HUMANITARIAN IMPLEMENTATION PLAN (HIP) SYRIA REGIONAL CRISIS

The activities proposed hereafter are still subject to the adoption of the financing decision ECHO/WWD/BUD/2021/01000

AMOUNT: EUR 212 500 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2021/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annexes¹ is to serve as a communication tool for DG ECHO²'s partners and to assist in the preparation of their proposals. The provisions of the Worldwide Decision and the conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

Second modification – 15 December 2021

Since the summer 2021, Syria is facing an acute water crisis caused by the worst drought in 70 years, intimately linked to climate change, the politicization of water and the degraded water infrastructure. More than 5 million people in Syria are losing access to water, food and electricity. Disruption in the electricity production is affecting the provision of essential services, notably in the health sector. Agricultural production is at severe risk. 1.8 million people are projected to experience emergency level food insecurity by the end of the year. 12 million people are already food insecure. In addition to the 2021 UN Humanitarian Response Plan for Syria, the UN issued a separate USD 200 million response plan for the water crisis in September 2021, which remains largely unfunded.

Finally, the shelter cluster estimates that 4.5 million people in Syria are in urgent need of winter assistance. This number represents an increase of 12 per cent from 2021 as protracted displacement, fluctuating currency, limited job opportunities, and COVID-19 have further exposed the most vulnerable.

In light of the scale of needs, DG ECHO mobilised an additional EUR 10 million from the operational reserve for Syria.

First modification - 08 July 2021

The socio-economic conditions in **Jordan** have further deteriorated due to movement restrictions, which hamper access to livelihoods. Vaccination rates remain very low and hospital capacity is overstretched, especially for Intensive Care Unit beds. Provision of health services to camps is supported by external aid donors only. The COVID-19 emergency response task force has identified a caseload of vulnerable refugees in need of immediate and emergency cash assistance to cover their basic needs due to lack of access to livelihoods and essential basic services, which is a direct consequence of the COVID-19 crisis. Approximately 64 000 households require emergency cash assistance. Logistical and material assistance is also needed to support the vaccination of refugees living in

Technical Annex and Thematic policies annex.

Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). ECHO/SYR/BUD/2021/91000

camps and needs arising from the COVID-19 crisis. In order to face this situation EUR 2 000 000 will be added to this HIP for Jordan.

Lebanon has reported high COVID-19 infection rates, with a health system close to collapse and low vaccination rates outside Beirut and among refugees. There is very limited access to free testing and Intensive Care Unit bed occupancy is high. More than 3 million people are in need of assistance due to the COVID-19 crisis. It is urgent to act fast to vaccinate a maximum number of people over the coming months to prevent an increase in infections. Critical health needs, including mental and psycho-social support linked to the COVID-19 pandemic, need to be addressed swiftly. In order to face this situation EUR 5 500 000 will be added to this HIP for Lebanon.

1 CONTEXT

Now in its tenth year of conflict, the protracted crisis in Syria continues to generate humanitarian needs unparalleled in scale, severity and complexity. Inside Syria, the humanitarian situation is exacerbated by the collapse of the Syrian Pound and the unfolding economic crisis, leading to the sharp increase of essential food, medicine and basic commodities. Latest data show a poverty rate of 80%³.

The context remains highly volatile and complex, broadly characterised by three sub-contexts – Northwest, Northeast and southern and central Syria – each experiencing various levels of conflict intensity, access dynamics, constraints and needs. More than 11.1 million remain in need of humanitarian assistance, and 6 million are internally displaced.

In Northwest Syria, the ceasefire signed on 5 March 2020 is holding, despite daily artillery shelling and sporadic airstrikes. The non-renewal of Bab el Salam as an authorised border crossing point for cross-border humanitarian assistance under UN Security Council Resolution 2533 (2020) is also negatively affecting the sustained delivery of assistance to the estimated 2.7 million civilians displaced in the region.

In Northeast Syria, close to 650 000 people remain displaced across the region, including in IDP camps. UN support to cross-border assistance from Iraq through the Yaroubia crossing point was stopped in January 2020, with dire humanitarian consequences, in the health sector in particular.

The situation in the Government-controlled areas in Central and Southern Syria is marked by increased poverty levels and continued access constraints. Life remains a daily struggle, with limited access to basic goods, services and livelihood opportunities, increasing financial hardship and eroding coping capacities. The number of IDP returns decreased from 1.4 million in 2018 to 494 000 in 2019⁴. There were 336 433 returns for the period January-October 2020, the vast majority of which internal. Meanwhile, there were close to 1.7 million IDP movements between January and October 2020.⁵

There are some 5 575 000 million registered Syrian refugees in neighbouring countries, the largest refugee population worldwide, including 3 630 000 in Turkey, 880 000 in Lebanon, 662 000 in Jordan, 242 000 in Iraq and 130 000 in Egypt. 6 Lebanon accounts for

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First National Sustainable Development Goals Report 2019.

⁴ Draft United Nations Humanitarian Needs Overview (HNO) 2020.

United Nations Humanitarian Needs Assessment Programme (HNAP) (as of 20/11/2020).

⁶ UNHCR Syria Regional Refugee Response (rounded figures as of 18/11/2020).

the world's highest number of refugees per capita, with refugees making up a third of the population. Jordan has the second highest ratio, at 87 refugees per 1 000 inhabitants.

In <u>Lebanon</u>, the crisis is protracted, as political instability and communal tension influence the discourse on Syrian refugees and have started affecting the ability to deliver humanitarian aid. In 2020, the unprecedented economic and financial crises triggered social unrest, leading to an exacerbation of vulnerabilities among refugees and Lebanese alike. In spite of some efforts of the Lebanese government, refugees remain subject to curfews, evictions, arbitrary arrests, forced encampment and movement restrictions, and demolition of private assets. Deportations of Syrians and Palestinian Refugees from Syria (PRS) without due process and procedural safeguards amount to refoulement.

