million mothers and children between 6-59 months of age through age-appropriate supplementation with micronutrient tablets and powders (57 per cent of the target). About 0.8 million children and mothers were reached with high nutrition food supplements to prevent acute malnutrition among both children and mothers. Close to 0.6 million mothers and caregivers were counselled on optimal infant and young child feeding (IYCF) practices (36 per cent of the target).

Nutrition partners were trained and oriented on infection control and prevention relevant to Covid-19 infection. Nutrition service implementation modalities were adapted to ensure do-no-harm principle is adhered to while ensuring limited disruption of nutrition services during Covid-19 pandemic. Nutrition services were used as entry points to disseminate messages on risk and prevention of the infection.

## Update of response strategy, including key priorities and funding gaps

for October-December 2020

Overall, the Nutrition Sector's response strategy will continue to focus on preventing the loss of a generation due to chronic malnutrition. The strategy will continue to focus on integration with other sectors including Health, WASH, Protection, Food Security and Livelihoods to achieve this goal. The Nutrition Sector will continue to identify and treat acute malnutrition among mothers and children and will focus on reducing micronutrient deficiencies among both mothers and children

through supporting age-appropriate micronutrient supplementation and promoting household dietary diversity. Opportunities to improve access to foods with the FSL sector will also be explored and rolled out where possible. Promotion, protection and support of optimal IYCF and caring practices remains one of the sector's key strategies to prevent acute and chronic malnutrition.

Access to health services remains a challenge in many areas in Syria due to security and economic reasons. In response, the Nutrition Sector is using mobile teams, community health workers rapid response teams (RRT) with more than 130 RRTs being operational in north-west Syria and providing integrated primary health care, Nutrition, WASH services. The Nutrition Sector is also serving as a window to maximize primary health care service delivery and strengthening the local health system, where Nutrition services are provided in 927 primary health care centres out of the total 1303<sup>17</sup> centres functional across all Syria.

The Nutrition Sector is aware that reducing chronic malnutrition, maternal malnutrition and anaemia cannot be addressed through nutrition-specific strategies only and therefore, during the first half of 2020, it renewed its efforts to integrate its activities with food security and health sectors.

With the increased number of Covid-19 cases across Syria, the Nutrition Sector has adapted its service delivery modality by ensuring space for outpatient and supplementary treatment visits, reducing the number of mothers participating in counselling and product distribution, while applying social distancing and hygiene measures to allow for continuation of services where possible. More than 1,000 health and nutrition staff were trained on infection control and prevention while close to 1,000 staff were trained on the adapted protocols and procedures. In the second half of 2020, the Nutrition Sector will continue to look at innovative methods to ensure continuation of life-saving interventions, such as screening and management of acute malnutrition and IYCF counselling, linking them in with international lessons learned and guidance.

Real-time monitoring of the nutrition situation of mothers and children was possible through the facility-based and the community-based surveillance systems. Surveillance system capacities remain variable across various response hubs and the Nutrition Sector aims to improve and mainstream the nutrition surveillance capacity across all hubs, especially in north-east Syria where systems are currently poor. Unfortunately, Covid-19 will limit the possibility of conducting SMART nutrition surveys in 2020, including the planned SMART survey in north-east Syria. The Nutrition Sector is exploring alternative solutions in supporting nutrition surveillance systems, including by training mothers in MUAC screening and using technology such as telephone-based interviews for qualitative nutrition assessments such as IYCF.

17. WHO WoS Consolidated HeRAMS, Q3 2020

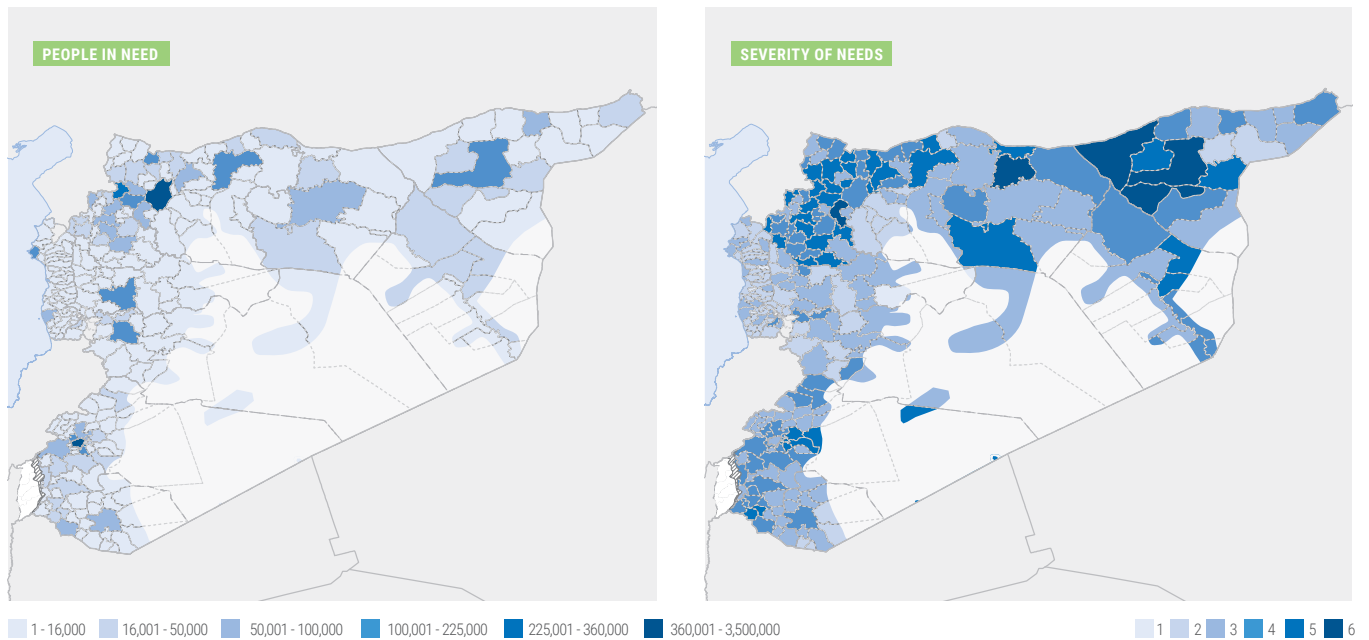


## 2.8 Shelter and Non-Food Items

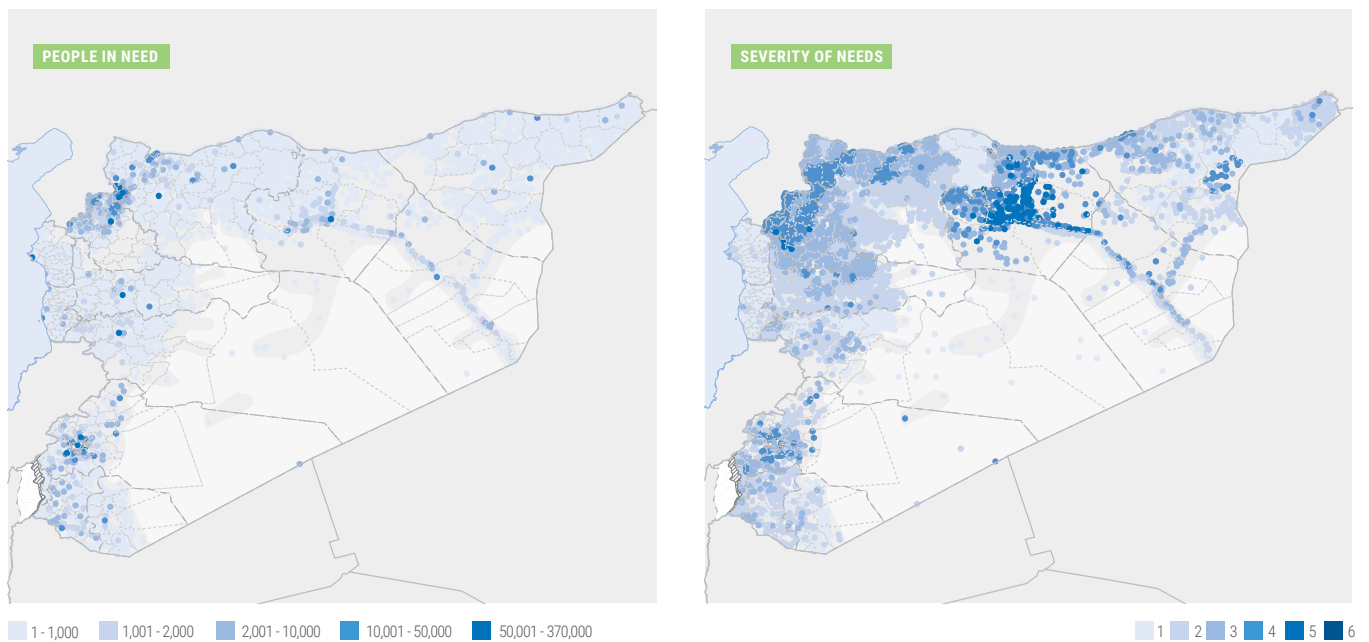
### Update on Sectoral Needs

In 2020, the number of people requiring shelter assistance remained substantial with over 5.65 million people in need. This is attributed to the loss of capital, destruction of housing infrastructure and the deterioration of shelter conditions in 238 out of 272 sub-districts in Syria. Needs are further intensified by the scale of new displacement in the north-west, protracted displacement and limited housing options in some regions as well as a very limited shelter response.

#### Shelter



#### Non food Items



Despite the sector's efforts over the years, the shelter response remains limited. It is estimated that at least 14 per cent of the population lives in damaged buildings, with IDPs disproportionately affected. An estimated 23 per cent of IDPs live in inadequate shelter conditions, including damaged and/or unfinished buildings, public buildings such as schools, and other non-residential buildings. Poor shelter conditions increase protection and public health risks, particularly when combined with overcrowding and inadequate access to water, sanitation/waste disposal and health services, enabling the spread of respiratory and epidemic-prone diseases, including Covid-19.

In early 2020, the number of people in need of NFI assistance had dropped compared to 2019 as a result of improved access to markets and widespread NFI support. However, given the recent large-scale displacement in the north-west and a deteriorating economic situation exacerbated by Covid-19, as of mid-2020, the population in need of assistance has again increased. The Sector estimates it rose by one million, totalling 4.33 million people in need. Rising prices, reduced economic activity and a lack of employment opportunities, negatively affect the capacity of vulnerable families, specifically IDP households, to acquire essential NFIs such as fuel, blankets and clothing, leading to a growth in the severity of need particularly during the winter season.

## Progress against HRP and Covid-19 targets, related challenges

From January to July, NFI partners reached 57 per cent of their target – 2.5 million people were reached core NFIs and nearly 1.3 million people received winter NFIs. Although distributions slowed down on March through May, due to Covid-19 related movement restrictions, the response picked up and NFI partners expect to meet their targets for 2020. During this time, Shelter partners reached 51 per cent of their target for emergency shelter assistance with 489,092 people assisted with tents, emergency shelters and collective shelter repairs; and 36 per cent of the target with nearly 599,206 people assisted with longer-term shelter repairs.

