

HUMANITARIAN IMPLEMENTATION PLAN (HIP) SYRIA CRISIS

The granting of financial assistance to support Actions covered by the 4th assessment round of this HIP is conditional upon the necessary appropriations being made available from the 2013 general budget of the European Union and is subject to the adoption of the second modification of the financing decision ECHO/WWD/BUD/2013/01000.

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

More than two years since the beginning of the crisis, the armed conflict is having devastating humanitarian consequences in Syria and neighbouring countries. In order to address the widening gap between the growing needs of affected populations and the humanitarian response, the European Commission has decided to increase the budget of the 2013 HIP by EUR 250 million; bringing the total budget of the 2013 HIP to EUR 350 million. These additional resources are not sufficient to cover all needs. Therefore, after an analysis of the humanitarian needs assessments conducted by partners, this additional funding will be used mainly to support life-saving medical emergency response, provision of essential drugs, food and nutritional items, safe water, sanitation and hygiene (WASH), shelter, distribution of basic and winterised non-food items (NFIs) and protection, including enforcement of International Humanitarian Law (IHL) obligations and protection against gender based violence. This additional funding will help the most vulnerable families (Internally Displaced People, refugees, host communities). Priority will be given to aid operations in Syria, Jordan and Lebanon.

In the first half of 2013, the situation of the civilian population continued to deteriorate rapidly with a shift towards sectarian violence, the presence of foreign fighters, and the recurrent waves of fighting, bombardments and attacks of populated areas. Serious violations of international humanitarian law and human rights have been reported including rape, torture, mass killings and reportedly the use of chemical weapons and cluster bombs. Also, the number of casualties continues rising, now reaching 93,000 persons as the armed conflict has expanded to all Syrian governorates. The sectarian nature of the conflict has been underlined by the independent International Commission of Inquiry, including the targeting of specific communities (Alawites in Damascus, Christians in Homs) or kidnapping along confessional lines.

The response to population's needs has been hindered by the sharp deterioration of the security environment, by the systematic obstruction of the Syrian authorities, and the growing number of armed opposition groups which impose serious difficulties to aid agencies and at times prevent aid from reaching vulnerable populations. More than ever, all ways must be explored to support principled humanitarian operations in all areas inside Syria.

Since the beginning of the year, the number of refugees in neighbouring countries has more than doubled. Over 1.8 million Syrians are hosted in foreign countries, mainly in Jordan, Lebanon, Turkey, Iraq and Egypt. More than 53% of registered refugees are children and three-quarters of registered refugees are living with local host families and communities in both urban and rural areas. If current trends persist, it can be expected that over 3 million Syrians would have left their country by the end of 2013.

In this context, and to reflect the sharp increase in humanitarian needs, the United Nations launched on 7 June the largest appeal in its history with the revised Syria Humanitarian Assistance Response Plan (SHARP) and the Regional Response Plan (RRP) calling for EUR 3.3 billion in total to provide humanitarian aid to Syria and neighbouring countries.

1. CONTEXT

Since the violent crackdown on protests in Syria in March 2011, the conflict has evolved towards a full-fledged civil war with severe humanitarian consequences in Syria as well as its neighbouring countries. Populations in main cities were immediately affected, and many have been forced to flee their homes seeking protection in safer neighbourhoods, regions and beyond the borders.

The United Nations estimate that 6.8 million people, or one-third of the total Syrian population, are in need of assistance. To date, the overall humanitarian response to their needs remains insufficient, seriously hampered by on-going conflict and security risks and undermined by bureaucratic and military controls. Shortages of food, fuel and medicines are widespread while inflation and unemployment levels are rampant.

Intensification of fighting, a severe deterioration of local economies, livelihoods, and the disruption of basic services have forced entire families and communities out of their villages and neighbourhoods. In many cases, families live on the move, displaced more than once while seeking refuge in safer locations. Approximately 4.25 million Syrians are internally displaced, with the governorates of Aleppo, Homs and Rural Damascus mostly affected by internal displacement. In parallel to the emergency response in severely affected areas, the support to displaced people and host communities has become essential. Main challenges lie with ensuring access to food, healthcare and medicines, basic water and sanitation services and essential household goods.

Since the beginning of the crisis, neighbouring countries have offered hospitality to hundreds of thousands families fleeing from the growing violence in Syria. By mid-July 2013, the Office of the United Nations High Commissioner for Refugees (UNHCR) had registered 1.6 million refugees of an estimated total of 1.8 million Syrian refugees living in Jordan, Lebanon, Turkey, Iraq, Egypt and other countries in northern Africa. As the influx of refugees has increased rapidly, three new camps were under construction in the first half of 2013 in Turkey, Jordan and Iraq. In Lebanon, where roughly 60% of refugees live in rented accommodation, alternative shelter solutions are urgently required to address rising rental costs and the overwhelmed capacities for the delivery of basic services in the country. In Iraq, shelter capacities have been largely exceeded in the Kurdish region, where over 95% of Syrian refugees are located. In all cases, already high numbers of refugees on the rise compounded with the extended length of stay are exhausting capacities of communities as well as government resources in host countries, which are playing a key role in the humanitarian response to Syrian families.

2. HUMANITARIAN NEEDS

1) Affected People / potential beneficiaries

The Syria Humanitarian Assistance Response Plan of June 2012, estimated that 1 million people were in need of humanitarian aid. Five months later, the Plan was revised to take into

account an increase of up to 4 million affected people and in need of humanitarian support, including more than 1.2 million Internally Displaced Persons (IDPs). By April 2013, the United Nations (UN) estimate of people in need of humanitarian assistance had jumped to 6.8 million. In addition to protection, the needs range from the urgent provision of immediate relief and supplies in the most affected areas, to more sustainable support targeting the internally displaced, host populations and the most destitute communities suffering from the economic consequences of the conflict.