The sharp depreciation of the Lebanese Pound and the liquidity shortage have negatively impacted imports of basic commodities, led to a steady increase in prices eroding the capacity of the poorest to cope.

On 4 August Beirut was rocked by massive explosions, causing widespread damage, 190 deaths, 6 500 injured and 300 000 immediately displaced. The destruction of the port, through which around 90% of imports normally transit, will likely have a devastating impact on people, also affecting the humanitarian aid pipeline.

In <u>Jordan</u>, the protracted crisis is characterised by the presence of refugee populations both in camps and in urban setting. Forced relocations to Azraq camp/Village 5, where 10 000 refugees are residing with no freedom of movement, have continued. The registration of non-Syrian refugees was suspended in early 2019, further restricting their protection space. 81% of the refugees live below the poverty line as their conditions deteriorated in the wake of the COVID-19 crisis. Confinement measures have further exacerbated the lack of access to livelihood opportunities, in particular for urban refugees. Other sectors such as Education and Protection have also been impacted, as half of the refugee children could not access remote learning platforms and Sexual and Gender-Based Violence increased. While the number of people stranded in Rukban/the 'Berm' has decreased to an estimated 10 000, food insecurity and lack of access to health services remain the main issues.

DG ECHO's Integrated Analysis Framework for 2020 identifies extreme humanitarian needs in Syria and high humanitarian needs in Lebanon and Jordan. Syria's INFORM risk index ranks at 7.3/10, Lebanon at 5.2 and Jordan at 4.4⁷. The vulnerability of the population affected by the crisis is assessed to be very high in Syria and high in Lebanon and Jordan.

	SYRIA	LEBANON	JORDAN
INFORM Risk Index	7.2/10	5.2/10	4.4/10
Vulnerability Index	7.8/10	6.1/10	6.1/10
Hazard and Exposure	8.6/10	5.4/10	3.3/10
Lack of Coping Capacity	5.7/10	4.2/10	4.3/10
Global Crisis Severity Index ⁸	6	3.5	2.6
Projected conflict risk	3/3	1/3	1/3
Uprooted People Index	3/3	3/3	3/3
Humanitarian Conditions	-	-	2/5

INFORM is a collaboration of the Inter-Agency Standing Committee (IASC) Reference Group on Risk, Early Warning and Preparedness and the European Commission (last accessed September 2020).

⁸ INFORM. Available at: http://www.inform-index.org/Global-Crisis-Severity-Index-beta

Natural Disaster Index	3	0/3	0/3
HDI Ranking ⁹ (value)	0.549	0.730	0.723
Total Population ¹⁰	17 070 130	6 855 713	10 101 694

2 HUMANITARIAN NEEDS

2.1 People in need of humanitarian assistance¹¹

The Syria crisis continues to generate massive levels of needs across the region, with large-scale displacement of populations both internally and to neighbouring countries, leading to both life-saving emergency needs in active conflict setting and more protracted ones in places of asylum. Needs in terms of protection, access to basic health and WASH services, shelter, education and food assistance and livelihood are increasing, in a context where increasing socio-economic vulnerabilities and the COVID-19 pandemic are further exacerbating an already dire humanitarian situation across the region.

	SYRIA	LEBANON	JORDAN
People in need of humanitarian assistance	11.1 million including 4.7 million in acute need ¹² 80% of the Syrian population live below the poverty line	3.2 million, including: 1.5 million displaced Syrians 1.5 million vulnerable Lebanese ¹³	751 208 registered refugees ¹⁴ 15.7% of Jordanians live below the poverty line
Refugees and IDPs	6.1 million IDPs, including 2.7 million in Northwest Syria 1.7 million IDPs live in camps in North East and West Syria 438 000 Palestine Refugees from Syria (PRS)	880 414 registered Syrian refugees 1.5 million displaced Syrians 270 000 Palestinian Refugees from Lebanon 28 800 Palestinian Refugees from Syria 19 930 refugees of other nationalities	751 208 registered refugees, including: 661 997 Syrian refugees Close to 90 000 refugees of other nationalities 17 000 PRS 2 175 491 Palestinian Refugees from Jordan (PRJ)
People in need of health services	12 million	2 739 700, including 1 095 000 Syrian refugees	760 000 refugees
Food insecure people	7.9 million are food insecure, including 1.05 million severely. An additional 1.9 million at risk	1 575 700 are food insecure, including 1 095 000 Syrian refugees	427 383 Syrian refugees

Humanitarian Development Index (HDI), United Nations Development Programme.

World Bank data, as of 2019. Available at: https://data.worldbank.org/indicator/SP.POP.TOTL

Sources for the figures in this section: United Nations Humanitarian Response Plan 2020 (June 2020 Draft), Lebanon Crisis Response Plan 2017-2020 (2020 Update), United Nations Humanitarian Needs Overview (HNO) 2020, UNHCR, Vulnerability Assessment of Refugees of Other Nationalities (VARON), Vulnerability Assessment of Syrian Refugees in Lebanon (VaSyr), World Food Programme (WFP) Country Strategic Plan Jordan, UNICEF, World Health Organisation (WHO), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

United Nations Humanitarian Needs Overview (September 2020): Female 53.47% / Male 46.53%; Children (0-17) 45% / Adults (18-59) 50.75% / Elderly (60+) 4.25%; PwD: 25% (above 12 years old).

Male: 50.3% / Female: 49.7%; Children (0-17): 31.2% / Adults (18-59): 66.2% / 60+: 2.6%; PwD: 11.1%.