Partners implementing longer-term repair shelter projects have faced several operational challenges. Fluctuating prices have made it difficult for partners to confirm prices for construction materials and guarantee supplies. Delayed permissions and reduced working hours due to Covid-19 particularly in the north-east and GoS-controlled areas slowed down tendering and approval processes, while funding for longer-term shelter projects in the north-west remains weak as funds have been reprioritized for emergency shelter response. Despite the challenges, the pace of shelter repair is improving as the market is

stabilizing and partners are able to locally source some materials.

As a result of large-scale displacement in the north-west, partners scaled up emergency assistance including NFIs and emergency shelter for nearly one million people. Although shelters were provided, improving drainage and flood mitigation measures in newly established IDP settlements prior to winter remains a priority. Nine months after the large-scale displacement in north-east Syria, emergency response is still required as a result of deteriorating economic conditions, increased needs and continued strain on basic services.

In response to Covid-19, emergency distributions of NFIs have continued and have been expanded in some areas to include hygiene materials or soap while implementing mitigation measures. This led to an increase in operational costs. In addition to PPE for laborers, training for staff on mitigation measures and awareness sessions for households, shelter interventions have focused on repairs of collective shelters, informal settlements and camps to reduce overcrowding and improve sanitation and hygiene.

## Update of response strategy, including key priorities and funding gaps

for October-December 2020

The Shelter and NFI Sector will continue to deliver life-saving emergency response and integrate support to vulnerable and underserved populations while taking into account Covid-19 precautionary measures. Sector partners will continue to install and repair tents, distribute shelters kits and make repairs in formal camps, informal settlements, transit sites and collective centres. These activities will continue with a focus on reducing overcrowding and improving sanitation, particularly in collective centres. In addition, partners in the north-east have provided support to isolation and quarantine infrastructure both in and out of camps and will focus on winterizing these facilities. In the north-west, partners are addressing extreme overcrowding by providing transitional shelter solutions.

Furthermore, shelter partners will continue to advocate for longer-term shelter solutions and repairs. The response in regards has been so far limited, due to operational challenges faced and weak funding. Despite the ongoing economic challenges, Shelter partners are committed to strengthening the resilience and cohesion of vulnerable communities by improving access to housing and related community or public infrastructure. Activities include housing repair and rehabilitation, including HLP rights activities, associated small-scale infrastructure that is part of an integrated and coordinated response, e.g. basic



repairs to water, sanitation, roads and electrical infrastructure. The response modalities used will include in-kind and direct assistance, cash-for-work and labour provision. All interventions will ensure the safety of both beneficiaries and staff, by ensuring all take proper precautions and have the necessary information in light of Covid-19.

Partners providing NFI assistance will continue advocating for expanding access particularly in areas with mix control and outreach, given the noted increase of people in need of basic items, and the approaching winter season that adds to the severity of need. Partners

will continue to work to ensure seasonal items such as warm clothing, blankets and heating solutions reach those affected by inadequate shelter, severe weather or were previously underserved. Cash and flexible modalities in line with agreed recommendation are encouraged to help ensure that assistance addresses specific contextual needs. All emergency support will take into account precautionary measures which include distancing at distributions, alternative distribution modalities like house- to-house delivery, smaller distributions or distributions that are joined with other interventions.



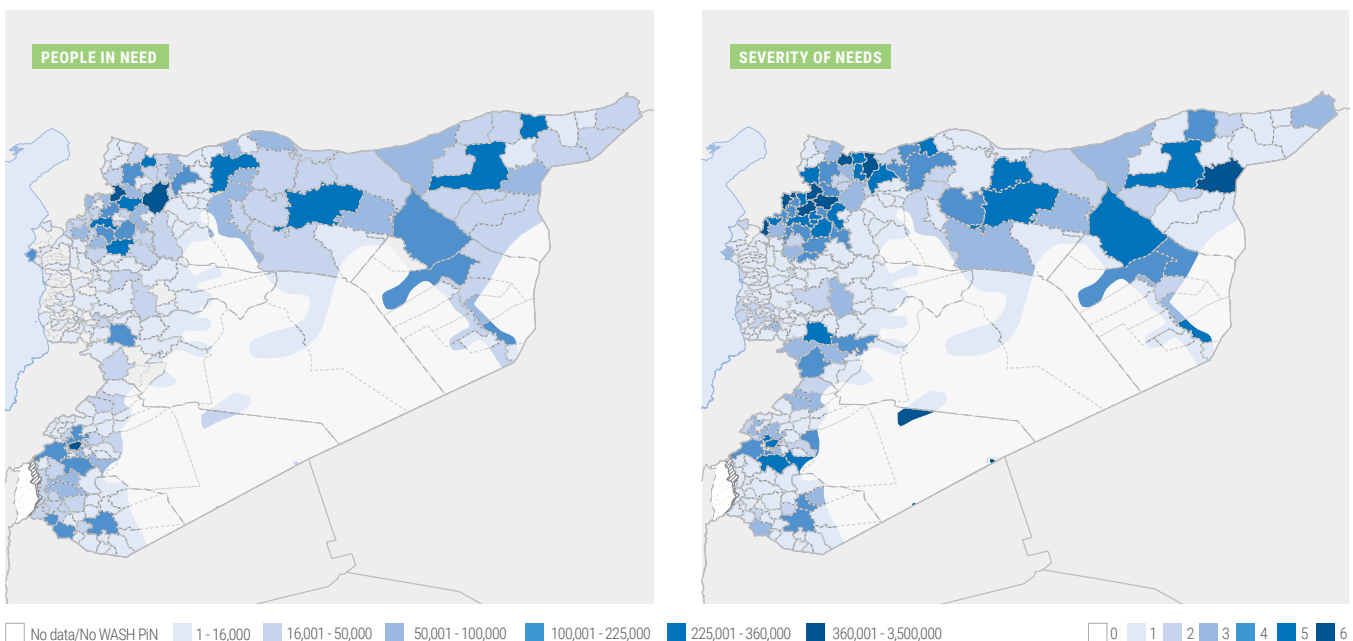
## 2.9 Water, Sanitation and Hygiene

### Update on Sectoral Needs

The number of people in need of WASH assistance has increased from 10.7 to 11.6 million while the number of people in acute need of WASH assistance has increased from 3 to 3.9 million due to influx to IDP camps and sites observed from the beginning of the year. IDPs living in such settings, particularly in north-west and north-east Syria, often rely solely on humanitarian assistance to meet their basic needs. Moreover, the steady devaluation of the Syrian Pound, the volatility of currency rates and increasing unemployment limit household's purchasing power and increase reliance on external aid.

### Progress against HRP and Covid-19 targets, related challenges

The WASH sector reached an estimated 4 million people as a result of repair, rehabilitation and operational support to WASH systems and establishment of water safety plans. In comparison to the same period of 2019, indicators related to this objective remain at the similar level or number of people reached by the sector in 2020 are slightly higher. Positive exceptions could be observed in the areas of operation and maintenance support to the water systems and support to solid waste management systems, with an increase of around 1 million people reached per indicator than in the previous year which could be linked to Covid-19 response. In addition, an estimated 15.6 million people across Syria have been reached through the provision of chlorine-based products for water treatment systems, which is a relatively low-cost but high impact activity.



The life-saving emergency component of the response reached more people, 7.6 million in total, although this does not necessarily reflect continuous and comprehensive coverage. Over 4 million people had access at least once to water through emergency water facilities and services, 2.8 million had access to solid waste management and vector control facilities and services, 3.2 million people received essential WASH NFIs, while 2.2 million were reached through hygiene promotional activities and campaigns. All these indicators have significantly higher reach than in the same period of 2019 (almost double to triple than in 2019), which might be attributed to increased number of people living in IDP camps and sites and Covid-19 response. Amongst emergency component of WASH response, the provision of sanitation and sewage facilities and services shows significant decrease comparing to last year with only 1.3 million people reached. Market-based assistance for WASH services also hasn't significantly developed this year, which might be due to worsening country-wide economic situation and pandemic restrictions.

The provision of WASH services in institutions, including medical waste management and access to gender and disability friendly WASH facilities in health care facilities have overachieved vis-à-vis HRP targets, with respectively 169 and 115 per cent reached, mainly due to Covid-19 response. In contrast, many planned WASH interventions in schools haven't been rolled out due to closure of schools and other Covid-19 related restrictions and related sectoral targets have largely underachieved, with only 31 per cent of the planned targets reached.

## Update of response strategy, including key priorities and funding gaps

for October-December 2020

- As part of the Covid-19 response, strengthen WASH infection prevention and control (IPC) measures in communities, schools and health care facilities (including on solid waste management);
- Ensure that quarantine centres are provided with sufficient access to WASH facilities and services.
- Respond to rapid onset emergencies e.g. interruptions of water provision at Alouk water station in north-east Syria, which is the main water supply source for over 450,000 people, including Al-Hasakeh city and surroundings and a number of IDP camps and sites including Al Hol and Areesha;
- Support light rehabilitation of WASH systems;
- Provide WASH (gender and technically appropriate) services to displaced persons at IDP sites;
- Connection of existing camps and informal self-settled sites as well as new camps established in collaboration and coordination with CCCM and Shelter and NFI sectors to existing water and sanitation systems to minimize dependency on unregulated private water sector;
- In north-west Syria, WASH Cluster will focus on improving existing WASH services and facilities in IDP camps and sites.
- Due to the high influx of IDPs since the beginning of the year, the WASH services and facilities in most camps were way below WASH cluster standards, forcing many IDPs to adopt negative coping mechanisms;
- Increasing numbers of IDPs in most communities in north-west Syria are adding more strain on already overburdened water and sanitation systems and increasing tension between host communities and IDPs. WASH Cluster will prioritize communities with high number of IDPs through improving access to WASH services;
- In north-west Syria, strategies on tariffs for WASH services in communities will be revised due to hard economic situation and reduced household purchasing power
- WASH sector funding gap for the critical activities falling under 2020 HRP is estimated at 40 million USD.



## 2.10 Logistics

### Update on Sectoral Needs

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Inside Syria, humanitarian logistics needs remained broadly the same, with common storage, transport, and air access needs persisting.

However, with the outbreak of the Covid-19 pandemic, there followed a significant impact on the global supply chain, with export and movement restrictions impacting the availability, cost and lead time of some humanitarian supplies reaching Syria. Coordination and information management proved especially key during this period. New information management products were produced and disseminated to keep up with the dynamic and rapidly changing operational context, and complementary working groups were activated by the sector to streamline logistics operations and bring synergy to the response.

Following the adoption of UN Security Council resolution 2533 in July 2020, the UN cross-border operation was reduced to a single authorized crossing point, at Bab al-Hawa, for the delivery of humanitarian aid into north-west Syria. As a result, the Logistics Sector's cross-border operation was forced to rapidly adapt to the new logistics operating environment. Transshipment operations at Bab as-Salam were immediately suspended and plans were quickly put in place for an expansion of the transshipment hub at Bab al-Hawa to absorb diverted traffic from Bab al-Salam.

The closure of Bab as-Salam also limited UN access to Afrin and A'zaz, and to the Jarablus area of northern Aleppo via Bab al-Hawa only. As such, the Logistics Sector focused on preparedness initiatives, through the gathering, monitoring and analysis of physical access data, and warehouse and transport capacity assessments to ensure aid can be prepositioned and transported to its destination.

Despite the challenges related to Covid-19 pandemic, UNHAS has been maintaining regular weekly schedule providing sustainable and safe air access between Damascus and Qamishli.