With little access to many of the affected areas and significant constraints for humanitarian actors to operate in Syria (lengthy procedures to obtain visas, ban on the utilization of needs assessment questionnaires or organizing surveys, restrictions on coordination), assessing humanitarian needs remains an important challenge in Syria. Left with no other choice but to base most analyses on secondary information, projected scenarios, or unconfirmed reports from various sources, understanding the scope of humanitarian priority needs remains a challenge. To date, the localisation of the vulnerable populations affected by the crisis, the prioritization of their needs and beneficiary identification are mostly undertaken by the Syrian Arab Red Crescent (SARC), supported locally by charities and communities, with few possibilities for the international aid agencies to independently assess and monitor needs and operations.

2) Description of most acute humanitarian needs

The following outlines the most acute humanitarian needs by sector.

Health:

In Syria:

People wounded or in need of emergency medical assistance in areas immediately affected by the violence, require a safe medical response. Serious allegations of abuses in Ministry of Health facilities have led many patients to rely exclusively on alternative health support, provided by private clinics, SARC facilities or in clandestine field hospitals that are overwhelmed with patients.

More than half of the public hospitals have been damaged and one third are actually out of service. Movement restrictions have further hindered access to medical care including the reproductive health needs of women and girls in Syria that are far from being met. In areas of displacement, medical facilities have been overwhelmed by the number of newcomers and are struggling to meet the needs. Most of the facilities lack basic medical equipment, drugs (in particular medication for chronic diseases), medical material and personnel. Given the severe disruption of basic public services and the very difficult living conditions of displaced populations inside Syria there is high risk of epidemics.

In Lebanon:

The decision of the Lebanese government to stop supporting primary and secondary health services to the refugees in the North has transferred the burden onto the international community and on the already overstretched humanitarian actors.

Access to health care for non-registered refugees is an issue as health services are very costly and many of the refugees are not able to pay even a modest fee. Many of the Syrian refugees seeking health care require chronic diseases management but the cost of this long term treatment is out of reach for most of them and treatment is not always available.

The dramatic increase in the number of Syrian refugees crossing the border into Lebanon resulted also in a huge pressure on Lebanese hospitals where the number of people with life threatening conditions seeking health care has reached a level that is difficult to manage. The combination of difficult living conditions for refugees and lack of access to basic services creates a favourable environment for epidemics.

The health needs of the Palestinian refugees from Syria are also increasing as Lebanon is the only country to where Palestinians can flee. Lebanese returnees from Syria and, in general, the Lebanese population's access to health care have also been affected by the crisis. Advocacy to cover their needs through other financial instruments and involvement of long term donors is required.

In Jordan:

The refugee crisis has put an enormous pressure on the Jordanian health system that has seen at least a 40% increase in its level of activity particularly in the North of the country Syrian refugees registered with UNHCR are allowed by the GoJ¹ to access MoH² health care services. Non-registered Syrian refugees in host communities are provided with reproductive health and vaccination services but are confronted to difficulties to have access to secondary health care. Public health services, heavily subsidized by the government, are overstretched and there are shortages of medical personnel, medicines and vaccinations.

In the Zaatari refugee camp access to primary health care (PHC), mental health and secondary health services are well covered, but there is a big gap in physiotherapy services. The lack of ambulances hinders the proper functioning of medical referrals and emergency care.

In the new camp in Azraq, scheduled to open by the end of August, there will be more emphasis on Community Based Health system in order to increase outreach and reduce the number of consultations in the Hospitals. Provisions are already made for the establishment of PHC and secondary Health hospitals.

In Turkey:

The quality of healthcare provided to the Syrian refugees in camps in the Southern provinces of Hatay, Gaziantep, Kilis and Sanliurfa is in accordance with international humanitarian standards. Limited psychosocial services are also provided to some refugees.

In Iraq:

Syrian refugees in the Kurdish region of Iraq can receive residency status that allows them to access public health service. Primary Health Care Services for the refugees residing in Domiz camp are provided by the the Department of Health (DoH) in collaboration with MSF³. Referrals are transported to the Dohuk hospital.

Food and livelihood:

In Syria:

As the conflict continues, people's livelihoods and their coping mechanisms are eroding rapidly. All sectors of the Syrian economy are affected: trade, agriculture, tourism, etc. International sanctions, the suspension of trade with neighbouring countries and the war have

¹ Government of Jordan

² Ministry of Health

³ Médecins Sans Frontières

triggered a spiral of extremely high inflation rates and the sharp reduction of the purchasing power of Syrian households. Prices basic food and non-food items prices are alarmingly high.

Widespread shortages of fuel and food, especially bread and flour, are also of serious concern. Although it is difficult to compare the situation in rebel-held areas with areas under government control, some commodities may come from across borders and be less of an issue in opposition-held areas. In all cases, however, average prices are alarmingly high, household income levels have sharply dropped, and the Syrian pound has lost almost half of its value since 2011 (from 46 SYP for 1 USD to 110 SYP for 1 USD). Refugees may be regarded as more vulnerable as their coping mechanisms may be more limited and in the case of Palestinians options to leave Syria unfavourable.

With a focus on lifesaving activities and considering the ever-growing needs, DG ECHO⁴ will focus on assistance aimed at restoring and maintaining an adequate diet for the affected population.

Partners that opt to implement “cash transfer” modalities should present a detailed description of market capacities and risk management/control approaches to be implemented in both government and non-government held areas.

While keeping the focus on life-saving activities, DG ECHO stands ready to look into emergency livelihood protection that could have an immediate impact. Partners should demonstrate a thorough understanding of the context as well as adequate access and implementation capacity.

In Lebanon:

The food assistance programme in place since the beginning of the crisis has rapidly evolved from in-kind distribution to a voucher system. The multiplication of actors as well as the potential protracted nature of the crisis could require the sector to evolve to include all commodities (food and non-food) in a system which itself could have an important cash component.

The consequences of the Syrian crisis have affected all sectors of the economy, fuelling tensions between host communities and refugees. Additional specific groups such as newly arrived Palestinian refugees, Lebanese nationals who fled from Syria or Syrians afraid to register find themselves in extremely vulnerable situations and need to be supported as well.

Unfortunately, the refugees' difficulties deepen as the crisis lasts. Providing for food and shelter remain the top priorities in a context of tensions with a Lebanese host population that is not included in the current programs of direct assistance.