¹⁴ Male: 50.8% / Female: 49.2%; Children (0-17): 46.7% / Adults (18-59): 48.5% / 60+: 4.8%; PwD: 4%

People in need of WaSH support	10.7 million	2 688 072 are in need of water and sanitation services, including 990 000 Syrian refugees	140 000 refugees incl. population in Rukban/the 'Berm'
People in need of shelter support	5.65 million	1 398 700 are in need of shelter support, including 855 000 Syrian refugees	341 906 Syrian refugees
Children in need of Education in Emergencies	2.45 million school-aged children out of school 1.6 million at risk of dropping out	1 185 023 are in need of education-related support, including 687 661 Syrian refugees 43% of school-aged Syrian refugees remain out of school	234 000 school-aged Syrian refugees 84 000 out of school

2.2 Description of the most acute humanitarian needs

2.2.1 Health

Syria: The provision of essential health services continues to be severely disrupted by hostilities and both direct and indiscriminate attacks on health facilities and personnel. In addition to physical destruction, lack of investment and staffing has made many facilities redundant. Only 53% of hospitals and 51% of Primary Health Care (PHC) centres are fully functional across Syria¹⁵, as 12 million Syrians are in need of health services. Acute shortages of essential health supplies and adequate healthcare staff remain important needs, including essential Mental Health/Psycho-Social Services (MH/PSS). The spread of COVID-19 has exacerbated the limitation of an already weak public health system. Main needs include comprehensive PHC, trauma, post-operative care, physical rehabilitation, and life-saving obstetric and reproductive health, MH/PSS, Secondary Health Care (SHC). Lebanon: Improved access to comprehensive PHC remains of utmost importance for all, along with access to hospitals (including emergency care) and advanced referral care, as well as outbreak and infectious diseases control. The severe impact of the August 2020 explosions in Beirut, compounded by increasingly higher numbers of COVID-19 infections, will likely have protracted effects on public health throughout 2021.

<u>Jordan</u>: The provision of health services in the camps remains the sole responsibility of external aid donors with acute needs in PHC and in the area of Sexual and Reproductive Health Care (SRHC). While refugees living in urban areas can access healthcare services at a subsidised rate, this still represents an unaffordable cost due to worsening economic conditions and lack of livelihood opportunities. Provision of life-saving assistance in Rukban/the 'Berm' remains paramount.

2.2.2 Protection

Syria: The Syria crisis remains a particularly complex protection crisis. Critical gaps remain in terms of freedom of movement and access limitations, SGBV, early/forced marriage, arbitrary arrests and detention, forced disappearances and conscription, civil documentation, Housing, Land and Property (HLP) rights, leaving particularly vulnerable

¹⁵ World Health Organisation, WoS consolidated HeRAMS, Q4 2019.

groups, including children, adolescent girls, persons with disabilities¹⁶, male and female survivors of sexual violence, the elderly, but also young men, exposed to significant risks. In areas directly affected by hostilities, attacks on civilians, displacement, movement restrictions, widespread rights violations, including grave violations against children, loss of assets and livelihoods, SGBV and contamination by explosive hazards have continued. In areas affected by ongoing conflict, the blatant targeting of hospitals, schools and civilians, may amount to war crimes. About one third of populated communities are estimated to be contaminated by mines and UXOs. One in two people is exposed to explosive hazards, limiting humanitarian access and preventing a return of land to agricultural purposes. Men and boys represent 80% of those killed or injured by such hazards.

Lebanon: While some progress has been made to promote the protection of refugees in recent years, including a waiver on residency fees for registered Syrian refugees and facilitation of birth and marriage registration, the implementation of these measures remains challenging and uneven. Refugees continue to face obstacles to obtain or renew their legal stay, indispensable to access services and protection. Local regulations reduce their access to livelihood, and the difficulties to comply with employment legislation contribute to push vulnerable refugees to resort to negative coping mechanisms or risk deportation. A large part of the refugee population still lacks legal status (73%), exposing them to greater levels of protection risks, including limitations to freedom of movement due to fear of arrest, challenges in accessing assistance, basic services and employment, increasing poverty level, dependence on debt and external assistance and negative coping mechanisms. Stringent controls and arbitrary security screenings continue to raise protection concerns. Meanwhile, resettlement to third countries is negatively affected by the COVID-19 crisis. From January to April 2020, 2 999 refugees were resettled.¹⁷

<u>Jordan</u>: Registration (including renewal) and provision of legal assistance is a priority to protect refugees and allow them to access basic services. Around 30 000 Syrian and 7 000 non-Syrian refugees lack proper documentation, putting them at risk of detention, forced relocation to camps or deportation. Sexual and gender-based violence (SGBV) is also a high protection concern.

2.2.3 WaSH

<u>Syria</u>: The destruction and damage to water supply systems, combined with large-scale displacement of population, have decreased communities' access to water and sanitation across Syria, with more than 10.7 million people in need. ¹⁸ Sanitation systems are not fully functional in many areas affected by hostilities and displacement, increasing risks in terms of public health and SGBV. WASH needs are particularly acute in IDP camps and informal settlements, further exacerbated by the COVID-19 pandemic, as access to safe and sufficient quantity of water, adequate sanitation, solid waste management remains challenging.

<u>Lebanon</u>: Around 990 000 Syrian refugees, 20 161 PRS and 177 910 PRL do not have access to safe and affordable drinking water and sanitation.¹⁹

<u>Jordan</u>: Around 12 000 Syrians stranded in Rukban/the 'Berm' are in need of access to safe water and sanitation.

¹⁷ UNHCR DSG Lebanon meetings, March and June 2020.

¹⁸ United Nations Humanitarian Response Plan 2020 (June 2020 Draft).

¹⁶ Estimated at 3.1 million in Syria.

¹⁹ UNHCR, Lebanon: Inter-Agency, 2020 update of the Lebanon Crisis Response Plan, March 2020.

2.2.4 Food Security and Livelihoods (FSL)

Syria: In 2020, the number of food insecure people has increased by 22%, from 6.5 million in 2019 to 7.9 million in 2020; while another 9.9 million are in need of livelihood support. This ranges from emergency food assistance to targeted livelihood opportunities to help beneficiary households be self-reliable (e.g. agricultural input, technical capacity-building). This situation is further exacerbated by the economic and COVID-19 crises, whose main consequences include the loss of livelihoods, reduction in purchasing power and massive inflation of food prices.