### Progress against HRP and Covid-19 targets, related challenges

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In the reporting period, the Logistics Sector coordinated the transshipment of 8,768 trucks for UN Agencies dispatching cross-border into Syria under UN Security Council Resolution 2504/2533. This number is higher than the total transhipped in any single year since operations began in 2014. Following the adoption of UN Security Council resolution 2504 in January 2020 and 2533 in July 2020, UN agencies discontinued cross-border operations into the north-east and were limited to the Bab al Hawa border crossing for cross-border operations in the north-west. The sector therefore met its target for the vast majority of the reporting period.

In 2020, administrative access challenges and security prevented any planned inter-agency convoys from taking place. At the end of the reporting period, the Logistics Sector had 7,850m<sup>2</sup> of common warehouse space available free-to-user for partners in the sector hubs of Rural Damascus, Homs, Aleppo and Qamishli. While this is below the target of 11,500m<sup>2</sup> it is in line with partner needs. Nevertheless, the Sector provided additional storage support through the lending of five Mobile Storage Units (MSUs) and other warehousing assets to humanitarian partners responding at the Dweir quarantine centre for the Covid-19 response. 18,882 m<sup>3</sup> of relief items were received into free-to-user common storage.

The coordination role undertaken by the Logistics Sector is a key element in the humanitarian response, helping to reduce costs, create synergies, and avoid duplication of efforts. In the reporting period, 31 meetings were organized, exceeding the yearly target of 30. This is attributed to the increased frequency of coordination during the peak of the Covid-19 crisis, such as the activation of the Supply Chain working group. Information management efforts reflected this, with new products tailored to the Covid-19 response were circulated. The sector circulated 63 information management products,

exceeding the 2020 target of 54. The overall mid-year satisfaction rate was 89 per cent.

Due to the outbreak of the pandemic, the Logistics Sector has thus far been unable to undertake its Gaps and Needs analysis for the Whole of Syria. Travel restrictions and remote working have meant that in depth face-to-face interviews with humanitarian partners have proved very challenging and even impossible. In response to these challenges, the Logistics Sector undertook rapid needs assessments and questionnaires online to ensure the sector continued to tailor its services as the context developed.

Despite needs voiced by the humanitarian community for air cargo transportation options to north-east Syria to support the Covid-19 response, no air transport requests were submitted to the cluster in the reported period.

UNHAS has been facilitating transportation of light humanitarian cargo on its weekly passenger flights. The cargo included Covid-19 PPE, medical supplies and other relief items.

## **Update of response strategy, including key priorities and funding gaps**

for October-December 2020

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The already available storage, transport and transshipment services made available to the humanitarian community in the Whole of Syria proved adequate in meeting the needs of partners responding to the crisis on the ground.

Despite transshipment operations scaling up to the highest cross-border numbers recorded throughout the operation's history, the logistics capacity of the already available Logistics Sector transshipment hubs easily absorbed the increase in truck traffic. 100 per cent of all transshipment requests were completed.

Travel restrictions related to Covid-19 have prevented the Sector from diversifying its coordination meeting locations. However, remote access has in some ways facilitated attendance for other more remote partners. The same restrictions and physical distancing measures for Covid-19 mitigation have made it impossible for the sector to organise and implement any trainings in 2020.

UNHAS will continue supporting essential cargo transportation on its flights.



## Part 3

# Annexes

SYRIA

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## 3.1 2020 HRP Inter-Sector Objectives, Indicators and Targets

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

OBJECTIVES	INDICATOR	IN NEED	TARGET	VERIFICATION	FREQUENCY	PROGRESS
Specific Objective 1.1: Access to quality life-saving and sustaining services and assistance, including health, water and food security	Outcome Indicator: Ratio of essential health workers (doctors, midwives, nurses) to 10,000 population	12.0 m people	24/10,000 acute target: 24/10,000	HeRAMS	Quarterly	24.9/10,000
	Outcome Indicator: Ratio of fully functional health facilities providing primary health care services per 10,000 population	12.0 m people	0.5/10,000 acute target: 0.5/10,000	HeRAMS	Quarterly	0.46/10,000
	Outcome Indicator: % of targeted households with improved food consumption score	5.2 m people	100%	Outcome indicators monitoring	Bi-annual	Will be reported on in the 2020 HRP Annual Report
	Objective Indicator: # of medical procedures per person in need per year (total for all main indicators for activity 1.1)	12.0 m people	1.9 procedures acute target: 1.9	4Ws	Annual	Will be reported on in the 2020 HRP Annual Report
	Outcome Indicator: % of disease alerts investigated within 72 hours of identification	12.0 m people	95% acute target: 95%	Consolidated EWARN/ EWARS data	Quarterly	95%
	Output Indicator: People reached on average each month in communities in acute need (severity four and above in the inter-sector severity classification)			4Ws	Monthly	3.8 million
	Output Indicator: Estimated # of people with improved access to WASH services as a result of repair, rehabilitation and operational support to WASH systems and establishment of water safety plans	10.7 m people	10.7 m people	4Ws	Quarterly	3,988,563 people
	Output Indicator: Estimated # of people with access to safe water as a result of provision of water disinfectants	20.4 m people	15.5 m people	4Ws	Quarterly	15,597,290 people

	Output Indicator: Targeted crisis-affected households are provided with timely life-saving and life-sustaining shelter support (medium-term/temporary shelter), including those in protracted displacement, returnees, Palestinian refugees	1.14m households	0.16m households		4Ws	Monthly	490,622 households
Specific Objective 1.2: IDPs in camps, last resort sites and open spaces regularly access quality life-saving and life-sustaining basic services and humanitarian assistance	Output Indicator: # of IDPs living in IDP sites provided with humanitarian life-saving, multi-sectoral assistance	1.5 m IDPs	1.2 m	IDPs	ISIMM MSNA	Monthly	1,403,671 IDPs
Specific Objective 1.3: The health, nutrition and food security status of PLWs and children under 5 years of age is improved	Outcome Indicator: Average # of Ante-Natal Care (ANC) visits per pregnant woman	483,000 pregnant women	4.0 ANC visits	acute target: 4.0	4Ws	Annual	Will be reported on in the 2020 HRP Annual Report
	Output Indicator: # of girls and boys under five and pregnant and lactating women receiving life-saving preventive maternal and child nutrition support services	4.6 m children	3.0 m	children	4Ws (Nutrition Sector)	Quarterly	1,465,545 children
	Output Indicator: # of boys and girls (6–59 months) screened for malnutrition	2,238,422 children (6-59 months)	1,566,895 children	(6-59 months)	4Ws (WoS)	Monthly	1,334,763 children (6-59 months)
	Output Indicator: # PLWs screened for malnutrition	766,923 PLWs	536,846	PLWs	4Ws (WoS)	Monthly	471,566 PLWs

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

OBJECTIVES	INDICATOR	IN NEED	TARGET	VERIFICATION	FREQUENCY	PROGRESS
Specific Objective 2.1: Specific protection needs are mitigated through the provision of quality and integrated protection services	Output Indicator: # of GBV response services provided to survivors and/or women and girls at risk	n/a	368,500 services	4Ws	Monthly	158,004 services
	Output Indicator: # of girls and boys engaging in structured, sustained child protection programmes, including psychosocial support	5.7 m children***	690,000 children	4Ws	Monthly	324,440 children
	Output Indicator: # of women and men engaging in parenting programmes	456,000 people****	105,000 people	4Ws	Monthly	36,518 people

Specific Objective 2.2: The impact of explosive hazards on civilians and on humanitarian access is reduced.	Output Indicator: # of men, women, boys and girls reached by specialized services, including emergency and continuing medical care, physical rehabilitation, MHPSS	n/a	21,062 people	4Ws	Monthly	7,207 people	
	Output Indicator: # of communities where contamination survey has been conducted	2,562 communities*	724 communities	4Ws & sources	other	Monthly	202 communities
	Output Indicator: # of men, women, boys and girls who receive risk education from humanitarian risk-education actors	11.5 m people	2.58 m people	4Ws	Monthly	502,452 people	
	Output Indicator: # of men, women, boys and girls who receive risk education from public service providers	11.5 m people	1.72 m people	4Ws	Monthly	597,414 people	

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

OBJECTIVES	INDICATOR	IN NEED	TARGET	VERIFICATION	FREQUENCY	PROGRESS
Specific Objective 3.1: People live in improved housing and have improved access to quality basic service delivery, including through the light rehabilitation of key infrastructure	Output Indicator: # of children (3-17 years, girls/boys) benefitting from classrooms constructed, established or rehabilitated	n/a	987,818 children	4Ws	Monthly	126,772 children
	Output Indicator: # of people assisted by rehabilitated damaged houses	5.7 m people	281,620 people	4Ws	Monthly	132,638 people
	Output Indicator: # of people assisted by repaired/rehabilitated community/public infrastructure and facilities	5.7 m people	14,200 people	4Ws	Monthly	435,179 people
	Output Indicator: # of health facilities refurbished or rehabilitated	473 health facilities	235 health facilities	HeRAMS	Quarterly	195 health facilities
	Output Indicator: Estimated # of people with improved access to water as a result of repair and rehabilitation of water systems	8.6 m people	6.0 m people	4Ws	Quarterly	2,013,130 people

Specific Objective 3.2: Improved livelihoods and generate income, based on productive assets, short-term work opportunities or regular employment	Outcome Indicator: % of targeted households with improved reduced coping strategy	5.2 m people	100%	Outcome indicators monitoring	Bi-annual	Will be reported on in the 2020 HRP Annual Report
	Outcome Indicator: % of targeted households with reduced expenditure on food	5.2 m people	100%	Outcome indicators monitoring	Bi-annual	Will be reported on in the 2020 HRP Annual Report
	Outcome Indicator: % of targeted households with Negative Livelihoods Coping Strategy	1 m households	100%	Outcome indicators monitoring	Bi-annual	Will be reported on in the 2020 HRP Annual Report
	Output Indicator: # of short-term work opportunities created including through market-based modalities	2.4 m households	56,454 People	Project implementation progress reports	Continuous	7,729 People
	Output Indicator: # of people obtaining or accessing regular employment, as a result of sector support	2.4 m households	9,267 People	Project implementation progress reports	Continuous	997 People
	Output Indicator: # of people supported to rehabilitate, develop or start a social or business entrepreneurship initiative	5.5 m people	34,136 People	Project implementation progress reports	Continuous	3,885 People



## 3.2 2020 HRP Sector Objectives, Indicators and Targets

### Protection

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
Activity: Provide quality and integrated protection services, with a focus on community-based approaches, including awareness-raising, psychosocial assistance, targeted support to persons with specific protection needs and other community initiatives, through community centers and outreach mechanisms	# of people reached through awareness-raising sessions (cumulative interventions) other than legal awareness	13.6 m (Protection PiN)	732,000 people	4Ws	Monthly	489,043 people
	# of people reached through community-based protection services, including individual targeted assistance for persons with specific protection needs (includes PSS) (cumulative interventions)	13.6 m (Protection PiN)	2.1 m people	4Ws	Monthly	472,733 people
	# of community-based initiatives and community-based protection structures supported	13.6 m (Protection PiN)	8,589 people	4Ws	Monthly	829 people
Activity: Provide legal advice/counselling and legal representation on civil status documentation /registration as well as on housing, land and property (HLP) issues in accordance with national legislation	# of people receiving legal awareness-raising, counselling or assistance, including civil status documentation and HLP issues (cumulative interventions)	13.6 m (Protection PiN)	417,000 people	4Ws	Monthly	147,576 people
Activity: Advocacy with duty bearers and key stakeholders to inform and enhance the response to protection risks	# of advocacy interventions	n/a	1,566 interventions	4Ws & Sector meetings	Quarterly	31 interventions