In Jordan:

The few resources of the Syrian refugees tend to deplete rapidly while income-generating opportunities are limited and the agricultural sector is saturated as many Syrian seasonal workers have decided to stay in Jordan. As most of the food assistance response is market based through vouchers, approaches that include both food and non-food commodities in a system that has an important cash component should be explored –and documented.

DG ECHO supports the move towards a targeted approach. Refugees in camps continue to need full support for their food ration. The shift to vouchers in the Zaatari camp has not yet

⁴ The European Commission's Directorate General for Humanitarian Aid and Civil Protection

taken place due to security concerns. Therefore, in Azraq the voucher system will be introduced from the beginning.

In Turkey:

Food and livelihood needs of refugees in camps are properly met, whether in kind or through the use of cash vouchers. However, the scope of needs of an estimated 350,000 refugees scattered in urban settings are yet unknown.

In Iraq:

In central Iraq (Al Qa'im) the refugees living in the camp settings are receiving food parcels. In Domiz camp, food assistance was shifted from in-kind assistance to a voucher programme and is receiving positive feedback.

Water and sanitation:

In Syria:

Many supply systems were damaged in the areas where hostilities have taken place. In addition, many local manufacturers of chlorine had to stop their production and fuel restrictions have disrupted and are likely to continue to disrupt the provision of safe water.

Poor hygiene and solid waste management problems are foreseen in the most affected neighbourhoods where sewage networks were damaged and where the regular collection of garbage was stopped.

Displaced people hosted in collective shelters are confronted with extremely poor hygiene conditions due to overcrowding, inadequate shelters, limited water supply and poor access to basic hygiene items (personal and household).

In Lebanon:

If access to water and sanitation has for long been problematic for refugees living in unfinished houses, tents or garages, the increasing number of refugees living in informal tented settlements and collective centres has greatly increased the needs for emergency WASH intervention.

In Jordan:

Jordan suffers from chronic water shortages, particularly during the dry months of summer and autumn when the demand increases. Water and sanitation conditions of the refugees hosted in the camps are being challenged by the rapid influx of people. Due to long distances to water sources for truck replenishment and the difficulties in reaching underground water, it is estimated that average costs of WASH interventions in Azraq will more than double those in Zaatari. The misuse and vandalism of WASH facilities and waste of water is a big problem in Zaatari. In Azraq, the supply of water is planned to come from the exploitation of the aquifer but the camp will be served through water trucking at the beginning.

In Turkey:

Water, including hot running water, is provided in sufficient quantity and quality in all camps. The sanitation conditions are also up to standard. No information is available regarding the needs of refugees or urban areas hosting refugees.

In Iraq:

In northern Iraq, in the Domiz camp the water and sanitation conditions are becoming increasingly alarming. The congestion of the camp, which is hosting over double its capacity, resulted in ad hoc shelter with no connection to the water network. Big parts of the camp need to have water trucked and remain with inadequate sanitation facilities. Emergency water and waste water management in the camp is amongst the main priorities, especially as the hot summer months increase the demand for water and the risk for epidemics.

Shelter and non-food items (NFI):

In Syria:

Intense use of shelling and heavy weaponry in urban areas has destroyed entire neighbourhoods. More than 1.2 million people have been forced to leave their homes with the total number of displaced people being estimated to be about 4.25 million. With time, the capacities of the host communities are getting exhausted, while prolonged displacement has consumed most of the resources of the displaced. The shelters have become an increasingly important issue especially during the winter.

With their financial resources progressively depleted and the exhaustion of their main coping mechanisms, internally displaced, host families and refugees are increasingly in need of basic non-food items such as mattresses, blankets, cooking sets for newcomers and consumables (hygiene kits).

In light of the forthcoming cold months, the preparation for the winter will be of critical importance. Shortages of fuel, continuous multiple displacements, lack of adequate shelter will increase the need for winterisation items as part of the assistance.

In Lebanon:

Priorities remain centred on the shelter sector, the provision of emergency assistance to newly arrived refugees and to the preparation for the winter. The local capacity to shelter Syrian families has been exhausted and ad hoc solutions have been found. If initially refugees were accommodated by host families, they have gradually been forced to live in unsuitable shelter such as garages or unfinished buildings or to live in tents or rental accommodations. The vulnerability of most of the refugees arriving today and their rapidly increasing number force the humanitarian community to restrain assistance to the most basic needs. Provision of shelter kits to targeted vulnerable refugees is at the very centre of DG ECHO's priorities.

Provision of immediate assistance including NFIs to new arrivals should remain an important component of the humanitarian operation with a large number of refugees being very vulnerable. For UNHCR registered families and in the perspective of a protracted crisis, an evolution of the provision of NFIs into a voucher system could be considered.

The provision of assistance for the winter 2013-2014 is a critical exercise to be supported. Given the magnitude of the needs and the difficulties to provide timely assistance in more than 1400 municipalities, the assistance for the winter would be defined on the basis of a cross sectorial winterization plan including targeting and promoting cost efficiency of the response possibly with the "one-stop shop." The roll-out of these two modalities is critical to secure life-saving assistance to the largest possible number of people.

In Jordan:

In Zaatari, the plan to move all camp residents from tents to containers is delayed because of the lower than anticipated number of containers. According to the UNHCR's Zaatari Governance Plan 25,000 container housing units are needed to host the maximum population capacity of 120,000 but by the middle of July only 16,200 had been installed.

Notwithstanding, one-third of Syrian refugees stay in rented accommodation in Jordanian cities. Because of increasing rents, many Syrian families and poor Jordanian families are being threatened with eviction, while long-term displacement is also leading to the exhaustion of the resources of the host communities.

In Turkey:

With the new camps under construction, accommodation capacities in Turkish camps have expanded to more than 200,000 refugees. Were these be insufficient, Turkish authorities might request the UN to explore alternative options.