Lebanon: Due to the lack of livelihood opportunities, 51% of Syrian refugee households live below the survival minimum expenditure basket (<2.9 USD/person/day), while 88% are in debt. Spiralling hyperinflation and the impact of the explosions of 4 August 2020 have only worsened the situation, with the actual numbers of those in need likely to be even higher.

Jordan: Close to 80% of the refugee population live below the poverty line²¹ due mainly to the lack of access to livelihood opportunities which has been further exacerbated by the COVID-19 crisis.

2.2.5 Shelter

Syria: 5.65 million people are estimated to be in need of shelter support inside Syria, a 20% increase from 2019. This includes all categories of people, IDPs, returnees, host communities and PRS, ranging from emergency shelter due to displacement (IDP camps), to other temporary sub-standard shelter arrangements. Needs for emergency shelter are particularly acute in densely populated IDP camps and informal settlements in North West and East Syria, further compounded by limited access to basic health and WASH services. **Lebanon**: The large population suffering from shelter inadequacies includes economically vulnerable Lebanese, Syrian and Palestinian refugees in all parts of the country. Shelters in informal settlements or in substandard residential and non-residential buildings fail to meet the most basic privacy, safety and security criteria.

2.2.6 Education in Emergencies

Syria: 645 attacks on schools and education personnel have been verified since 2011²², as education continues to be massively affected by the conflict. Access remains limited, with 2.45 million children aged 5 to 17 out-of-school²³ and 1.6 million at risk of dropping out. The main reasons include displacement, use of schools as IDP shelters, bombings, unsafe learning conditions, shortage of qualified personnel, harmful coping mechanisms such as child labour and early marriage, with consequences in terms of mental well-being and psychological stress, as well as closure of schools due to the COVID-19 pandemic.

Lebanon: Civil unrest, extremely difficult socio-economic conditions and an increase in COVID-19 infections all negatively impact access to education for out-of-school children. **Jordan**: The dire economic conditions, exacerbated by the COVID-19 crisis, increase the risk of children dropping out and being exposed to child labour and early marriage.

²¹ Vulnerability Assessment Framework (VAF) 2019.

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²⁰ See above footnote 15.

²² Monitoring and Reporting Mechanism (MRM), April 2020.

²³ See above footnote 8.

Due to increased limitations in humanitarian access within Syria as a result of partial renewal of UNSCR 2533 and increased pockets of conflict in Northwest Syria, a need for logistical support, including humanitarian air transport, has been identified in order to ensure timely delivery of essential basic services, also taking into account the worsening COVID-19 situation.

3 HUMANITARIAN RESPONSE AND COORDINATION

3.1 National/local response and involvement

3.1.1 Inside Syria

The ability of the Syrian authorities to deliver public services is limited and biased, while outside government-controlled areas, line ministries are almost entirely absent. More than 200 national NGOs are partnering with the UN and INGOs across the country. INGOs operating from Damascus continue to be subjected to administrative limitations in partnering with local NGOs, their access remains limited and subject to delays and denial by the authorities. In non-government controlled areas, local Syrian NGOs as well as local councils play a crucial role in facilitating and delivering assistance, providing direct multisectorial humanitarian assistance to affected populations in coordination with INGO and UN partners, as well as technical and financial support and monitoring.

3.1.2 In neighbouring countries

Despite the backdrop of political instability, causing turnover in Government political leadership, there has been increased dialogue with the authorities in Lebanon focusing on a holistic approach to the crisis, aiming at increasingly balancing support to the vulnerable Lebanese and refugee populations. Lebanon figures in the Global Humanitarian Response Plan as a country with socio-economic and protection concerns with serious humanitarian consequences. The GoL is also involved in the production of the comprehensive multiyear Lebanon Crisis Response Plan (LCRP), in collaboration with the UN and NGO community. Lebanon enjoys the presence of an active civil society and local NGO community, with a good level of coordination capacities. While local NGOs may not all be independent due to confessional or political affiliations, they retain a level of access to communities that INGOs do not have. To maximise efforts and capitalise on local actors' outreach, partnerships between international and local NGOs could be enhanced as to promote information, resources and experience-sharing.

In <u>Jordan</u>, the multi-year Jordan Response Plan led by the government is the only national comprehensive plan through which the international community provides financial support to the short to mid-term response for both refugees and vulnerable Jordanians, and the coordination between government and more than 150 national and international partners. The Jordan National NGOs Forum (JONAF) was established in 2016, regrouping more than 40 Civil Society and Community Based Organisations involved in the humanitarian response and development efforts responding to the needs of the most vulnerable groups affected by the conflict. JONAF representatives are invited to attend the Humanitarian Partners Forum (HPF) meetings since 2020.

3.2 International Humanitarian Response

3.2.1 Inside Syria

The Whole of Syria (WoS) coordination architecture is composed of the Regional Humanitarian Coordinator, the Deputy Regional Humanitarian Coordinator and the Resident/Humanitarian Coordinator in Syria. Its objective is to ensure a coherent multi-sectorial direct, cross-line and cross-border response in Syria. The main coordination fora (HCT in Damascus, Humanitarian Liaison Group in Gaziantep and Syria Strategic Group in Amman) regularly engage with the donors' community through post-meetings briefings and ad-hoc discussion via the donor coordination group (SYDWG). Similarly, clusters and sectors provide regular updates to donors. In addition, NGOs coordination platforms exist in each operational hub and play a key role in terms of response, coordination, advocacy and access.

3.2.2 In neighbouring countries

The Regional Refugee and Resilience Plan (3RP), developed under the leadership of national authorities aims to strengthen the protection, humanitarian assistance and resilience of affected populations. It integrates and is aligned with existing national plans, including the JRP, LCRP and country chapters in Egypt, Turkey and Iraq. The UNHCR leads the inter-agency coordination for the Syrian Refugee Response, while UNRWA is responsible for the coordination of the assistance to Palestine Refugees in Syria (PRS). Despite the existence of coordination fora, the response remains fragmented.

