
HUMANITARIAN IMPLEMENTATION PLAN (HIP)**SYRIA CRISIS**

AMOUNT: EUR 201 000 000

The full implementation of the HIP is conditional upon the necessary appropriations being made available from the 2014 general budget of the European Union.

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

Three and a half years after the start of the conflict in Syria, the violence is again intensifying inside Syria. According to OCHA and UNHCR, 16 million people are in urgent need of humanitarian assistance as a result of the Syrian conflict. There are 12.2 million people in need in Syria, including over 5 million vulnerable children. 7.6 million people are internally displaced. Around 4.7 million reside in areas categorised as hard-to-reach, including at least 221 000 people who remain besieged by either government or opposition forces.

Furthermore, 3.8 million Syrian people have sought safety in neighbouring countries. In neighbouring countries – Jordan, Lebanon, Turkey, Iraq and Egypt – governments are facing huge security, social, economic and political pressures to host this number of refugees (In Lebanon, 1 out of 4 people is now a registered refugee) and the open-border policy is at risk.

The rapid rise of ISIL (Islamic State of Iraq and the Levant) has further complicated the situation, changing the dynamics and geographical frontlines of the conflict. With the international airstrikes on ISIL targets inside Syria (primarily targeting ISIL positions in Kobane, Deir-ez-Zor, Ar-Raqqa and Al-Hasakeh), population displacement can be expected, especially in areas controlled by ISIL and other armed opposition groups in north and eastern Syria. This urges the reinforcement of humanitarian contingency planning.

All parties to the conflict continue to show an utter disregard for international humanitarian and human rights law. Violence, including the use of indiscriminate barrel bombs, car bombs, mortars and shelling continue to cause civilian deaths and injuries.

The intense violence is having massive humanitarian consequences on the people in Syria. Large scale displacement inside Syria continues to be recorded. The destruction of key water and electricity infrastructures in contested areas is impacting thousands of people (over 700 000 people affected in Aleppo Governorate alone), not only in terms of access to clean safe water, but also in increasing the risk of the spread of communicable diseases. Medical facilities have collapsed.

The capacity of host communities remains under immense strain. Increasing restrictions on roads and access to cities to prevent the arrival of increasing numbers of internally displaced are being reported. Refugees in some areas outnumber the local population. Providing adequate shelter for this population is a major concern.

Small gains in humanitarian access have been recorded in recent weeks, with an increasing number of cross border and cross line convoys delivering assistance. Further scale-up of cross border operations is urgently needed to assist the estimated 2 million people in need that can be reached through cross-border.

Health is the most worrying sector in Syria. Facilities have collapsed and the population has almost no access anymore to surgical treatment, post-op rehabilitation, etc. There is a clear lack of drugs and of medical staff in the country. An average of 25 000 people are injured each month, an increasing number of whom experience complications such as septicaemia, gangrene, organ failure and/or death due to the severe shortage of surgical supplies.

Disruption of food assistance should be avoided, since this would endanger the health and safety of the refugees and of the IDPs and will potentially cause further tensions, instability and insecurity in the neighbouring host countries. The suspension of food assistance would be disastrous for many already suffering families.

Winter is coming and Syrians, displaced in their own countries or refugees throughout the region are ill prepared for yet another harsh season. This is especially true in Syria, Lebanon and Jordan, where many children are bare foot and without proper clothing. Many tents are drenched in mud and hygiene conditions are growing extremely precarious.

The extra funds under the HIP 2014 (EUR 36 million) will be used to respond to the increasing estimated needs and will allow for supporting operations in the first quarter of 2015.

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 in its neighbouring countries. Populations in main cities are directly affected and many have been forced to flee their homes seeking protection in safer neighbourhoods, regions and beyond the borders, while others have been under siege in areas where hostilities are taking place. DG ECHO's¹ Integrated Analysis Framework (IAF) for 2013-14 identified extreme humanitarian needs in Syria. The vulnerability of the population affected by the crisis is assessed to be very high.

In 2013, the situation of the civilian population continued to deteriorate rapidly with a shift towards inter-communal armed conflict, the presence of foreign fighters, and the escalation of hostilities between Government armed forces and armed opposition groups in all 14 Syrian governorates. Serious violations of international humanitarian law and human rights have been reported including rape, torture, mass killings and the alleged use of chemical weapons and cluster bombs. Also, **the number of casualties is rising, now reaching more than 100 000 persons** as the armed conflict has continued uninterruptedly. 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.

¹ Directorate General for Humanitarian Aid and Civil Protection

The response to population's needs has been hindered by the sharp deterioration of the security environment, 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 civilian populations. More than ever, all ways must be explored to support principled humanitarian operations in all areas inside Syria.

Simultaneously and since the beginning of the year, **the number of refugees in neighbouring countries has more than doubled. More than 2 million Syrians – of which one million are children - are hosted in foreign countries, mainly in Egypt, Iraq, Jordan, Lebanon and Turkey.** An estimated three-quarters of refugees registered by host Governments and UNHCR² are living with local families and communities in both urban and rural areas.

In order to reflect the sharp increase in humanitarian needs, the United Nations launched the largest consolidated appeal in its history in June 2013. **The revised Syria Humanitarian Assistance Response Plan (SHARP) and the Regional Response Plan (RRP) called for USD³ 4.4 billion (EUR 3.3 billion) in total to provide humanitarian aid to Syria and neighbouring countries.**

The United Nations estimate that 6.8 million people inside Syria, or one-third of the total Syrian population, are in need of humanitarian 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.