In Iraq:

In the Kurdish region of Iraq one camp had been established in Dohuk governorate (Domiz camp) with a capacity to host up to 18,500 people. As of April 2013, the Domiz camp is hosting over the double of its initial capacity, posing serious threats to the overall infrastructure and services provided. Decongestion of the Domiz camp has become a priority in northern Iraq. With the construction of further camps in all three Kurdish governorates (but especially in Erbil and Suleimaniyah), it will be important to develop an integrated response for refugees living with host families and communities. The new planned camps in Erbil and Suleimaniyah are not amongst DG ECHO's priorities because the overall numbers of Syrian refugees are not as high as in Dohuk and the ratio of refugees in and outside camps with the local population is a much lower one than in Dohuk. In central Iraq in the Anbar governorate, the number of refugees has been decreasing in 2013. The refugees are hosted primarily in camps, but as the number has been decreasing no shelter shortage has been reported.

Protection and community services:

In Syria:

The crisis has since the beginning, created severe protection issues. Since March 2011, more than 93,000 people were killed, mainly civilians. Numerous reports have denounced extra-judicial killings, direct attacks against civilian neighbourhoods, massive arrests, attacks against medical personnel and facilities. There remains the immediate necessity to put an end to constant violations of human rights and international humanitarian law. It is vital to provide efficient protection to the civilians, detainees, the sick and wounded, medical and humanitarian personnel and vulnerable groups requiring specific attention such as women, children, the elderly, migrants or persons with disabilities. Large segments of the population are believed to be severely traumatized by the violence and repeated displacements, and need psychosocial support.

In Lebanon:

The increased burden imposed on the host communities has increased the tensions with the refugees and imposes a close monitoring of the situation. People with specific vulnerabilities such as discharged wounded, women, elderly, people with disabilities and children, would need specific attention.

In Jordan:

Palestinians from Syria (PRS) are not allowed to enter Jordan. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) is assisting 7,000 Palestinians from Syria, 270 of whom were transferred to the Cyber City camp and are not allowed to move out or to receive visits from outside without a special permit. Around 40% of

PRS do not hold Jordanian passports and could be deported to Syria. UNRWA expects that the number of PRS in Jordan grows to some 10,000 persons by the end of 2013.

Gender-based violence (GBV) is mentioned by many as a main reason for having fled Syria. GBV is also a growing protection concern in Jordanian camps and urban areas. Cases of early marriage and child labour, often used as negative coping mechanisms, are becoming common among the poorest families.

In Turkey:

Since November 2011, Turkey has granted the legal status of “Temporary Protection” to Syrians fleeing the conflict and seeking protection in Turkey. However, due to the continuous influx of refugees, Turkish authorities temporarily imposed restrictions to the number of refugees allowed inside their territory.

In Iraq:

Al Qa'im crossing point in central Iraq has been mainly closed over the past year, with no refugees able to cross into Anbar governorate. Since the beginning of May 2013 also the unofficial border point in northern Iraq (Feshkhabur) has been closed and has even triggered the return of some refugees to Syria in fear of being trapped inside Iraq. This raises concern for a possible larger concentration of people along the borders, especially with regard to vulnerable people (wounded, old, sick) who may be trapped at the border, with no possibility to cross. There could also be a sudden influx should border points reopen.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

In Syria:

The bulk of the response to the most vulnerable is provided by the Syrian population itself that has shown impressive solidarity over the past 28 months of conflict.

The Syrian Arab Red Crescent (SARC) is playing a central role in the humanitarian response. Throughout its 14 branches (one per Governorate), divided into sub-branches, SARC volunteers are operating in close cooperation with DG ECHO partners. SARC is the main actor involved in the assessment of the needs, the identification of the most vulnerable people, the registration and the distribution of relief items. SARC is also the main provider of emergency medical care throughout a growing set-up of mobile and fixed clinics as well as ambulances that have privileged access to affected areas and remote rural locations.

Confronted to growing needs, SARC capacities have become overstretched and it has no other choice but to increasingly rely on local charities and organizations for the preparation and implementation of relief operations. Alternatives to SARC are even more needed as the national society is perceived by a large part of the opposition as too close to the regime, which could hinder its ability to safely operate in portions of territory outside government control. The authorities have accepted that international actors start operating directly with other local NGOs.

In Lebanon:

Despite difficulties, large efforts have been made by the Government of Lebanon to promote an effective coordination of the response to the crisis with a specific focus for the assistance necessary to vulnerable Lebanese.

A large part of the response has been covered by local civil society and local authorities. This aspect of the response needs to be integrated in the coordination process in order to rationalize the response provided by an increased number of actors.

In Jordan:

The assistance provided by Community Based Organizations, Islamic centres and local charities, is significant but difficult to quantify and not necessarily properly coordinated with the rest of the response.

Since January 2013, the response to the refugee crisis is coordinated by the newly-established “Syrian Refugee Camp Directorate” under the overall responsibility of the Jordanian Public Security Department (PSD).

In Turkey:

Funds and donations are pooled by the Disaster Emergency Management Presidency (AFAD) and managed by the offices of provincial governors responsible for the provision of education, health, water and sanitation and social services for refugees. The Turkish Red Crescent (TRC) is responsible for shelter (tents, containers), NFIs, hygiene, logistics and food (3 hot meals per day): it has been playing a key role in the response since the beginning of the crisis. The authorities are increasingly requesting international support to cope with the important continuous inflow of refugees.

In Iraq:

Local authorities are actively involved in the provision of assistance both in central and the Kurdish region in Iraq. The assistance is covering most sectors (health, food, shelter, cash, education and water & sanitation) and co-ordinated through the DDM (Department of Displacement and Migration) and supported by UNHCR.

2) International Humanitarian Response

In Syria:

The adaptation of the international humanitarian response to the fast growing needs has been largely hindered by access restrictions, insecurity and operational constraints. Limited access to many areas and beneficiaries has prevented international aid agencies to properly assess and monitor their operations.

The development of criminality and the fluidity of the conflict have rendered all movements more dangerous and hindered the much needed process of decentralizing the humanitarian set-up by strengthening the field presence of international actors.