In <u>Lebanon</u>, the overall humanitarian response is overseen by the HC/RC, supported by the OCHA Country Office. Main coordination for include the Humanitarian Country Team (HCT), a strategic and operational decision-making and oversight forum established and led by the HC. It includes representatives from the UN, INGOs, the Red Cross/Red Crescent Movement, donors and the NGO platforms LHIF (Lebanon Humanitarian INGOs Forum) and LHDF (Lebanon Humanitarian and Development NGOs Forum). The HCT is responsible for agreeing on strategic issues related to humanitarian action. DG ECHO is regularly involved in coordination-related efforts. Furthermore, the GoL is looking into the possibility to launch a Donor Coordination Platform, aiming at tracking the humanitarian and development support being channelled to Lebanon, within the context of the Beirut port explosions.

In <u>Jordan</u>, the overall humanitarian response is under the supervision of the HC/RC, supported by the OCHA country office. The main coordination forum is the Humanitarian Partners Forum (HPF), co-chaired by the HC/RC and the UNHCR Country Representative. A Humanitarian Donor Group (HDG), currently co-chaired by DG ECHO, aims at facilitating the coordination between all donors and linking up with the HPF. Finally, the Jordan INGO Forum (JIF) regroups over 50 international organisations, representing them during the main forums in-country and having a specific advocacy role.

By the end of November 2020²⁴, donor contributions to humanitarian programmes amounted to:

• For Syria, the Humanitarian Response Plan (HRP) had received USD 2.08 billion, or

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²⁴ Financial Tracking System, UNOCHA (November 2020). ECHO/SYR/BUD/2021/91000

55% of its funding requirements.

- The Lebanon Crisis Response Plan (LCRP) had received USD 1.2 billion, or 45% of its funding requirements.
- The Jordan Response Plan (JRP) 2020-2022 appeal was released in June 2020 with an estimated requirement of USD 2.24 billion for 2020. It has so far received USD 689 million, equivalent to 30.64% of its funding requirements.
- The Regional Refugee and Resilience Plan (3RP) has received USD 1.56 billion, or 26% of its funding requirements (as of August 2020).

The EU is the leading donor in the international response to the Syria crisis. Together with its Member States, the EU has mobilised more than EUR 20 billion in humanitarian, development, economic and stabilisation assistance since the beginning of the crisis. Of this amount, the European Commission/DG ECHO has allocated almost EUR 2.3 billion in humanitarian aid to Syrians and vulnerable host communities inside Syria and the region, including more than EUR 1.1 billion inside Syria, EUR 666 million in Lebanon and EUR 375 million in Jordan.

In June 2020, the EU hosted and co-chaired the fourth Brussels Conference on Supporting the Future of Syria and the Region, which resulted in pledges amounting to EUR 4.9 billion for 2020, and multi-year pledges close to EUR 2 billion for 2021 and beyond.

3.3 Operational constraints

3.3.1 Access/humanitarian space

Inside Syria, humanitarian access remains a major impediment to the effective delivery of humanitarian assistance and the protection of civilians. NGOs conducting cross-border operations continue to face scrutiny and administrative burdens to operate from neighbouring countries. Restrictive government regulatory frameworks and policies on asylum, assistance and/or registration continue to have a negative impact on the response, as well as on the operational capacity of OCHA.

In Northwest Syria, rapid, safe and unhindered access was made increasingly challenging after the removal of the Bab el Salam crossing point from the UN Security Council Resolution 2533 (2020), while in Northeast Syria, the removal of the Yaroubia crossing point also significantly affected the cross-border response. Meanwhile capacities to operate cross-line from Damascus have remained marginal at best and insufficient to replace cross-border assistance. In government-controlled areas, while access has slightly improved, interference and restrictions to access all those in need have persisted. COVID-19 has further aggravated access constraints, causing disruption across borders and movement restrictions inside Syria.

In Northwest Syria, insecurity greatly hampers access, despite large-scale displacement and massive level of needs. Continued negotiation is required to ensure the respect of humanitarian space, as remote management and implementation via national actors remain the main modality of delivery. Risk mitigation measures, including third party monitoring, must be promoted by all humanitarian organisations and partners.

In Northeast Syria, the Turkish incursion of October 2019 resulted in large-scale displacement and the temporary evacuation of humanitarian personnel, resulting in significant impediments to humanitarian access and the risk of closure of programmes. Moreover, pockets of insecurity remain where armed groups, including the Islamic State group (ISg), are operating.

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In government-controlled areas, administrative requirements continue to restrict movements of humanitarian actors, and the continued, direct access to all those in need, and also affect capacities to implement activities, leaving some areas underserved or not covered. INGOs are rarely authorised to partner with local actors and institutions - with the notable exception of the Syrian Arab Red Crescent (SARC) and the Syrian Trust for Development.

Issues pertaining to access and respect of humanitarian space are specific to the different implementing areas and operational hubs. Nonetheless, concerns regarding lack or denial of access, breach of Internal Humanitarian Law (IHL), protection of humanitarian workers and duty of care are commonly shared across all of Syria.

In neighbouring countries

In <u>Lebanon</u>, the security situation deteriorated in 2019/2020, with countrywide social unrest, volatility in Palestinian camps where sporadic clashes have occurred, and confinement measures, significantly reducing operational access and field presence in the wake of the COVID-19 crisis. The restrictive regulatory framework, including suspending UNHCR registration in 2015 and reduced access to legal residency, restrictive border entry for Syrians, increased trends of evictions, raids and demolitions in informal settlements, have all contributed to further limit the effectiveness of the response.

In <u>Jordan</u>, attention should be given to the population stranded in Rukban/the 'Berm' area, where about 12 000 people are still displaced with little or no access to the most basic assistance. Following the attack of June 2016, Jordan closed its border with Syria, with the exception of *ad hoc* temporary access granted to a limited number of medical cases until March 2020.

3.3.2 Partners (presence, capacity), including absorption capacity on the ground

In Syria

While remote management and implementation by local partners induce additional risks to the delivery of assistance, absorption capacity of partners is not a specific concern inside Syria. Rather, frequent and unpredictable administrative, access and operational limitations have all contributed to reducing the effectiveness of the response.