**Protection Objective 2:** Strengthen technical capacity of humanitarian actors and duty bearers at national and community level to assess, analyse, prevent and address protection risks and needs [ related to strategic objectives,1, 2 and 3 ]

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
Activity: Build technical capacity targeting humanitarian actors and national/local authorities to improve quality provision of protection services	# of persons, including humanitarian workers and local/national authorities, who receive training (cumulative interventions)	n/a	14,600 People	4Ws	Monthly	4,014 people

Activity: Conduct protection monitoring and identify protection needs/risks	# of communities reached with protection monitoring	All communities	1,000 communities	4Ws	Monthly	148 communities
	# of communities where needs assessment has been conducted by sector members	All communities	2,900 communities	4Ws	Monthly	237 communities

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
Activity: Provide quality and life-saving GBV response services, including case management and psychosocial support, enhance vulnerable groups' access to these services, with a focus on women and girls with disabilities and adolescent girls, and reinforce referral pathways	# of communities/ neighbourhoods with at least one type of GBV response services to GBV survivors and/or women and girls at risk	All communities	864 communities	4Ws	Monthly	589 communities
	# of GBV response services provided to survivors and/or women and girls at risk	n/a	368,500 services	4Ws	Monthly	158,004 services
	# of GBV actors trained on GBV (women/men)	n/a	2,990 actors	4Ws	Monthly	1,804 actors
Activity: Enhance strategies to empower women and girls and prevent GBV, with a particular focus on most at risks groups, e.g., adolescent girls and female-headed households, and divorced and widowed women and girls	# of women, men, girls and boys reached by GBV prevention and empowerment activities	13.6 m (Protection PiN)	1,582,000 people	4Ws	Monthly	605,355 people
Activity: Promote GBV risk mitigation into all aspects of the humanitarian response	# of humanitarian actors trained or sensitized on GBV (IASC GBV guidelines, etc.)	n/a	1,180 actors	4Ws	Quarterly	206 actors

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
Activity: Conduct risk education for at-risk groups	# of men, women, boys and girls who receive risk education from humanitarian risk-education actors	11.5 m people	2.58 m people	4Ws	Monthly	502,452 people
	# of men, women, boys and girls who receive risk education from public service providers	11.5 m people	1.72 m people	4Ws	Monthly	597,414 people
	# of people trained to conduct risk education	n/a	6,814 people	4Ws	Monthly	3,885 people

Activity: Conduct survey, marking and explosive hazard disposal/clearance	# of communities where contamination survey has been conducted	2,562 communities*	724 communities	4Ws & other sources	Monthly	202 communities
	# of explosive hazards disposed/cleared	n/a**	3,710 explosive hazards	4Ws & other sources	Monthly	n/a
Activity: Provide victim assistance services in areas affected by explosive hazards	# of men, women, boys and girls reached by specialized services, including emergency and continuing medical care, physical rehabilitation, MHPSS	n/a	21,062 services	4Ws	Monthly	7,207 services
	# of specialized victim assistance services, including emergency and continuing medical care, physical rehabilitation MHPSS, provided	n/a	19,748 services	4Ws	Monthly	29,154 services

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
Activity: Provide community-based child protection for girls and boys in targeted locations	# of girls and boys engaging in structured, sustained child protection programmes, including psychosocial support	5.7 m children***	690,000 children	4Ws	Monthly	324,440 children
	# of women and men engaging in parenting programmes	456,000 people****	105,000 people	4Ws	Monthly	36,518 people
	# of individuals benefiting from awareness-raising and community events to prevent and respond to child protection issues	13.6 m people	1.5 m people	4Ws	Monthly	496,547 people
	# of adults and children groups/committees supported to ensure the community's active participation to prevent and respond to child protection issues	n/a	410 committees	4Ws	Monthly	605 committees
Activity: Provide specialized child protection services, e.g., case management, for girls and boys in targeted locations	# of girls and boys who are receiving specialised child protection services through case management	285,000 children*****	56,000 children	4Ws	Monthly	24,300 children
Activity: Strengthen technical capacity to respond to child protection concerns in Syria	# of men and women trained on child protection in line with child protection minimum standards	n/a	9,900 people	4Ws	Monthly	11,560 people

\* Based on MSNA/PIN calculation

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

\*\*\* Child population of Protection PIN

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

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

## Camp Coordination and Camp Management

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 1.1:</b> # of IDPs in planned camps, self-setteled camps, reception and collective centers receive multi-sectoral assistance		1.5 m IDPs	1.2 m IDPs	ISIMM ISIM Plus	Monthly Quarterly	-
Activity: Multi-sector responses in IDP sites	# of IDPs living in IDP sites provided with humanitarian life-saving, multi-sectoral assistance	1.5 m IDPs	1.2 m IDPs	ISIMM MSNA	Monthly	1,403,671 IDPs
Activity: Monthly needs assessments in last resort sites	# of multi-sectoral gap analysis of last resort IDP sites published (ISIMM)	n/a	12 analyses	ISIMM	Monthly	7 analyses
Activity: Improve the services monitoring tools and ensure Members Capacity on monitoring	% of sites monitored	100%	90%	ISIMM	Monthly	95%
	# of members reported on services provided in IDPs sites.	n/a	54 reports	Membership tracking tool	Monthly	40 reports

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 2.1:</b> # IDPs sites benefit from improved site mangement		1,367 sites	200 sites	Site management support initiatives and CCCM trainings	Quarterly	-
Activity: Promote participatory management structures	# of IDPs living in sites with participatory management committees (including active participation by women)	1.5 m IDPs	300,000 IDPs	ISIMM Plus MSNA THF Projects	Quarterly	159,653 IDPs
Activity: Training on camp governance and/or protection mainstreaming for Humanitarian Actors	% of sector member NGOs with staff trained in camp management components and cross cutting issues	80%	50%	CCCM recognized trainings	Quarterly	0%
Activity: Promote equal access to goods and services in last resort sites to all residents	% of IDPs living in sites allowing equal access to services to vulnerable groups (including consideration for men, women, boys, girls and persons with disabilities)	100%	90%	ISIMM Plus MSNA THF Projects	Quarterly	42%

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

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 3.1:</b> Specific vulnerable groups (elderly, disabled, single headed households, etc.) benefit from resilience-building and livelihood support		1.5 m IDPs	300,000 IDPs	ISIMM MSNA	Quarterly	-
Activity: Equip and train emergency responders and IDP committees in IDP sites	# of IDPs living in settlements with self-run emergency response capabilities (including first aid and fire response)	1.5 m IDPs	300,000 IDPs	ISIMM Plus MSNA THF Projects	Quarterly	273,848 IDPs
Activity: Implement tailored livelihood activities designed to enable HHHs to restore their assets and leave IDP sites for better solutions	# of IDPs in sites benefitting from resilience projects	1.5 m IDPs	300,000 IDPs	FTS/THF	Quarterly	n/a
Activity: Self-reliance promotion activities conducted in IDPs sites	# of IDP sites that able to self manage care and management services	1,367 sites	200 sites	ISIMM	Monthly	n/a

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

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 4.1:</b> # of produced reports/products on movement and figures of IDPs to inform the humanitarian community response		n/a	24 reports	Snapshots Reports Maps Infographics	n/a	-
Activity: Track and share IDP movements and analyses displacements trends	# of updates provided to CCCM Sector members, sectors and other operational actors on sudden displacements	n/a	24 updates	IDP Tracking Matrix	Monthly	19 updates
	# of displacements tracked and reported to sector members, sectors and other operational actors on sudden displacements	6.1 m IDPs	2 m IDPs	IDP Tracking Matrix	Monthly	1,976,207 IDPs

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

ACTIVITIE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 1.1:</b> # of people benefiting from livelihood support		9.9M people	186,750	Project implementation progress reports	Monthly	-



Activity: Create short-term work opportunities	# of short-term work opportunities created including through market-based modalities	2.4 m people	56,454 People	Project implementation progress reports	Continuous	7,729 People
Activity: Foster access to regular employment	# of people obtaining or accessing regular employment, as a result of sector support	2.4 m people	9,267 People	Project implementation progress reports	Continuous	997 People
Activity: Provide vocational and skills training opportunities	# of people provided with vocational and skills training	3 m people	44,525 People	Project implementation progress reports	Continuous	3,807 People
Activity: Support to entrepreneurship	# of people supported to rehabilitate, develop or start a social or business entrepreneurship initiative	5.5 m people	34,136 People	Project implementation progress reports	Continuous	2,452 People
Activity: Provide support to rural enterprises and entrepreneurs	# of rural enterprises provided with productive assets	4.5 m people	6,266 People	Project implementation progress reports	When available	1,403 People
Activity: Rehabilitate or repair basic, local economic infrastructure	# of local economic infrastructures rehabilitated, including markets; storage, warehousing and processing	4.5 m people	143 economic infrastructures	Project implementation progress reports	Continuous	182 economic infrastructures
Activity: Provide market-based modalities of assistance to vulnerable households	# of vulnerable households including female-headed households, elderly, etc. provided through market-based modalities of assistance	4.5 m people	36,102 People	Project implementation progress reports	Continuous	164 People

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 2.1:</b> # of people benefiting from improved access to basic and social services and infrastructure		5.6 m people	184,575	Project implementation progress reports	Monthly	-
Activity: Remove debris and waste	# of m3 of waste and debris removed	5.3 m people	287,589 m3	Project implementation progress reports	Continuous	169,616 m <sup>3</sup>
Activity: Rehabilitate education facilities	# of schools rehabilitated	5.6 m people	104 schools	Project implementation progress reports	Continuous	5 schools
Activity: Rehabilitate health facilities	# of clinics rehabilitated	5.6 m people	36 clinics	Project implementation progress reports	Continuous	1 clinics
Activity: Rehabilitate other social infrastructure	# of social infrastructures rehabilitated	5.6 m people	645 infrastructures	Project implementation progress reports	Continuous	426 infrastructures
Activity: Rehabilitate access to basic utilities, such as electricity, gas, water and sewage	# of households provided with access to one or more basic utilities, such as electricity, gas, water and sewage	5.6 m people	184,575 households	Implementation progress reports, Surveys and assessments & Statistical updates	When available	33,748 households
Activity: Provide capacity and equipment support to local public service providers	# of local service delivery organizations, such as local administrative service providers; extension services, supported with rehabilitation; equipment; operational support	5.6 m people	934 organization	Implementation progress reports, Surveys and assessments & Statistical updates	Continuous	27 organization

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 3.1:</b> # of people benefiting from social cohesion support		9.2 m people	321,353	Project implementation progress reports	Monthly	-
Activity: Support community initiatives	# of community initiatives supported	9.2 m people	2,313 initiatives	Project implementation progress reports	Monthly	442 initiatives
Activity: Support civic engagement initiatives	# of participants involved in civic engagement community initiatives	9.2 m people	321,353 People	Project implementation progress reports	Monthly	11,681 People
Activity: Foster IDP and refugee returnees integration	# of initiatives to support social cohesion between IDPs/refugee-returnees and host communities	9.2 m people	5,151 initiatives	Project implementation progress reports	Monthly	48 initiatives