Increasing visibility of the needs, the operations and the assistance delivered has remained the main challenge for the humanitarian community. Enhanced coordination and increased dialogue between the main actors remain key elements that will be instrumental to a better understanding, planning, and delivery of quality assistance.

In Lebanon:

UNCHR has been mandated to coordinate the humanitarian response to the refugees. The magnitude of the crisis both in terms of numbers and time span requires a dedicated

coordination structure that enables information sharing and facilitates strategic dialogue among all humanitarian actors and across sectors.

In the Palestinian camps, UNRWA has established a coordination structure to respond to the needs of the newly arrived Palestinian refugees.

In Jordan:

The humanitarian response is led and coordinated by the UNHCR. A Humanitarian Country Team (HCT) was established in March 2013. Sector working groups to coordinate the response and agree on common strategies are functioning in the areas of cash assistance, education, food, health (divided in sub-sectors for mental health, nutrition and reproductive health), NFIs, protection (divided in sub-sectors for child protection and SGBV⁵), shelter and WASH. The Government Coordination Committee, chaired by the Ministry of Planning and International Cooperation (MOPIC), appraises the individual projects of the aid agencies to check that they are consistent with the Government of Jordan Response Plan.

In Turkey:

UNHCR provides technical assistance on registration, voluntary returns, camp management and legal protection, while WFP⁶ provides food aid through an e-voucher programme in some camps. UNICEF⁷ is organizing psychosocial support and education programmes. One INGO⁸ was given authorization to work in support of the Turkish authorities in the camps.

Following Turkey's agreement of 17 April 2012 of the international burden-sharing approach in regard to assistance to Syrian refugees in the country, the EU Civil Protection Mechanism was activated. In-kind and financial assistance has since been provided by European Union Member States.

In Iraq:

The assistance provided to the Syrian refugees in Iraq is co-ordinated by UNHCR. To date, over 160,000 Syrian refugees have been registered or awaiting registration in Iraq. Coordination of activities remains challenging in central Iraq (Anbar governorate) due to the overall volatile security environment. In the Kurdish region of Iraq, however, access is not an issue and co-ordination of activities and information-sharing among all DG ECHO partners remains adamant.

3) Constraints and DG ECHO response capacity

In Syria:

It is essential to develop an international presence in the field which will ensure and reinforce DG ECHO partners' understanding, planning, and monitoring capacities. Even if they are unable to implement their programmes directly, the demonstration of their ability to safely and impartially deliver humanitarian aid remains a must.

In Lebanon:

A potential deterioration of the security situation in areas hosting refugees would be the main constraint faced by the humanitarian community to respond to needs. Since the beginning of

⁵ Sexual and other forms of gender-based violence

⁶ World Food Programme

⁷ United Nations Children's Fund

⁸ International non-governmental Organisation

the humanitarian operation, and despite internal tensions generated by the Syrian crisis, the Lebanese authorities have respected the “non-refoulement” policy and have always allowed humanitarian actors to work.

In Jordan:

There is no problem of access for international humanitarian organizations in Jordan. However, the overall capacities of humanitarian organizations working in the country are overstretched to cope with increasing needs.

In Turkey:

Although UNHCR, WFP and one INGO are to date the only international organizations working in the camps, it is not unlikely that other UN agencies and INGOs would soon be allowed to join in support to the efforts of Turkish authorities.

In Iraq:

There are no access constraints for DG ECHO partners in the Kurdish region of Iraq, which so far has also received the greater number of Syrian refugees. However, the closure of the Al Qa'im border point in central Iraq and, since May 2013, the closure of the unofficial border point of Feshkhabur in northern Iraq are a major concern.

4) Envisaged DG ECHO response and expected results of humanitarian aid interventions:

DG ECHO's additional response will remain insufficient to cover even the most urgent needs inside Syria and in the region. Therefore, only life-saving activities will be considered among which partners will be required to set priorities to ensure that the most vulnerable are supported first.

Health:

In Syria:

DG ECHO is willing to continue supporting partners involved in the emergency medical response, with the provision of medical equipment and medicines. Where needed, the on-going conflict might also require the strengthening of the fixed and mobile medical set ups, with the provision of training, material, vehicles (ambulance or mobile unit), or the implementation of emergency medical points in the main hot-spots.

Response to the needs of displaced people affected by chronic diseases, support to primary and secondary health services, epidemiological surveillance and preparedness for timely reaction in case of an epidemic are also considered a priority.

In Lebanon:

DG ECHO will continue to support provision of health services to the affected population through the expansion of primary health care activities in communities with significant number of refugees and facilitating access to secondary health care for life threatening conditions. Mother and child care services, proper management of chronic diseases along with a more cost efficient approach to deal with hospital care, epidemiological surveillance and preparedness for timely reaction in case of an epidemic are considered a priority.

In Jordan:

DG ECHO will continue to support the provision of health services to the Syrian refugees both in camps and in host communities. Health actors will need to be supported to cope with the extra caseload of Syrians seeking medical treatment in public health structures. Strong advocacy for provision of a much larger support to the health system by other donors and financial instruments will also be part of DG ECHO priorities. DG ECHO will support the provision of Health services in the new Azraq camp as well.

In Turkey:

Although current needs are being covered in existing refugee camps, a continuous influx of refugees for an extended period of time may result in the need for additional from the international community. Moreover, and although not assessed to date, it is likely that the presence of numerous urban refugees is placing an extra burden on local primary and secondary healthcare facilities.

In Iraq:

In the Domiz camp (northern Iraq), the water and sanitation conditions are becoming increasingly alarming. The congestion of the camp, which is hosting over double its capacity, resulted in ad hoc shelter with no connection to the water network. Big parts of the camp need to have water trucked and remain with inadequate sanitation facilities. Emergency water and waste water management in the camp are amongst the main priorities, especially as the hot summer months increase the demand for water and the risk for epidemics.

Food and livelihood:

In Syria:

Food assistance remains an essential relief for those immediately exposed to the violence, as well as the displaced and host communities.