In Northwest Syria, cross-border assistance continues to be mostly provided by UN agencies and NGOs based in Turkey, working through more than 200 Syrian NGOs/CSOs. The response of most INGOs is implemented through local partners through remote management from Turkey. Capacities to ensure the current emergency relief operations has been further limited in July 2020 after the non-renewal of the authorisation by the UN Security Council to use one of the only two remaining border crossing points from Turkey for 'cross-border' assistance.

In Northeast Syria, partners have an established presence in Raqqa, Aleppo and Hassakeh Governorates. Assistance is provided by NGOs operating cross-border from Iraq and actors from Damascus. Ensuring continued access to people in need in conditions of safety remains of vital importance. Expanding operations further in Deir Ez Zor has proved more challenging, leading to the presence of fewer humanitarian actors, despite acute needs.

28 INGOs are registered in Damascus, in addition to Red Cross Societies, a high number of local NGOs (some of them under the Church umbrella) and most UN agencies. Registration procedures and visa restrictions for international humanitarian staff remain a major limitation to the further deployment of partners.

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In neighbouring countries

There is a large presence of international organisations in <u>Lebanon and Jordan</u>, in addition to a stable civil society and NGO presence.

iii) Other:

In <u>Syria</u>, the risk of instrumentalisation and aid diversion cannot be ruled out, particularly in a context where access is challenging and direct implementation not always feasible. The sharp depreciation of the Syrian currency, together with the informal introduction of other foreign currencies, are creating further volatility in prices of basic commodities, purchasing power, and in the overall effectiveness of the response. Sound risk mitigation measures are required to address those risks.

In <u>Lebanon</u>, the rampaging inflation affecting the country is causing significant currency fluctuations, which could potentially lessen the value of Multi-Purpose Cash Assistance. For this reason, while it is important to support the local currency, it is essential to choose the most suitable currency and delivery mechanism, which may not be the LBP, in order to ensure that assistance remains meaningful and effective.

In <u>Jordan</u>, constraints relate to the timeliness of the response, resulting from long processes to obtain approvals from the Ministry of Planning and International Cooperation.

4 HUMANITARIAN – DEVELOPMENT – PEACE NEXUS

In <u>Syria</u>, the potential for development actors to invest in longer-term approaches remains limited. Opportunities for synergies in targeted areas and sectors, notably in the northeast, Mine Action, WASH, livelihood and food security or education, have been identified with other EU instruments, including with DG NEAR and the Foreign Policy Instrument (FPI). Those will continue to be explored to promote a coherent and integrated response. For other sectors such as health or protection, the definition of specific roles and mandates is essential to define a comprehensive response strategy in line with the respective parameters of engagement of each instruments. Engagement with EU Member States and other external longer-term actors is also taking place to promote a truly coordinated response.

In <u>Lebanon</u>, joint planning takes place through a Joint Humanitarian Development Framework (JHDF) to align strategic priorities, coordination and cooperation modalities of DG ECHO, DG NEAR (ENI and the EU Regional Trust Fund in Response to the Syrian Crisis), EEAS and FPI across seven key response sectors, ensuring alignment with the Lebanon Crisis Response Plan and national sector strategies, where available. The key sectors are: (1) Protection; (2) Basic and Social Assistance; (3) Education and Higher Education; (4) Health; (5) Economic Development and Livelihoods; (6) Local Governance, Municipal Service Delivery and Infrastructure; (7) Water, Sanitation and Hygiene. Following the rapidly evolving financial and socio-economic deterioration, accompanied by significant social unrest, compounded by the COVID-19 outbreak, the consequences of the Beirut blasts, and the lifting of access to USD at preferential rates for direct consumption articles like wheat, drugs and fuel, the JHDF will be reviewed by early 2021.

In terms of basic assistance, DG ECHO has supported Multi-Purpose Cash Assistance (MPCA) to address protracted needs for Syrian refugees, while the EU Trust Fund has supported social protection for both Syrian refugees and vulnerable Lebanese populations. Following the Beirut port explosions on 4 August 2020, synergies with actors such as the World Bank were expanded, specifically regarding the development of a Rapid Damage

Needs Assessment (RDNA). The RDNA is a joint effort from the World Bank Group, the UN and the EU (DG NEAR, FPI and EU Delegation to Lebanon).

DG ECHO's robust shock-adapted Multi-Purpose Cash Assistance (MPCA) programme will serve as a model to the emergency social protection programme that is presently being established by DG NEAR and the World Bank. This programme should ideally allow DG ECHO to gradually transition its MPCA to more development-oriented donors.

In the education sector, DG ECHO is focused on improving access to quality formal education through the support of non-formal education (e.g. Basic Numeracy and Literacy (BNL) programmes), with a particular focus on Syrian refugees, while DG NEAR provides substantial support to the public primary education. In view of the protracted needs in this sector, DG ECHO will seek to hand-over its programme to more development-oriented donors when the opportunity arises.

In <u>Jordan</u>, a JHDF led by DG NEAR and DG ECHO is in place, setting joint analysis and priorities between EU funding instruments. The process is reviewed annually, establishing clear division of labour within the main sectors of intervention - health, WaSH, education, protection, social protection - and exploring further transitioning of relevant segments of these sectors. In 2019, the multi-purpose cash assistance (MPCA) programme was transitioned to the European Union Trust Fund (EUTF) with the aim to support to the self-reliance of refugees and host communities through progressive graduation from MPCA to longer-term livelihood opportunities. While DG ECHO is still providing technical expertise, the objective is to disengage from this sector.

In the education sector, DG ECHO will focus on gradually transitioning its Inclusive Education Programme (access to education for children with disabilities, with a particular focus on refugee children) to more development-oriented donors and the Jordanian Ministry of Education.

In the health sector, DG ECHO intends to further explore transition opportunities in the area of primary health care, in particular as concerns the sexual/reproductive/maternal health care, as well as with regard to mental health and psychosocial support. Particular attention will be paid to the engagement of more development-oriented donors, respectively the Jordanian Ministry of Health, in the refugee camps, where health services remain the sole responsibility of external aid donors.