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

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

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 1.1:</b> # of school age children with access to formal and non-formal education		xx	xx	4Ws	Monthly	

Activity: Provide children with Early Childhood Care and Education (ECCE)	# of children (3-5 years, girls/boys) enrolled in ECCE or pre-primary education	202,546	31,915 children	4Ws	Monthly	2,579 children
Activity: Support the provision of formal education to children and youth	# of children (5-17 years, girls/boys) supported to enroll in formal general education	5,069,793	2,506,467 children	4Ws	Monthly	2,020,882 children
Activity: Provide children and youth with non-formal education programs, including catch-up classes, self-learning program (SLP), remedial education, literacy and numeracy classes	# of children (5-17 years, girls/boys) enrolled in non-accredited non-formal education	1,267,448	793,835 children	4Ws	Monthly	470,000 children
Specific Objective: Conduct Back-to-Learning (BTL) campaigns	# of children (5-17 years, girls/boys) benefitting from (BTL) campaigns	n/a	796,746 children	4Ws	Monthly	63,823 children
Specific Objective: Establish, expand and rehabilitate new classrooms (temporary or permanent)	# of classrooms constructed, established or rehabilitated	n/a	18,111 classrooms	4Ws	Monthly	891 classrooms
	# of children (3-17 years, girls/boys) benefitting from classrooms constructed, established or rehabilitated	n/a	987,818 children	4Ws	Monthly	126,772 children
Activity: Provide schools with school furniture, including desk, chairs, blackboards, in formal settings	# of schools or learning spaces provided with school furniture	n/a	2,464 schools	4Ws	Monthly	6,521 schools
Activity: Rehabilitate, improve or construct gender-sensitive and disability-sensitive WASH facilities	# of schools or learning spaces benefitting from gender-sensitive and disability-sensitive WASH facilities	n/a	3,580 schools	4Ws	Monthly	1,514 schools
Activity: Provide schools with safety and security equipment	# of schools or learning spaces provided schools with safety and security equipment	n/a	12,220 schools	4Ws	Monthly	2,555 schools
Activity: Provide solar power system in schools	# of schools or learning spaces provided with solar power system in schools	n/a	269 schools	4Ws	Monthly	5 schools
Activity: Provide students with school supplies in formal and non-formal settings	# of children (3-17 years, girls/boys) receiving school supplies	4,436,069	1,231,915 children	4Ws	Monthly	233,706 children
Activity: Provide maintenance and running costs, including cleaning material, stationery for school personnel or fuel for heating, in learning spaces and schools	# of schools or learning spaces benefitting from maintenance and running costs	n/a	11,753 schools	4Ws	Monthly	665 schools
Activity: Provide children with tuition fees and scholarships	# of children (5-17 years, girls/boys) provided with tuition fees or scholarships	n/a	61,269 children	4Ws	Monthly	203 children
Activity: Provide children with transportation to school	# of children (5-17 years, girls/boys) provided with school transportation support	633,724	64,283 children	4Ws	Monthly	9,470 children
Activity: Provide children with school feeding programs	# of children (3-17 years, girls/boys) benefitting from school feeding programs	1,901,172	1,231,976 children	4Ws	Monthly	998,081 children
Activity: Provide youth with technical and vocational education training in formal or non-formal settings	# of youth (15-17 years, girls/boys) enrolled in formal or non-formal TVET	n/a	132,228 youth	4Ws	Monthly	13,186 youth

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
Activity: Provide professional development to teaching staff and education personnel, including child-centred and protective pedagogy, active learning, self-learning, life skills, Curriculum B, ECCE, New Curriculum, psychosocial support and referral mechanisms, Education in Emergencies (EiE) and national/ INEE minimum standards	# of teachers and education personnel trained (female/male)	153,777	100,691 personnel	4Ws	Monthly	10,812 personnel
Activity: Provide teachers and education personnel with incentives	# of teachers and education personnel receiving incentives (female/male)	54,920	23,513 personnel	4Ws	Monthly	13,959 personnel
Activity: Provide teachers and facilitators with teaching materials in formal and non-formal settings	# of teachers and facilitators provided with teaching materials in formal and non-formal settings	65,904	20,069 personnel	4Ws	Monthly	1,577 personnel
Activity: Provide teachers and education personnel with teaching resources, kits and guides in formal and non-formal settings	# of teachers and education personnel receiving teaching resources, kits and guides (female/ male)	87,872	72,171 personnel	4Ws	Monthly	55 personnel
Activity: Provide children with school-based psychosocial support programs in formal and non-formal settings	# of children (5-17 years, girls/ boys) benefiting from school-based psychosocial support programs	4,436,069	1,128,548 children	4Ws	Monthly	71,981 children
Activity: Provide teachers and other education personnel with school-based psychosocial support programs in formal and non-formal settings	# of adults (female/male) benefiting from school-based psychosocial support programs	153,777	29,387 adults	4Ws	Monthly	111 adults
Activity: Provide children with life skills and citizenship education programs in formal and non-formal settings	# of children (5-17 years, girls/ boys) benefiting from life skills and citizenship education programs	n/a	551,120 children	4Ws	Monthly	64,002 children
Activity: Provide textbooks to children	# of children (5-17 years, girls/boys) receiving textbooks	3,548,855	2,238,758 children	4Ws	Monthly	307,594 children
Activity: Provide children with supplementary learning materials for children attending formal and non-formal education	# of children (3-17 years, girls/boys) receiving supplementary materials in formal and non-formal/temporary settings	1,584,310	778,580 children	4Ws	Monthly	365 children
Activity: Provide children with Early Child Development (ECD) materials or kits in formal and non-formal settings	# of children provided ECD materials or kits in formal and non-formal settings	202,546	74,358 children	4Ws	Monthly	532 children
Activity: Provide children with recreational materials in formal and non-formal settings	# of children (3-17 years, girls/ boys) benefitting from recreational materials	2,534,896	950,687 children	4Ws	Monthly	62,740 children

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
Activity: Build the technical capacity of humanitarian actors in crisis-sensitive data collection and analysis and dissemination, relevant standards, Education in Emergencies (EiE) and Inter-Agency Network for Education in Emergency (INEE) Minimum Standards, and/or advocacy on the needs and rights of children in crisis contexts	# of humanitarian actors (female/male) trained on policy, planning, data collection, sector coordination or INEE MS	n/a	528 humanitarian actors	4Ws	Monthly	1,162 humanitarian actors
Activity: Support or establish school-based governance and accountability mechanisms to support school operations	# of Parent Teacher Associations (PTA) supported or established	n/a	2,020 PTAs	4Ws	Monthly	N/A
Activity: Build the technical capacity of education authorities to lead, coordinate, manage and monitor the education sector	# of people trained	n/a	NA	4Ws	Monthly	N/A

## Food Security and Agriculture

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 1.1:</b> % of targeted households with improved food consumption score		5.2 m people	100%	Outcome indicators monitoring (OMI Report)	Bi-annual	-
<b>Objective Indicator 1.2:</b> % of targeted households with improved reduced coping strategy		5.2 m people	100%	Outcome indicators monitoring (OMI Report)	Bi-annual	-
<b>Objective Indicator 1.3:</b> % of targeted households with reduced expenditure on food		5.2 m people	100%	Outcome indicators monitoring (OMI Report)	Bi-annual	-
Activity: Provide emergency response to crisis affected vulnerable people with short-term food assistance through appropriate modalities	# of IDPs/returnees assisted per round against # of IDPs/returnees	2.7 m people	2.7 m people	4Ws	Monthly	-
	Metric Tons (MT)/value of food provided	na	na	4Ws	Monthly	-
Activity: Provide the assessed food insecure people with monthly food assistance through appropriate modalities	# of targeted people receiving regular food assistance by modality (minimum 8 months covered)	5.2 m people	5.2 m people	4Ws	Monthly	-
	MT/value of food provided	na	na	4Ws	Monthly	-



Activity: Provide persons with Specific Needs (PSN) with supplementary food assistance through appropriate modalities (complementary to 1.2 and inter-linkage)	# of targeted people receiving supplementary food	n/a	1.2 m people	4Ws	Monthly	-
	MT/value of food provided	na	na	4Ws	Monthly	-
Activity: Supply flour or bread directly to households or to bakeries	# of targeted people receiving bread/flour	n/a	1.5 m people	4Ws	Monthly	-
	MT/value of bread/flour provided	na	na	4Ws	Monthly	-

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 2.1:</b> % of targeted households with Negative Livelihoods Coping Strategy		1 m households	1 m households	Outcome indicators monitoring (OMI Report)	Bi-annual	-
Activity: Distribute agricultural inputs, such as seeds, fertilizer, pesticide and equipment; and provide related training	# of households targeted received agricultural inputs and trainings as % of planned by modality	700k households	700k households	4Ws	Monthly (cumulative)	-
	Quantity (kg) of seed distributed by crop (cereal, tuber, legume, vegetable)	na	na	4Ws	Monthly (cumulative)	-
Activity: Provide protection Food Rations (FRs) to most vulnerable farming household	# of household receiving protection FRs along with agri inputs	150 k households	150 k households	4Ws	Monthly (cumulative)	-
Activity: Support small-scale food production (horticulture, poultry-egg laying hens, market gardens)	# of targeted households (HHs) receiving small-scale food production kit by modality Quantity (kg) distributed by type	200 k households	200 k households	4Ws	Monthly (cumulative)	-
Activity: Provide most vulnerable farming households with protection Food Rations	# of household receiving protection FRs along with small-scale food production	150 k households	150 k households	4Ws	Monthly (cumulative)	-
Activity: Support asset building and asset protection (small livestock and animal feed distribution) including winterization activities; and provide related training	# of households targeted received livestock by modality	500 k households	500 k households	4Ws	Monthly (cumulative)	-
	# of animals distributed by modality	na	na	4Ws	Monthly (cumulative)	-
	Quantity (kg) of animal feed distributed	na	na	4Ws	Monthly (cumulative)	-
Activity: Provide emergency livestock treatment and training for veterinary services, including community animal health worker	# of targeted herders assisted	200 k households	200 k households	4Ws	Monthly (cumulative)	-
	# of animals treated/vaccinated by modality	na	na	4Ws	Monthly (cumulative)	-
Activity: Support income-generating activities including vocational training	# of targeted households supported with income generation activities and trainings - by appropriate modality	200 k households	200 k households	4Ws	Monthly (cumulative)	-

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
	<b>Objective Indicator 3.1:</b> % of targeted households with Negative Livelihoods Coping Strategy	300 k households	300 k households	Outcome indicators monitoring (OMI Report)	Bi-annual	-
Activity: Support rehabilitation of relevant economic/ productive infrastructures through appropriate modalities, including Canals, irrigation systems, markets, storage facilities, bakeries	# of targeted economic infrastructures rehabilitated	na	na	na	Monthly (cumulative)	-
	# of people benefiting from rehabilitated economic infrastructure	200 k households	200 k households	4Ws	Monthly (cumulative)	-
Activity: Establish/strengthen the capacity for the provision of essential services for local communities including early warning and DRR systems	# of technicians trained	na	na	na	Monthly (cumulative)	-
	# of essential services supported	na	na	na	Monthly (cumulative)	-
	# of people benefiting from essential services	100k households	100k households	4Ws	Monthly (cumulative)	-