In Lebanon:

DG ECHO response will be driven by 3 considerations: giving priorities to fulfilling basic needs and guaranteeing an adequate diet, adapting the response to mitigate tensions amongst communities and ensuring a cost effective response.

As most of the food assistance response is market based through vouchers, approaches that include both food and non-food commodities in a system that has an important cash component should be explored –and documented. The on-going profiling exercise should be seen as a commendable step towards a more solid and coherent response. Conditionality to cash transfers (e.g. cash for work) will be looked into while emanating as an agreed approach in the cash working group. The magnitude of the crisis increasingly requires that DG ECHO focuses on the timely and efficient provision of very basic needs for the most vulnerable. This will be an important challenge for the coming winter.

Priority target groups for DG ECHO remain people fleeing from Syria (Syrian, Palestinians and Lebanese) as well as Lebanese directly affected by the crisis. Specifically when it comes to support to Lebanese people, DG ECHO will consider whether it has a comparative advantage compared to the other donors. While the humanitarian response is unfolding, a longer term approach with relevant donors to support vulnerable Lebanese through the existing system should take place. Careful articulation of one with the other should be sought.

In Jordan:

With the opening of camps, food distributions will remain an essential need for the refugees.

For refugees outside the camps and host communities cash is the priority to enable people to cover their food needs and beyond. Conditionality to cash transfers (eg cash for work) will be looked into while emanating as an agreed approach in the cash working group. Support to livelihoods of both refugees and Jordanians could also be considered.

Specific attention should be paid as well to vulnerable local populations to avoid creating tension among communities and consider potential existing support mechanisms.

DG ECHO's response will be driven by the following considerations: giving priorities to fulfilling basic needs and guaranteeing an adequate diet, considering adapting the response to mitigate tensions amongst communities, and ensuring a cost-effective response.

In Iraq:

Ensuring access to adequate diet to refugees remains a priority. DG ECHO would support a move towards targeting.

In Turkey:

Although not documented at this stage, the needs of most vulnerable urban refugees are likely to increase as the length of their refugee conditions prolongs over time. Current initiatives aimed at profiling their needs and/or registering urban refugees, a pre-requisite for the organization of assistance, are at a standstill.

Water and sanitation:

In Syria:

Provision of safe water and decent hygiene conditions in shelters hosting displaced populations should be considered as an urgent priority.

Emergency provision of safe water or rehabilitation of water supply systems in areas of large concentration of population could also be considered. Additionally, DG ECHO could promote and support efforts to ensure a level of basic hygiene in these areas through the rehabilitation of sewage systems or the resumption of garbage collections where needed.

In Lebanon:

Shelter rehabilitation should be considered as a priority and basic WASH assistance included where necessary. Attention should also be paid to refugees living in tents with poor sanitation.

In Jordan:

WASH activities will have to be undertaken continuously to keep up with the growing number of refugees in the camps. Distribution of hygiene kits and organisation of hygiene & sanitation promotion campaigns should continue regularly in the camps and the host communities. There is also a continued need for WASH assistance to host communities at both municipal and household level.

In Iraq:

As the number of refugees continues to rise, overcrowding and poor sanitation in Domiz camp are becoming a major concern.

In Turkey:

Although not documented at this stage, the needs of most vulnerable urban refugees are likely to increase as the length of their refugee conditions prolongs over time. Current initiatives

aimed at profiling their needs and/or registering urban refugees, a prerequisite for the organization of assistance, are at a standstill.

Shelter and NFI

In Syria:

DG ECHO considers as a priority ensuring that people who have lost access to housing can benefit from adequate shelter. Activities related to the rehabilitation of existing housing, or supporting the efforts of the affected families to find a decent place to stay, could be considered.

Provision of basic non-food items for households that have fled from their place of origin is considered vital.

In Lebanon:

With an uninterrupted influx of refugees, the questions of shelters and NFI will remain central to the response. Shelter has already been the most problematic issue in terms of availability, numbers and living conditions and is likely to remain so. The provision of NFI to the ongoing influx of refugees will need to continue as well as the replenishment of critical items for vulnerable families. Cash assistance appears to be the best solution to help vulnerable Syrian families to pay rent and to share the economic burden with the host families. Similarly, access to NFI including during winter could be with a market-based response –and option to use cash vs vouchers should be explored.

In Jordan:

More shelters are needed to keep up with the influx of refugees in the camps. Shelter infrastructure and site planning in Azraq has to be developed on the basis of the lessons learnt from the experience in Zaatari camp. Support is also needed for the construction of reception centres and communal buildings. Cash assistance appears to be the best solution to help vulnerable Syrian families to pay rent and to share the economic burden with the host families. However, it is also important to provide additional housing units for Syrian refugees to counterbalance the increasing demand and contain the dramatic raise of rent prices.

In Iraq:

Decongestion and improved sanitation are priorities in Domiz camp.

In Turkey:

Although not documented at this stage, the needs of most vulnerable urban refugees are likely to increase as the length of their refugee conditions prolongs over time. Current initiatives aimed at profiling their needs and/or registering urban refugees, a prerequisite for the organization of assistance, are at a standstill.

Protection:

In Syria:

DG ECHO is highly committed to supporting efforts carried out to enhance protection to persons deprived of freedom, civilian populations affected by the violence, the sick and wounded. The protection of the medical missions remains a must and should be ensured by all

possible means. Advocacy of IHL⁹ is essential: we encourage partners to include in their proposals funds for IHL relevant reporting and advocacy.

In Lebanon:

DG ECHO remains committed to monitoring the evolution of the existing tensions between the refugees and the host communities which could be exacerbated by the consequences of the Syrian crisis. The protection of the most vulnerable including people with disabilities, women, children, and the elderly, as well as discharged wounded, should remain a priority.

In Jordan:

More support will be needed to ensure the protection of the people fleeing from Syria, with a particular focus on the situation of Palestinians. In addition, specialized psychosocial support should be provided to most affected children who represent 50% of the refugee population. Prevention of and assistance to GBV cases will remain a priority.