5 ENVISAGED DG ECHO RESPONSE AND EXPECTED RESULTS OF HUMANITARIAN AID INTERVENTIONS

General considerations for all interventions

The humanitarian response shall be compliant with EU thematic policies and guidelines that are described in detail in the HIP Policy Annex. For instance, mainstreaming of protection, gender (including mitigation of risks of SGBV), age, and disability inclusion should be duly reflected in all proposals.

Furthermore, the increasingly negative consequences of environmental degradation and climate-related challenges and the COVID-19 pandemic will continue to impact humanitarian crises and the provision of humanitarian assistance for the foreseeable future. For these reasons, in their proposals partners are requested to follow an all-risks assessment approach, to contemplate measures to reduce the environmental footprint of operations and to factor in as appropriate the COVID-19 dimension.

5.1 Envisaged DG ECHO response

5.1.1 Inside Syria

DG ECHO's response will be implemented based on the EU Strategy for Syria.²⁵ DG ECHO will continue to primarily focus on responding to life-saving emergency needs and protection concerns of the most vulnerable. Programming in under-served, newly accessible areas, areas with low level of access, or with restrictive operational environment/prone to displacement, will be prioritised. Consideration will also be given to the support of protracted needs of IDPs and host communities to reach basic minimum standards and/or to those at risk of falling into life-threatening situations.

DG ECHO will support activities that respond to specific shocks and needs with primary needs assessments and beneficiary targeting. Assistance must be delivered through the most appropriate modalities and entry points, in a timely, principled manner, ensuring the provision of an integrated and flexible life-saving response and a coordinated multi-sectorial life-sustaining response according to the needs. Where necessary DG ECHO will support logistics operations, including air transport, with an aim to support and improve the delivery of principled humanitarian aid including areas with limited humanitarian access.

The strategy will apply to all operational hubs, in line with the Whole of Syria approach. Wherever possible and appropriate, DG ECHO will plan a gradual approach towards more resilience-oriented activities in coordination with other EU instruments, including more resilience-oriented programming, WASH, Food Security and Livelihoods, Demining, Education.

In line with the needs identified above, DG ECHO strategy will prioritise the following key sectors and activities:

- Emergency response and preparedness (First Line Emergency Response): The FLER approach aims to provide a timely, flexible and multi-sectorial response to urgent and emerging needs in the aftermath of a rapid onset crisis. Essential elements to be taken into account include contingency plans, prepositioning of stocks, well-defined decision processes and triggers for engagement/disengagement. Innovative access strategies and contingency planning which prioritise continuity and complementarity of services remain the basis of our operational approach.
- Health: Focus on improving access to quality essential health services and timely
 assistance to war-wounded and victims of violence, including comprehensive PHC,
 trauma and post-operative care, physical rehabilitation, life-saving obstetric and
 reproductive health, and MHPSS. Provision of nutrition services could be integrated in
 PHC services. Specific COVID-19 related health activities could also be considered.
- *Protection:* Support to vulnerable groups including persons with disabilities and children; prevention and response to SGBV; Psycho-Social Support (PSS); casemanagement; safe and equal access to services, including evidence-based humanitarian advocacy; protection trends and analysis; humanitarian demining and Mine Risk Education (MRE); access to legal aid and civil documentation, in coordination with other EU instruments. DG ECHO will continue to encourage and support efforts to

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²⁵ EU strategy for Syria: Reinforcing efforts to build peace (2017).

influence parties to the conflict to respect IHL, IHRL and International Refugee Law (IRL), to ensure the protection of civilians (including humanitarian workers and health personnel) and civilian infrastructure, and improve access. Protection will also be considered as a component across all sectors.

- WASH and Shelter: While DG ECHO will continue supporting emergency life-saving responses, while the capacity of partners to rapidly transition to more durable lifesustaining interventions could also be considered, in coordination with other EU services. Safe water supply (water trucking or community-level light rehabilitation and repair of existing water supply services); sanitation (when health risks are demonstrated) and distribution of hygiene kits (in emergency situations, including COVID-19) are among the activities that DG ECHO could support. Alternative energy sources for WASH systems and innovative water treatment solutions could also be considered. With regards to Shelter (including winterisation and NFI items), emergency interventions will be prioritised, particularly in camps, informal settlements and collective centres. Rapid, cost-efficient and light repairs of individual buildings aiming at accommodating the most vulnerable could also be considered. House, Land and Property (HLP) considerations should be factored in. Activities which address recurring infrastructure costs such as care and maintenance of basic service networks, although recognised as important, are beyond DG ECHO's capability and will be considered on a case-by-case basis only.
- Humanitarian Food Assistance, Food Security and Livelihoods (FSL): DG ECHO will consider food security interventions aiming at building an integrated approach from emergency response to early recovery programmes, including graduation to livelihood interventions. Looking at responding to food security needs within a basic needs approach, FSL activities should prioritise the use of cash as a default modality. Interventions aiming at strengthening livelihood opportunities, facilitation of market access, restoration of assets, income generating activities could also be considered.
- Education in Emergencies: DG ECHO will continue to support EiE to enable safe access to quality education, with a specific focus on Out Of School Children (OOSC) and children at risk of dropping out, through the provision of non-formal education. Reducing the vulnerability of children, especially those affected by negative coping mechanisms, through addressing specific barriers to their access to education, could also be considered. Alternative learning modalities in case of disruption of education due to COVID-19 or conflict activities should be considered. Integrated Child Protection activities (identification, case management, PSS, referrals, etc.) will be requested, either in the form of direct service delivery or through referral to specialised services.