## Health

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
	<b>Objective Indicator 1.1:</b> # of medical procedures per person in need per year (total for all main indicators for activity 1.1)	12.0 m people	1.9 procedures acute target: 1.9	4Ws	Annual	-
	Objective Indicator 1.2: Average # of Ante-Natal Care (ANC) visits per pregnant woman	483,000 pregnant women	4.0 ANC visits acute target: 4.0	4Ws	Annual	-

Activity: Provide essential primary and secondary health care services, including trauma care, EmONC and referral.	# of outpatient consultations (excluding mental health, trauma consultations, and physical rehabilitation)	12.0 m people	21 m consultations	4Ws	Monthly	13,187,876 consultations*
	# of trauma consultations supported	n/a	925,000 consultations	4Ws	Monthly	450,392 * consultations
	# of hostility-related trauma consultations supported	n/a	n/a	4Ws	Monthly	13,499
	# of mental health consultations supported	3.1 m (15% of population)	300,000 consultations	4Ws	Monthly	228,752 * consultations
	# of physical rehabilitation sessions supported	3.1 m (15% of population)	300,000 sessions	4Ws	Monthly	141,335 * sessions
	# of vaginal deliveries attended by a skilled attendant	483,000 pregnant women	145,000 vaginal deliveries	4Ws	Monthly	105,446 vaginal * deliveries
	# of caesarian sections supported	121,250 (25% of pregnant women)	85,000 c-section deliveries	4Ws	Monthly	48,288 * c-section deliveries
	# of cases referred for specialized treatment (between levels of care inside Syria, cross-line and cross-border)	n/a	200,000 cases	4Ws	Monthly	112,827 * cases
Activity: Provide routine immunization services to all children <1 years of age	# of children under the age of 1 received DPT3 or equivalent pentavalent vaccine (national programme)	575,000 children	546,250 children (95% children)	4Ws	Monthly	284,336 * children
	# of children under the age of 2 received MMR2 vaccine	575,000 children	546,250 children (95% children)	4Ws	Monthly	570,694 * children
Activity: Provide antenatal care	# of Ante-Natal Care (ANC) visits	483,000 pregnant women WRA	966,000 visits	4Ws	Monthly	568,425 visits*
Activity: Provide health facilities with essential medicines and medical supplies	# of treatment courses delivered to health facilities by UN Actors (drug treatment for one disease, one medical procedure such as dressing, dialysis)	12 m people	13.5 m treatment courses	4Ws	Monthly	6,720,511 treatment courses
Activity: Monitor and report on violence against health care	# of published attacks on health care	n/a	n/a	SSA	Monthly	20 by end of July 24 by end of August
Activity: Coordinate the humanitarian health response	# of health sector coordination meetings held across response hubs	n/a	40 meetings	Health cluster bulletins	Monthly	n/a
	# of completed health sector assessments conducted and analysed	n/a	25 assessments	Assessment registry	Quarterly	n/a

\* as of July 2020

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 2.1:</b> % of disease alerts investigated within 72 hours of identification		12.0 m people	95% acute target: 95%	Consolidated EWARN/ EWARS data	Quarterly	95%
Activity: Expand the reporting capacity of the early warning systems	% of sentinel sites submitting weekly surveillance reports	12.0 m people	95% sentinel sites	Consolidated EWARN/ EWARS data	Monthly	92.5% sentinel sites
Activity: Strengthen capacity to investigate and detect disease outbreaks	# of reference laboratories supported to detect and confirm epidemic-prone diseases	12.0 m people	5 laboratories	Consolidated EWARN/ EWARS data	Quarterly	3 laboratories
Activity: Support health authorities to carry out timely response to disease outbreaks	% of disease outbreaks responded to within 96 hours of identification	12.0 m people	95% outbreaks	Consolidated EWARN/ EWARS data	Quarterly	93% outbreaks

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 3.1:</b> Ratio of essential health workers (doctors, midwives, nurses) to 10,000 population		12.0 m people	24/10,000 acute target: 24/10,000	HeRAMS	Quarterly	24.9/10,000
<b>Objective Indicator 3.2:</b> Ratio of fully functional health facilities providing primary health care services per 10,000 population		12.0 m people	0.5/10,000 acute target: 0.5/10,000	HeRAMS	Quarterly	0.46/10,000
Activity: Strengthen the capacity of health care providers and community health care workers to provide essential health services	# of health staff trained/re-trained on different health topics	n/a	14,500 health care workers	4Ws	Monthly	13,797 health care workers
	# of community health workers trained/re-trained on different health topics	n/a	3,500 community health workers	4Ws	Monthly	1,644 community health workers
Activity: Increase access to health services by establishing functional health facilities and mobile medical units and supporting referral	# of health facilities refurbished or rehabilitated	473 health facilities	235 health facilities	HeRAMS	Quarterly	195 health facilities
	# of operational mobile medical units, including medical teams	11.4 m people	230 mobile medical units	4Ws	Monthly	254 mobile medical units as of July 2020
	# of functional ambulances	11.4 m people	250 ambulances	4Ws / Ambulance tracking tool	Monthly	302 ambulances as of July 2020

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

## Nutrition

<b>Nutrition Objective 1:</b> Protect and strengthen lifesaving maternal and child nutrition services for pregnant and lactating women and young children with infant and young child feeding in emergencies (YCF-E) services, micronutrient interventions, and maternal nutrition support [ related to strategic objectives 1, 2 and 3 ]						
ACTIVITEE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 1.1:</b> # of girls and boys under five and pregnant and lactating women receiving life-saving preventive maternal and child nutrition support services		4.6 m children	3.0 m children	4Ws (Nutrition Sector)	Quarterly	1,465,545 children
Activity: Provide facility and community-based one-on-one counselling on WHO recommended Infant and Young Child Feeding (YCF-E) and maternal nutrition practices	# of pregnant women and caregivers of children under 24 months of age counseled as one on one on appropriate YCF-E and maternal nutrition (disaggregated: pregnant, 0-6, 6-12, 12-24 and by sex)	766,932 caregivers	825,927 caregivers	4Ws (WoS)	Monthly	580,177 caregivers
Activity: Screen Pregnant and Lactating Women (PLW) and caregivers of children 0-24 months for infant feeding difficulties	# of primary and secondary caregivers reached with YCF-E screening	1,179,896 caregivers	568,865 caregivers	4Ws (WoS)	Monthly	115,319 caregivers
Activity: Support adherence to the Breastmilk Substitute Standard Operating Procedures for Whole-of-Syria	# of partners oriented on the standard operating procedures	32 partners	32 partners	4Ws (WoS)	Monthly	32 partners
Activity: Provide micronutrient supplementation to pregnant women and children	# of boys and girls (6-59 months) who received micronutrient supplements (micronutrient powder (MNP)etc.) for four months by the sector	1,119,211 children (6-59 months)	783,447 children (6-59 months)	4Ws (WoS)	Monthly	473,651 children (6-59 months)
	# of PLWs who received micronutrients, including iron folate and Micronutrient tablets for six months by the sector	766,932 PLWs	536,852 PLWs	4Ws (WoS)	Monthly	232,803 PLWs
Activity: Provide specialized nutritious food (LNS) to children 6-36 months to prevent Acute Malnutrition	# of boys and girls aged 6-36 months reached with LNS for three months	1,119,211 children (6-59 months)	579,862 children (6-59 months)	4Ws (WoS)	Monthly	419,171 children (6-59 months)
Activity: Provide High Energy Biscuits to Newly displaced children 6-59 months to prevent Acute Malnutrition	# of newly displaced boys and girls aged 6-59 months reached with High Energy Biscuits for Two weeks	682,354 children (6-59 months)	339,386 children (6-59 months)	4Ws (WoS)	Monthly	145,355 children (6-59 months)
Activity: Provide High Energy Biscuits to Newly displaced mothers to prevent Acute Malnutrition	# of newly displaced Pregnant and Lactating Women reached with High Energy Biscuits for Two weeks	321,108 PLWs	117,149 PLWs	4Ws (WoS)	Monthly	18,677 PLWs
Activity: Support improved dietary diversity of pregnant women and children 6-24 months with market-based interventions or in-kind support	# of PLWs enrolled in market-based interventions or in-kind support while promoting dietary diversity	766,932 PLWs	60,000 PLWs	4Ws (WoS)	Monthly	168,632 PLWs
	# of mothers reached with integrated nutrition/food security and livelihood (FSL) services to support dietary diversity	214,741 mothers	1,000 mothers	4Ws (WoS)	Monthly	15,918 mothers



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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 2.1:</b> # of PLWs and girls and boys under 59 months treated for acute malnutrition in Community-based Management of Acute Malnutrition (CMAM) services		129,537 PLWs	129,537 PLWs	4Ws (WoS)	Quarterly	36,698 PLWs
Activity: Ensure early identification and referral of acute malnutrition cases	# of boys and girls (6–59 months) screened for malnutrition	2,238,422 children (6-59 months)	156,6895 children (6-59 months)	4Ws (WoS)	Monthly	1,334,763 children (6-59 months)
	# PLWs screened for malnutrition	766,923 PLWs	536,846 PLWs	4Ws (WoS)	Monthly	471,566 PLWs
Activity: Ensure adequate coverage of treatment of acute malnutrition for children, pregnant and lactating mothers	# of boys and girls (6–59 months) with moderate acute malnutrition reached with treatment	66,213 children (6-59 months)	66,213 children (6-59 months)	4Ws (WoS)	Monthly	16,384 children (6-59 months)
	# of boys and girls (6–59 months) with uncomplicated severe acute malnutrition reached with treatment	21,449 children (6-59 months)	21,449 children (6-59 months)	4Ws (WoS)	Monthly	5,597 children (6-59 months)
	# of boys and girls (6–59 months) with severe acute malnutrition and medical complications reached with treatment	4,290 children (6-59 months)	4,290 children (6-59 months)	4Ws (WoS)	Monthly	762 children (6-59 months)
	# of PLWs with moderate acute malnutrition reached with treatment	50,998 PLWs	37,585 PLWs	4Ws (WoS)	Monthly	13,955 PLWs
Activity: Provide quality services in CMAM centers	% of facilities providing CMAM services meeting SPHERE standards	95%	95%	4Ws (WoS)	Monthly	76% facilities
Activity: Provide essential WASH services in CMAM sites	% of nutrition facilities provided with WASH services (nutrition facilities are health facilities providing nutrition services)	60%	60%	4Ws (WoS)	Monthly	76% facilities

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 3.1:</b> # of girls and boys under five and PWLs receive life-saving maternal and child nutrition support services		4.6 m children	3.0 m children	4Ws (WoS)	Quarterly	1,456,545 children