In Turkey and Iraq:

Technical assistance to the authorities will need to be continued to support their efforts in camp management, registration, voluntary return and protection issues. Special attention should be given that any camp settlements retain a civilian character.

In Turkey, specific needs of urban refugees should be assessed and documented before assistance is eventually provided.

4. LRRD¹⁰, COORDINATION AND TRANSITION

1) Other DG ECHO interventions

DG ECHO's Iraqi crisis Humanitarian Implementation Plan (ECHO/WWD/BUD/2013/91000) for an amount of EUR 7,000,000 is covering the needs of the Iraqi refugees in Lebanon and Jordan as well as vulnerable population in Iraq. As with the deterioration of the humanitarian situation Iraqi refugees living in Syria are equally affected as the local population living in Syria, DG ECHO will be pursuing its support to Iraqis in Syria based on vulnerability and not status and through this 2013 HIP for the Syria crisis.

Furthermore DG ECHO funds operations through the 2012 Lebanon Humanitarian Implementation Plan for an amount of EUR 5,000,000 ensuring basic services to Palestinian refugees in Lebanon. Given the high vulnerability of a large number of arriving Palestinian refugees from Syria, the 2012 HIP has been recently adapted to also cover the provision of immediate assistance in terms of health, winterisation, food and protection of the new arrivals.

In case of natural disasters or epidemics, according to the needs, other humanitarian actions could be financed either through the Disaster Relief Emergency Fund (DREF) or under the HIP for small scale humanitarian response, or the HIP for epidemics.

2) Other services/donors availability (such as for LRRD and transition)

1. Instrument for Stability (IFS)

Decision of May 2012 – Syria: Support to help bring about a peaceful solution to the crisis (up to a maximum amount of EUR 8,200,000).

⁹ International Humanitarian Law

¹⁰ Linking Relief, Rehabilitation and Development

- Support to the United Nations Supervision Mission in Syria (UNSMIS): EUR 5,871,961 (armoured vehicles, sourcing of satellite imagery, air ambulance capability).
- Perspective on the transitional period in Syria: EUR 141,595.

Decision of November 2012: Regional support programme for populations affected by the crisis in Syria (EUR 20,000,000)

- 3 contracts for a total of EUR 20,000,000 for regional operations in Syria, Jordan, Lebanon, Iraq and Turkey through UNICEF, UNHCR and UNRWA are on-going.

Decision of May 2013 – Syria: Assistance to conflict affected communities in Syria, including through support to civilian structures of the opposition (up to a maximum amount of EUR 10,000,000).

- A delegation agreement for an EU-contribution of EUR 3,500,000 was signed in May with the German implementing agency GiZ to (i) support the capacity development of the Assistance Coordination Unit (ACU) and local administrative structures; (ii) stabilize living conditions of Syrians through a community-based approach.
- Negotiations for other Delegation Agreements with other EU agencies are on-going.

2. European Neighbourhood and Partnership Instrument (ENPI) funding.

DG DEVCO¹¹ 1st Special measure in favour of Syria and Syrian refugees, EUR 27,600,000.

- Lebanon: support to areas affected by the influx of Syrian refugees to Lebanon: EUR 5,000,000 through UNHCR.
- Jordan: support to the emergency education response for displaced Syrian children and host communities in Jordan: EUR 10,000,000 through UNICEF.
- Syria: support to the Syrian population affected by the unrest: EUR 12,600,000 to be programmed.

DG DEVCO 2nd special measure in favour of Syrian refugees, EUR 20,848,000

- Support to areas affected by the influx of Syrian refugees to Lebanon II, EUR 10,000,000
- Support to the Education, mentoring and skills development for displaced Syrian children and youths in Jordan, EUR 10,848,000

DG DEVCO 3rd special measure in favour of Syrian refugees in Lebanon, EUR 30,000,000

- Support to the Education, mentoring and skills development for displaced Syrian children and youths in Lebanon and capacity strengthening of local authorities and communities.

¹¹ European Commission, Development and Cooperation - EuropeAid

Complementarities with humanitarian funding will be carefully looked at.

In Lebanon, LRRD has been initiated since the very onset of the response in inviting DG DEVCO to support activities for local affected population. The combination of refugee-focused emergency intervention and interventions targeting refugees should ease social tensions and facilitate a transition process.

5. OPERATIONAL AND FINANCIAL DETAILS

The provisions of the financing decision ECHO/WWD/BUD/2013/01000 and the general conditions of the Partnership Agreement with the European Commission supersede the provisions in this document.

5.1. Contacts¹²

Operational Unit in charge: ECHO/B4

Contact persons at HQ: Jean-Yves Terlinden (Syria), Maria Palacios (Lebanon), Alessia Corsini (Jordan), Christophe Pateron (Turkey and Iraq), Isabelle Seroin (coordinator).

In the field: Marilena Chatziantoniou (Syria and Iraq), Bruno Rotival (Lebanon), Carlos Afonso (Jordan), Jean-Christophe Pegon (Turkey).

5.2. Financial info

Indicative Allocation: EUR 350,000,000

Man-made crisis: Humanitarian Aid: EUR 350,000,000

5.3. Proposal Assessment

Assessment round 1

- a) Description of the humanitarian aid intervention relative to this assessment round: all interventions as described under section 3.4 of this HIP.
- b) Indicative amount to be allocated in this round of proposals: up to EUR 20,000,000 from the humanitarian aid budget line.
- c) Costs will be eligible from 01/01/2013¹³.

¹² Letters of intent should be submitted to DG ECHO using APPEL. Instructions on how to submit Letters of intent using APPEL are available at http://www.dgecho-partnershelpdesk.eu/preparing_an_action/financing_decision/intention_letter

¹³ The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, whatever occurs latest.