To implement this strategy, the following will be considered:

- An overarching emphasis on cost efficiency and effectiveness, including, but not limited to, timeliness of response, needs-based vulnerability targeting, flexibility in responding to newly/quickly emerging needs, addressing basic needs through the most appropriate and efficient transfer modality, improving coordination among operational hubs and capacity building of local Implementing Partners (IPs) to ensure accountability in a remote management context.
- *Multi-purpose assistance*: Gaps in assistance provision, including underserved or neglected communities; support to common, integrated and targeted approaches which adopt inter-operable beneficiaries' platforms to address basic needs and services

through the most relevant and cost-efficient approach, in a timely manner and, to the extent possible, the identification of transition strategies should be prioritised and promoted. The focus should be on harmonising the response modalities and methodologies, reducing duplication of efforts and resources.

- Partners' humanitarian acceptance/access strategies must be explained. Interventions should adhere to basic protection principles of "do no harm", safe and equal access, accountability and participation of beneficiaries. Where remote management is concerned, particular attention must be paid to the capacity of partners and their IPs to safely and impartially deliver assistance with adequate control mechanisms in place (robust management capacities, including those of IPs, access and monitoring capacities, due diligence, risks analysis, in line with DG ECHO policy). Robust project cycle management is expected. Special attention will be paid to thorough risk analysis and risk mitigation policies and measures, and to a qualitative partnership/localisation approach. Child safeguarding considerations and Protection against Sexual Exploitation and Abuse should be addressed.
- *Coordination*: Effective coordination is essential. Although central to the humanitarian response to the Syria crisis, the WoS architecture is still to be translated into an overall effectively coordinated operational response. Efforts to enhance efficiency should continue. Active participation in coordination mechanisms will be expected.

5.1.2 In neighbouring countries

With local resources and infrastructures under pressure, the continued presence of Syrian refugees also affects, directly and indirectly, other refugee and migrant populations, as well as host communities. Vulnerable host communities will continue to be included in DG ECHO's support where feasible and appropriate.

Despite progress in preventing Syrian children from becoming a 'lost generation', combined efforts are far from achieving this goal. In Lebanon and Jordan, DG ECHO will closely coordinate with other EU instruments, including the EU Trust Fund which supports structural and education programmes. DG ECHO will complement efforts, including through Non-Formal Education and activities to address emergency-related barriers to quality education. EiE responses should target out-of-school children (OOSC) and those at risk of dropping out, and integrate Child Protection activities (or referrals to specialised actors).

In <u>Lebanon</u>, DG ECHO will continue to support the most effective life-saving protection mainstreaming and protection sector programming to the most vulnerable in coordination with the EUTF programmes, while further strengthening the delivery of integrated multisector humanitarian response to address protracted humanitarian and sudden unmet needs.

DG ECHO will explicitly promote models which challenge and enhance efficiency, effectiveness and accountability of the humanitarian response and coordination.

- Access to basic needs: addressing the protracted socio-economic needs of the most vulnerable based on comparative needs assessments.
- *Multi-sector response:* addressing emergency and acute needs at community, household and individual levels, with a strong focus on responding to holistic needs through direct services and referrals. Such integrated multi-sectoral approach includes also shelter and WaSH interventions (concerning informal settlements and substandard buildings).

- *Protection*: ensuring improved access to protection, based on solid protection risk analysis ensuring improved access to quality protection services, including on SGBV, legal assistance and advocacy.
- Analysis & Advocacy: stimulating specific changes at policy level and/or addressing critical structural and programmatic gaps in the response; enhancing evidenced-based analysis for programming and advocacy purposes.
- *Education in Emergencies:* activities to ensure safe access to quality education targeting OOSC and the most vulnerable children. Integrated **Child Protection** activities is requested, in the form of direct service delivery or through referral mechanisms. Coordination with ongoing EUTF programmes will be promoted.
- *Health:* While the provision of health services is not an area directly supported by DG ECHO, an increasingly overburdened healthcare system might warrant targeted interventions in the future.

Furthermore, DG ECHO considers multi-purpose cash assistance (MPCA) an effective modality to address chronic, structural socio-economic vulnerabilities in Lebanon.

While DG ECHO assistance will continue to focus on Syrian refugees, it may be exceptionally used to complement ongoing programmes in support of the most vulnerable Lebanese affected by the explosions of the port of Beirut and to meet needs arising from the spread of COVID-19. DG ECHO promotes the integrated coordination of the COVID-19 and explosions responses, including strong civil-military relations, matched with a strong accountability and monitoring framework towards donors and the population.

In <u>Jordan</u>, DG ECHO will continue to provide humanitarian assistance to undocumented and unregistered refugees, those most vulnerable within host communities, persons stranded in border areas and refugees living in camps. As per GoJ regulation, humanitarian actors are required to include up to 30% of most vulnerable host communities within their interventions. This approach will continue to be coordinated with other EU instruments. DG ECHO, with the support of the EU Delegation, will continue to advocate with the Ministry of Planning and International Cooperation to speed up the approval process of ECHO funded projects. Protection will remain a cross-cutting component across all sectors. DG ECHO priorities will focus on the following:

- Health: While advocating for continued access to health services for refugees whether
 they live in camps or host communities and for those stranded in Rukban/the 'Berm',
 support will mostly focus on critical interventions and reproductive health care, with a
 priority to services within camps and may address needs arising from the spread of
 COVID-19
- *Protection*: IHL, legal assistance, including support for documentation and enhancing the protection environment for the most vulnerable population.
- *Education in Emergencies*: Activities that enable safe access to quality education targeting OOSC, children at risk of dropping out and other most vulnerable groups. Specific attention should be given to children with disabilities and those affected by negative coping mechanisms. Integrated Child Protection activities will be requested, in the form of direct service delivery or through referral to specialised services.
- *WASH* and *Coordination* activities might also be considered.

5.2 Other DG ECHO interventions

The Emergency Toolbox HIP may be drawn upon for the prevention of, and response to, outbreaks of Epidemics. Under the Emergency Toolbox HIP, the Small-Scale Response, ECHO/SYR/BUD/2021/91000

Acute Large Emergency Response Tool (ALERT) and Disaster Relief Emergency Fund (DREF) instruments may also provide funding options.