Activity: Ensure effective coordination at national and sub-national levels	# of cluster coordination meetings at national and sub-national level	n/a	72 meetings	Meetings minutes	Quarterly	60 meetings
	# of Cluster Coordination Performance Monitoring (CCPM) surveys completed	n/a	2 surveys	Meetings minutes	Quarterly	- surveys
	# of functional Strategic Advisory Groups (SAG) at national and hub levels	n/a	2 SAGs	Cluster coordination performance monitoring report	Yearly	2 SAGs
Activity: Ensure adequate implementation capacity at national and sub-national levels	# of functional Technical Working Groups (TWG) at national level	n/a	8 TWGs	ToR of the SAG Meeting minutes	Quarterly	8 TWGs
	# of health and nutrition staff trained in IYCF-E	3,600 staff	2,326 staff	ToR of the TGW Meeting minutes	Quarterly	189 staff
	# of health and nutrition staff trained in Community Management of Acute Malnutrition including the inpatient care guidelines	2,700 staff	1,000 staff	4Ws (WoS)	Monthly	223 staff
	# of health and nutrition staff trained in surveys/surveillance	100 staff	65 staff	4Ws (WoS)	Monthly	209 staff
	# of health and nutrition staff trained in nutrition cluster coordination	10 staff	10 staff	4Ws (WoS)	Monthly	3 staff
Activity: Provide real time, reliable high-quality nutrition information is available to inform program decisions	# of sub-districts covered with nutrition surveillance	n/a	270 sub-districts	4Ws (WoS)	Monthly	146 sub-districts
	# of nutrition surveys, assessments and studies conducted	n/a	4 studies	Study reports	Quarterly	- studies
Activity: Ensure sustainable, predictable and high-quality nutrition supplies pipeline	# of sub-districts stoking out from nutrition supplies for more than a week	n/a	0 sub-districts	4Ws (WoS)	Monthly	- sub-districts

## Shelter and Non-Food Items

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
	<b>Objective Indicator 1.1:</b> Targeted crisis-affected households, including those in underserved communities, have their core and essential non-food item needs met	3.4 m households	4.3 m households	4Ws	Monthly	2,466,880 households
	<b>Objective Indicator 1.2:</b> Targeted people are protected from seasonally and adverse weather conditions	3.4 m people	2.7 m people	Winterization update	Monthly (during winter)	1,903,082 people
	<b>Objective Indicator 1.3:</b> Targeted crisis-affected households are provided with timely life-saving and life-sustaining shelter support (medium-term/temporary shelter), including those in protracted displacement, returnees, Palestinian refugees	1.14 m households	0.16 m households	4Ws	Monthly	490,622 households

Activity: Provision of core and essential NFIs, e.g. mattress, plastic sheeting, blankets, jerry cans, kitchen sets, solar lamps; including market-based interventions for these items	# of people whose core and essential NFI needs are met	3.4 m people	4.3 m people	4Ws	Monthly	2,466,880 people
Activity: Provision of seasonal and supplementary NFIs and shelter assistance, e.g. winter clothing, fuel, winter-specific shelter upgrades; or summer/flood assistance including market-based interventions for these items	# of people whose seasonal and supplementary NFI needs are met	3.4 m people	2.6 m people	Seasonal update	Monthly (during the season)	1,859,667 people
	# of people whose seasonal emergency shelter needs are met	5.7 m people	167,150 people	Seasonal update	Monthly (during the season)	43,415 people
Activity: Provision of emergency shelter, e.g. tent installation in camps, transit sites and spontaneous settlements with associated infrastructure, distribution of emergency shelter materials and kits; rental assistance, including market-based interventions for these items	# of people assisted with tents	5.7 m people	72,945 people	4Ws	Monthly	189,081 people
	# of people assisted with tents with associated infrastructure	5.7 m people	533,000 people	4Ws	Monthly	272,126 people
	# of people assisted with distributed/installed emergency shelter materials/kits	5.7 m people	810,028 people	4Ws	Monthly	-
	# of people assisted with rental assistance (either free rent, cash-for-rent, or subsidy)	5.7 m people	23,000 people	4Ws	Monthly	1,210 people
Activity: Rehabilitation of collective centres and transitional shelters, including: in-kind, market-based interventions, physical repair, etc.	# of people assisted by rehabilitated collective centers	5.7 m people	107,870 people	4Ws	Monthly	10,313 people
	# of people assisted by upgraded unfinished buildings	5.7 m people	37,690 people	4Ws	Monthly	17,892 people

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 2.1:</b> Increase in adequate housing stock available to targeted households and communities		1.14 m households	0.32 m households	4Ws	Monthly	569,658 households
<b>Objective Indicator 2.2:</b> Increased capacity of Shelter / NFI stakeholders and partners		NA	4,686 stakeholders	4Ws	Monthly	25 stakeholders
Activity: Support to sustainably repair/rehabilitate housing and related community/public infrastructure and facilities to owners/tenants/returnees/host families (can include: materials, market-based interventions, cash-for-work, labour, etc.)	# of people assisted by rehabilitated damaged houses	5.7 m people	281,620 people	4Ws	Monthly	132,638 people
	# of people assisted by semi-permanent shelter	5.7 m people	1.3 m people	4Ws	Monthly	1,841 people
	# of people assisted by repaired/rehabilitated community/public infrastructure and facilities	5.7 m people	14,200 people	4Ws	Monthly	435,179 people
Activity: Training of stakeholders on resilience and quality-oriented shelter/NFI skills and capacities	# of Shelter/NFI actors trained	n/a	4,686 actors	4Ws	Monthly	25 actors

## Water, Sanitation and Hygiene

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
	<b>Objective Indicator 1.1:</b> Estimated # of people with improved access to WASH services as a result of repair, rehabilitation and operational support to WASH systems and establishment of water safety plans	10.7 m people	10.7 m people	4Ws	Quarterly	3,988,563 people
	<b>Objective Indicator 1.2:</b> Estimated # of people with access to safe water as a result of provision of water disinfectants	20.4 m people	15.5 m people	4Ws	Quarterly	15,597,290 people
Activity: Repair and rehabilitation of water systems	Estimated # of people with improved access to water as a result of repair and rehabilitation of water systems	8.6 m people	6.0 m people	4Ws	Quarterly	2,013,130 people
Activity: Support to water quality assurance, operation and maintenance of water supply systems	Estimated # of people with improved access to water due to provision of water disinfectants	20.4 m people	15.5 m people	4Ws	Quarterly	15,597,290 people
	Estimated # of people with improved access to water through the operation and maintenance support to the water systems	2.5 m people	2.0 m people	4Ws	Quarterly	2,190,543 people
	Estimated # of people with improved access to water through establishment of water safety plans	955,187 people	1.0 m people	4Ws	Quarterly	659,310 people
Activity: Repair, rehabilitation and operational support to sanitation/sewage and solid waste management systems	Estimated # of people with improved access to sanitation services through support to sanitation systems, including sewage networks, wastewater treatment plants	4.7 m people	2.0 m people	4Ws	Quarterly	768,921 people
	Estimated # of people with improved access to Solid Waste Management (SWM) services through support to SWM systems	4.7 m people	2.0 m people	4Ws	Quarterly	1,432,015 people

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
	<b>Objective Indicator 2.1:</b> # of people with improved access to humanitarian life-saving emergency WASH facilities and services, and with improved hygienic behavior and practices	6.8 m people	6.8 m people	4Ws	Quarterly	7,585,560 people
Activity: Distribution of essential WASH non-food items (NFI) and hygiene promotion	# of people who received essential WASH NFIs	4.9 m people	3.0 m people	4Ws	Monthly	3,267,780 people
	# of people reached by hygiene promotional activities and campaigns	6.1 m people	1.5 m people	4Ws	Monthly	2,193,085 people

Activity: Improved access to humanitarian life-saving/emergency WASH facilities and services	# of people with improved access to water through humanitarian life-saving/emergency water facilities and services	6.1 m people	4.0 m people	4Ws	Monthly	4,024,640 people
	# of people with improved access to sanitation through humanitarian life-saving/emergency sanitation/sewage facilities and services	6.1 m people	4.0 m people	4Ws	Monthly	1,313,087 people
	# of people reached through humanitarian life-saving/emergency solid waste management and vector control facilities and services	6.1 m people	3.0 m people	4Ws	Monthly	2,740,734 people
Activity: Market-based assistance for WASH services	# of people who received market-based assistance for WASH services	4.6 m people	1.0 m people	4Ws	Monthly	269,621 people

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 3.1:</b> # of joint needs analysis and response planning exercises developed across response hubs		n/a	3 analyses	Meeting minutes / Assessment reports	Yearly	2 analyses
Activity: Facilitation of WASH sector coordination	# of WASH sector coordination meetings held across response hubs	n/a	60 meetings	Meeting minutes	Yearly	-
	# of sector-specific needs assessments conducted and analysed	n/a	3 assessments	Assessment reports	Yearly	2 assessments
Activity: Strengthen prevention and mitigation of WASH-related protection risks	# of WASH projects/proposals that include at list one GBV risk-reduction objective, activity or indicator, and/or a dedicated budget	87	10 projects	HRP project proposals / 4Ws	Bi-annually	n/a
	# of WASH projects/proposals that include explosive hazard risk mitigation objective, activity or indicator, and/or a dedicated budget	87	1 project	HRP project proposals / 4Ws	Bi-annually	n/a

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 4.1:</b> # of people with improved access to gender and disability friendly WASH facilities and services in schools, child friendly spaces and health care facilities		n/a	750,000 people	4Ws	Quarterly	1,052,709 people
Activity: Support to WASH facilities and services in schools and child friendly spaces in close coordination with Education and Protection sectors	# of (pre)school children gaining access to gender and disability friendly WASH facilities and services	n/a	500,000 children	4Ws	Monthly	152,765 children



Activity: Support to WASH facilities and services in health care facilities in close coordination with Health sector	# of people gaining access to gender and disability friendly WASH facilities and services in health care facilities	n/a	250,000 people	4Ws	Monthly	423,306 people
	# of people benefitting from improved medical waste management systems	n/a	100,000 people	4Ws	Monthly	115,269 people

## Logistics

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 1.1:</b> # of humanitarian partners across Whole-of-Syria benefiting from augmented logistics capacity		n/a	10 partners	Sector records	Monthly	11 partners
Activity: Maintain common UN logistics services, including common transport, coordination of convoys, storage, transshipment and air transport support	# of m <sup>2</sup> of storage capacity maintained inside Syria	n/a	11,500 m <sup>2</sup>	Sector reports	Ad hoc	7,850 m <sup>2</sup>
	# of Inter-Agency humanitarian convoys per year	n/a	8 convoys	Sector reports RITA	Ad hoc	0 convoys
	# of operational hubs used for cross-border transshipment operations	n/a	2 hubs	Sector reports	Monthly	2 hubs (UNSCR 2533 11 July led to closure of Kilis)
	% of requests for passenger and light cargo transport fulfilled	n/a	100%	UNHAS reports	Ad hoc	100%

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 2.1:</b> % rate of partner satisfaction with the Logistics Sector's performance		n/a	90%	Sector satisfaction survey	Twice a year	89%
Activity: Organize regular and ad-hoc coordination meetings in Syria and Turkey	# of meetings held across Syria and Turkey	n/a	30 meetings	Meeting minutes	Ad hoc	30 meetings
Activity: Provide partners with up-to-date information on regular basis for operational decision-making and planning	# of Information Management (IM) products shared	n/a	54 products	Sector reports	Monthly	63 products








Activity: Organize quarterly Steering Committee meetings for overall guidance on the running of the UNHAS air service	# of meetings held	n/a	3 meetings	UNHAS meeting minutes	Quarterly	2 meetings
Activity: Organize monthly User-Group meetings to ensure a platform for partner needs to be voiced	# of meetings held	n/a	8 meetings	UNHAS meeting minutes	Monthly	1 meetings