- d) The expected initial duration for the Action is up to 12 months.
- e) Potential partners: All DG ECHO Partners.
- f) Information to be provided: Letter of intent¹⁴ (based on the Single Form format) including at least: area intervention, sector, duration, beneficiaries, context/needs assessment, log-frame / proposed response (including results and activities), estimated costs, requested contribution, contact details. For operations inside Syria, while acknowledging the specific challenges, particular attention will be paid to the monitoring modalities and capacity: partners are encouraged to provide information on their specific monitoring set-up.
- g) Indicative date for receipt of the above requested information: by **31/01/2013**¹⁵.
- h) Commonly used principles will be applied for the assessment of proposals, such as coherence of the proposal with DG ECHO's strategy, quality of needs assessment, quality of indicators, relevance of intervention sectors, and knowledge of the country / region.

Assessment round 2

- a) Description of the humanitarian aid intervention relative to this assessment round: all interventions as described under section 3.4 of this HIP.
- b) Indicative amount to be allocated in this round of proposals: up to EUR 15,000,000 from the humanitarian aid budget line.
- c) Costs will be eligible from 01/01/2013¹⁶.
- d) The expected initial duration for the Action is up to 12 months.
- e) Potential partners: All DG ECHO Partners.
- f) Information to be provided: Letter of intent¹⁷ (based on the Single Form format) including at least: area intervention, sector, duration, beneficiaries, context/needs assessment, log-frame / proposed response (including results and activities), estimated costs, requested contribution, contact details. For operations inside Syria, while acknowledging the specific challenges, particular attention will be paid to the monitoring modalities and capacity: partners are encouraged to provide information on their specific monitoring set-up.

¹⁴ In case letters of intent are requested an initial analysis will be done on the basis of the information received, Single Forms and other sources, such as humanitarian programmes and appeals (CAPs or CHAPs). For the retained letters of intent, partners will be requested to submit a Single Form, which will be the subject of a more detailed assessment. Only accepted Single Forms can lead to the signature of an agreement.

¹⁵ The Commission reserves the right to consider letters of intent transmitted after this date, especially in case certain needs/ priorities are not covered by the received letters of intent.

¹⁶ The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, whatever occurs latest.

¹⁷ In case letters of intent are requested an initial analysis will be done on the basis of the information received, Single Forms and other sources, such as humanitarian programmes and appeals (CAPs or CHAPs). For the retained letters of intent, partners will be requested to submit a Single Form, which will be the subject of a more detailed assessment. Only accepted Single Forms can lead to the signature of an agreement.

- g) Indicative date for receipt of the above requested information: by **15/02/2013**¹⁸.
- h) Commonly used principles will be applied for the assessment of proposals, such as coherence of the proposal with DG ECHO's strategy, quality of needs assessment, quality of indicators, relevance of intervention sectors, and knowledge of the country / region.

Assessment round 3

- a) Description of the humanitarian aid intervention relative to this assessment round: all interventions as described under section 3.4 of this HIP.
- b) Indicative amount to be allocated in this round of proposals: up to EUR 65,000,000 from the humanitarian aid budget line.
- c) Costs will be eligible from 01/01/2013¹⁹.
- d) The expected initial duration for the Action is up to 12 months.
- e) Potential partners: All DG ECHO Partners.
- f) Information to be provided: Letter of intent²⁰ (based on the Single Form format) including at least: area intervention, sector, duration, beneficiaries, context/needs assessment, log-frame / proposed response (including results and activities), estimated costs, requested contribution, contact details; or Modification Requests for those partners having already signed a contract with DG ECHO under the 2013 Syria Crisis HIP. For operations inside Syria, while acknowledging the specific challenges, particular attention will be paid to the monitoring modalities and capacity: partners are encouraged to provide information on their specific monitoring set-up.
- g) Indicative date for receipt of the above requested information: by **07/06/2013**²¹.
- h) Commonly used principles will be applied for the assessment of proposals, such as coherence of the proposal with DG ECHO's strategy, quality of needs assessment, quality of indicators, relevance of intervention sectors, and knowledge of the country / region.

¹⁸ The Commission reserves the right to consider letters of intent transmitted after this date, especially in case certain needs/ priorities are not covered by the received letters of intent.

¹⁹ The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, whatever occurs latest.

²⁰ In case letters of intent are requested an initial analysis will be done on the basis of the information received, Single Forms and other sources, such as humanitarian programmes and appeals (CAPs or CHAPs). For the retained letters of intent, partners will be requested to submit a Single Form, which will be the subject of a more detailed assessment. Only accepted Single Forms can lead to the signature of an agreement.

²¹ The Commission reserves the right to consider letters of intent transmitted after this date, especially in case certain needs/ priorities are not covered by the received letters of intent.

Assessment round 4

- a) Description of the humanitarian aid intervention relative to this assessment round: all interventions as described under section 3.4 of this HIP.
- b) Indicative amount to be allocated in this round of proposals: up to EUR 250,000,000 from the humanitarian aid budget line.
- c) Costs will be eligible from 01/01/2013²².
- d) The expected initial duration for the Action is up to 12 months.
- e) Potential partners: All DG ECHO Partners.
- f) Information to be provided: Letter of intent²³ (based on the Single Form format) including at least: area intervention, sector, duration, beneficiaries, context/needs assessment, log-frame / proposed response (including results and activities), estimated costs, requested contribution, contact details; or Modification Requests for those partners having already signed a contract with DG ECHO under the 2013 Syria Crisis HIP. For operations inside Syria, while acknowledging the specific challenges, particular attention will be paid to the monitoring modalities and capacity: partners are encouraged to provide information on their specific monitoring set-up.
- g) Indicative date for receipt of the above requested information: by **08/09/2013**²⁴.
- h) Commonly used principles will be applied for the assessment of proposals, such as coherence of the proposal with DG ECHO's strategy, quality of needs assessment, quality of indicators, relevance of intervention sectors, and knowledge of the country / region.

²² The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, whatever occurs latest.

²³ In case letters of intent are requested an initial analysis will be done on the basis of the information received, Single Forms and other sources, such as humanitarian programmes and appeals (CAPs or CHAPs). For the retained letters of intent, partners will be requested to submit a Single Form, which will be the subject of a more detailed assessment. Only accepted Single Forms can lead to the signature of an agreement.

²⁴ The Commission reserves the right to consider letters of intent transmitted after this date, especially in case certain needs/ priorities are not covered by the received letters of intent.