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

ACTIVITE	INDICATOR	IN NEED	TARGET	MEANS OF VERIFICATION (SOURCE)	TIME (FREQUENCY)	PROGRESS
<b>Objective Indicator 3.1:</b> Produce an overview of logistics gaps and needs, including trainings in the WoS		n/a	1 overview	Gaps and Needs Analysis	Annual	0 overview
<b>Objective Indicator 3.2:</b> Enhance the capacity humanitarian organisations to effectively manage the logistics (in line with the 2020 GNA exercise)		n/a	90% satisfaction rate	Sector satisfaction survey	Annual	n/a satisfaction rate
Activity: Consult a Gaps and Needs Assessment (GNA) that identifies the logistics gaps and challenges faced by responding organisations	# of Gaps and Needs Assessments conducted	n/a	1 GNA	Gaps and Needs Analysis	Annual	0 GNA
Activity: Conduct trainings that enhance the technical capacity of humanitarian actors, addressing the needs identified in the various gaps and needs exercises	% of trainings recommended by the LC 2020 GNA implemented (under Logistics Sector mandate)	n/a	100%	Sector reports	Monthly	0



## 3.3 2020 Sector Indicators Reporting Against COVID-19 Response

### Health Response



SECTOR	INDICATOR	TARGET	REACH				REACH / TARGET	
			Total	From Syria HCT Coordinated Response	Syria Cross-Border HLG Coordinated Response	NES NGO Forum Coordinated Response	REACH	TARGET
Health	# of Health Care Workers (HCW) trained in IPC	6,276	4,623	-	-	-		100%
	# of laboratories established to test COVID-19	20	8	-	-	-		50%
	# of Health Care Workers (HCW) trained in case management of COVID-19 patients	3,500	1,744	-	-	-		100%
	# of isolation centers established at governorate level and equipped with life-saving essentials such as ventilators, oxygenators and monitors	59	34	-	-	-		58%
	# of dedicated beds for COVID-19 critical cases	1,619	303	-	-	-		19%
	# of dedicated beds for COVID-19 moderate cases	3,195	1,433	-	-	-		46%
	Total daily testing capacity across Syria	2,450	630	-	-	-		26%

### Multi-Sectoral Response









#### Adjustment of SOPs, Protocols, Trainings





SECTOR	INDICATOR	TARGET	REACH				REACH / TARGET	
			Total	From Syria HCT Coordinated Response	Syria Cross-Border HLG Coordinated Response	NES NGO Forum Coordinated Response	REACH	TARGET
SNFI	# of SOPs, guidance notes, protocols and strategies developed by sectors, the ISC and HCT and shared to wider community on COVID-19 preparedness and response, including social protection	-	2	2	0	0	-	-
CCCM	# of Sites Camp that have Management Systems developed/supported	993	533	0	533	0		54%
Protection	# of SoPs, training tools, guidance, protocols and strategies developed by protection sector and AoRs related to COVID-19	5	4	-	-	-		80%

## Communication and Awareness Raising

SECTOR	INDICATOR	TARGET	REACH				REACH / TARGET	
			Total	From Syria HCT Coordinated Response	Syria Cross-Border HLG Coordinated Response	NES NGO Forum Coordinated Response	REACH	TARGET
Protection	# of people / interventions reached with (age-appropriate) awareness messages for COVID-19	1.2M	338,196	-	-	-		28%
	# of communities with established hotlines (phone, email and SMS) functioning and/or increased access to timely and accurate information on COVID-19 from credible sources	0	35	-	-	-	-	-
WASH	# of people reached on COVID-19 through direct messaging on prevention and access to services (excluding mass media)	1.5M	903,040	-	-	-		60%

## Service Delivery

SECTOR	INDICATOR	TARGET	REACH				REACH / TARGET	
			Total	From Syria HCT Coordinated Response	Syria Cross-Border HLG Coordinated Response	NES NGO Forum Coordinated Response	REACH	TARGET
Protection	# of refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic that receive assistance adapted to COVID-19	626,901	49,163	-	-	-		8%
	# of GBV response services provided during COVID-19 crisis to survivors and/or women and girls at risk	276,375	65,013	-	-	-		24%
Shelter	# of people reached with critical Shelter assistance	105	105	-	-	-		100%
NFI	# of people reached with critical NFI assistance	192,742	709,564	32,065	72,298	60,399		85%
CCCM	# of IDP benefited from Community Health Workers and WASH Committees administered by the camp management	1.45 M	214,000	-	-	-		14%
ERL	# of people enrolled in and benefitting from a social safety net to support the most vulnerable and ensure the inclusion of COVID-19 affected populations in the targeted beneficiary groups	50,000	1,114	1,114	0	0		2%
	# of critical livelihoods infrastructure (including through cash-based modalities) rehabilitated as mitigation to the impact of COVID-19 preventative measures	25	2	2	0	0		8%
	# rural and urban entrepreneurs affected by the pandemic preventative measures assisted	200	29	29	0	0		15%

<b>WASH</b>	# of people reached with critical WASH supplies and services to strengthen Infection Prevention and Control (IPC) measures							50%
	# of people reached through expanded water services and operational support to water systems to ensure continuity of safe water supply and enabling handwashing environment	6M	3M	695,930	3.2M	150,641		
	# of people reached with critical WASH supplies and services to strengthen Infection Prevention and Control (IPC) measures							13%
<b>WASH</b>	# of people reached through provision, rehabilitation or maintenance of WASH/sanitation facilities in support of social distancing, cleanliness and handwashing	2M	254,191	87,289	57,770	105,492		
	# of people reached through hygiene items distribution to enable appropriate handwashing and cleanliness	3M	1.2M	-	-	-		24%
<b>Education</b>	# of children supported with distance/ home-based learning	3.4 M	271,406	10,100	250,840	10,466		1%
<b>FSS</b>	# of targeted people supported with hygiene kits as part of general food assistance	-	843,116	459,513	231,409	152,194	-	-

## 3.4

# Acronyms

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<b>4W</b>	Who does What, Where and When
<b>AAP</b>	Accountability to Affected Populations
<b>ANC</b>	Ante-Natal Care
<b>AoR</b>	Area of Responsibility
<b>BTL</b>	Back- to-Learning
<b>CAAFAG</b>	Children Associated with Armed Forces and Armed Groups
<b>CBPF</b>	Country-Based Pooled Fund
<b>CCCM</b>	Camp Coordination and Camp Management
<b>CLI</b>	COVID-like illness
<b>CMAM</b>	Community-Based Management of Acute Malnutrition
<b>COVID-19</b>	Coronavirus Disease 2020
<b>CP</b>	Child Protection
<b>ECCE</b>	Early Childhood Care and Education
<b>ECD</b>	Early Child Development
<b>EiE</b>	Education in Emergencies
<b>EmONC</b>	Emergency Obstetric and Newborn Care
<b>ERL</b>	Early Recovery and Livelihoods Sector
<b>EWARN</b>	Early Warning, Alert and Response Network
<b>EWARS</b>	Early Warning, Alert and Response System
<b>FDPs</b>	Food Distribution Points
<b>FSA</b>	Food Security and Agriculture
<b>FSL</b>	Food Security and Livelihoods
<b>FTS</b>	Financial Tracking System
<b>GBV</b>	Gender-Based Violence
<b>GDP</b>	Gross Domestic Product
<b>GNA</b>	Gaps and Needs Assessment
<b>GoS</b>	Government of Syria
<b>HCW</b>	Health Care Workers
<b>HCT</b>	Humanitarian Country Team
<b>HeRAMS</b>	Health Resources and Services Availability Monitoring System
<b>HLG</b>	Humanitarian Liaison Group
<b>HH</b>	Household
<b>HLP</b>	Housing, Land and Property
<b>HNO</b>	Humanitarian Needs Overview
<b>HPC</b>	Humanitarian Programme Cycle
<b>HRP</b>	Humanitarian Response Plan
<b>IASC</b>	Inter-Agency Standing Committee
<b>IDP</b>	Internally Displaced Person
<b>IHL</b>	International Humanitarian Law
<b>IHRL</b>	International Human Rights Law
<b>ILI</b>	Influenza-like illness
<b>INEE</b>	Inter-Agency Network for Education in Emergency
<b>INGO</b>	International Non-Governmental Organization
<b>IPC</b>	Infection Prevention and Control
<b>ISC</b>	Inter-Sector Coordination
<b>ISIMM</b>	IDP Sites Integrated Monitoring Matrix



<b>IYCF</b>	Infant and Young Child Feeding
<b>IYCF-E</b>	Infant and Young Child Feeding in Emergencies
<b>LNS</b>	Lipid-based nutrient supplements
<b>MA</b>	Mine Action
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>MoH</b>	Ministry of Health
<b>MPC</b>	Multipurpose cash
<b>MT</b>	Metric Tons
<b>MMR</b>	Measles, Mumps, and Rubella
<b>MSNA</b>	Multi-Sector Needs Assessment
<b>MSU</b>	Mobile Storage Unit
<b>MUAC</b>	Mid-upper Arm Circumference
<b>NES</b>	North-east Syria
<b>NFI</b>	Non-Food Item
<b>NGO</b>	Non-Governmental Organization
<b>NWS</b>	North-west Syria
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>PFA</b>	Psychological First Aid
<b>PIN</b>	People in Need
<b>PLW</b>	Pregnant and Lactating Women
<b>PPE</b>	Personal Protective Equipment
<b>PMR</b>	Periodic Monitoring Reports
<b>PRA</b>	Protection Risk Analysis
<b>PSEA</b>	Prevention of sexual exploitation and abuse
<b>PSN</b>	Persons with Specific Needs
<b>PSS</b>	Psychosocial support
<b>PTA</b>	Parent Teacher Associations
<b>RCCE</b>	Risk Communication and Community Engagement
<b>RITA</b>	Relief-Item Tracking System
<b>RRT</b>	Rapid Response Team
<b>RTE</b>	Ready-to-Eat Rations
<b>SAD</b>	Sex and Age Disaggregated
<b>SARC</b>	Syrian Arab Red Crescent
<b>SARI</b>	Severe Acute Respiratory Infection
<b>SCHF</b>	Syria Cross-Border Humanitarian Fund
<b>SEA</b>	Sexual exploitation and abuse
<b>SLP</b>	Self-Learning Programme
<b>SMART</b>	Standardized Monitoring and Assessment of Relief and Transitions
<b>SSA</b>	Surveillance System for Attacks
<b>SSG</b>	The Syria Strategic Steering Group
<b>SWM</b>	Solid Waste Management
<b>SYP</b>	Syrian Pound
<b>TVET</b>	Technical and Vocational Education and Training
<b>UN</b>	United Nations
<b>UNHAS</b>	UN Humanitarian Air Service
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Emergency Fund
<b>UNRWA</b>	United Nations Relief and Works Agency for Palestine Refugees in the Near East
<b>UNSCR</b>	United Nations Security Council Resolution
<b>US\$</b>	U.S. Dollar
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WFP</b>	United Nations World Food Programme
<b>WHO</b>	United Nations World Health Organization
<b>WoS</b>	Whole of Syria

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SYRIAN ARAB REPUBLIC