The escalation 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. **According to OCHA⁴ and UN⁵ Agencies, approximately 4.25 million Syrians were internally displaced in April,** with the governorates of Aleppo, Idlib, Rural Damascus, Homs, and Hama mostly affected by internal displacement.

Reports from UN agencies and NGOs⁶ provide accounts of the successive waves of population displacement, the fragile conditions of civilians in locations under siege, and the persistent constraints to humanitarian access in many parts of the country. At present, there is no mechanism for tracking internal displacements countrywide; so humanitarian organizations consider these figures as estimates. Following the continuation of hostilities in May-August 2013, humanitarian organizations indicate that the April estimate of IDPs⁷ could exceed 5 million. Most IDPs reportedly reside with host families, others in formal or informal collective shelters in schools, unfinished buildings or have pitched tents on vacant lots. Displaced families who have rented apartments in areas with

² Office of the United Nations High Commissioner for Refugees

³ United States Dollar

⁴ Office for the Coordination of Humanitarian Affairs

⁵ United Nations

⁶ Non-Governmental Organisations

⁷ Internally Displaced Persons

a high concentration of IDPs are facing high rental prices. In areas where there has been continuous fighting, a large proportion of the houses are damaged, destroyed or uninhabitable. In Homs for instance, an estimated 60-70% of houses in opposition-controlled areas has been damaged or destroyed.

According to UNRWA⁸, approximately 235 000 Palestinian refugees are displaced in Syria of which over 200 000 are in Damascus, and the remaining concentrate in Aleppo, Latakia, Hama, Homs and Daraa governorates.

Considering those needs, the present financial allocation is to be understood as a means to continue humanitarian operations – as opposed to an allocation covering the full year 2014.

Since the beginning of the crisis, neighbouring countries have offered hospitality to hundreds of thousands of families fleeing from the growing violence in Syria. By end August 2013, the Office of the United Nations High Commissioner for Refugees (UNHCR) had registered 1.83 million refugees of an estimated total of 2 million Syrian refugees living in Jordan, Lebanon, Turkey, Iraq, Egypt and other countries in northern Africa. As the influx of refugees continued without interruption, new camps and different types of temporary accommodation are being planned or under construction 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 98% of Syrian refugees are residing. In all the neighbouring countries, already the large numbers of refugees 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.

By mid-2013, all neighbouring countries had either adopted stiff border controls or closed borders with Syria altogether as considerations related to their internal security, political and social stability and over-stretched public resources prevailed. As a result, numbers of Syrians arriving in Jordan declined dramatically, while number of arrivals remained within the same levels recorded at the beginning of the year for Turkey. Iraq reopened an unofficial border point in mid-August, which led to a sudden new influx of refugees to its Kurdish region. Lebanon instead kept its policy of open borders until August, when the Government established border controls in an attempt to mitigate the mounting security, political, economic and social pressures resulting from the Syria crisis on the Lebanese society. These controls have led to a general reduction in the pace of the movements from Syria, but the arrival of refugees in neighbouring countries has continued nonetheless. In addition, an unknown number of internally displaced and/or stranded Syrians are reportedly present along border areas most notably with Jordan, Turkey and Lebanon.

2. HUMANITARIAN NEEDS

1) Affected people/ potential beneficiaries:

⁸ United Nations Relief and Works Agency for Palestine Refugees in the Near East

Inside Syria

The Syria Humanitarian Assistance Response Plan of June 2012 estimated that 1 million people were in need of humanitarian aid. **By April 2013, the United Nations (UN) estimate of people in need of humanitarian assistance had jumped to 6.8 million. Affected are also over 80% of the Palestine refugees residing in Syria,** where the UN estimates that some 420 000 Palestinian refugees are in need of assistance. Similarly over 40 000 registered Iraqi refugees still in Syria are equally affected by the situation. In addition to multiple protection concerns, the needs range from the urgent provision of immediate relief and supplies in areas most affected by the conflict, 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 the country (lengthy procedures to obtain visas, ban on the utilization of needs assessment questionnaires or organizing surveys, and restrictions on coordination), **assessing humanitarian needs is a major challenge in Syria.** To date, the localisation of the vulnerable populations affected by the crisis, the prioritization of their needs and identification of beneficiaries are mostly undertaken by the Syrian Arab Red Crescent (SARC), supported locally by charities and communities, with a series of important obstacles for the international aid agencies to independently assess and monitor needs and operations.

In neighbouring countries

The Syria Regional Response Plan of June 2013 (RRP 5) projects the regional caseload of refugees in neighbouring countries to reach 3.45 million refugees, with the majority of refugees having fled to Jordan, Lebanon, Turkey and Iraq. Syrian refugees have also been registered in Egypt and North Africa, a trend foreseen to continue, albeit at a much lower scale. However, if border closures and border controls are maintained, there is little likelihood that the predicted scenario will crystallise.

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 at Ministry of Health facilities have led many patients to rely exclusively on healthcare provided by private clinics, SARC facilities or in clandestine field hospitals. Numerous war wounded patients and injured are in need of quality postoperative treatment and rehabilitation care.

60% of the public hospitals have been damaged and one-third is actually out of service, the patients' transportation has also been affected with 92% of the public ambulances damaged. Medicines are in short supply both because the production of the local pharmaceutical industry has been severely damaged and the imposition of international sanctions that hamper the Government's ability to import supplies for the production of essential medicines and drugs. Most of Syrian health facilities lack basic

medical equipment, drugs (in particular treatment for chronic diseases), medical and surgical material and personnel.

In areas of high concentration of IDPs, medical facilities are being overwhelmed by the number of newcomers and struggle to meet the needs.

Access to the urban centres and governorates most affected by the armed violence has been severely restricted for humanitarian actors. The removal of health supplies and equipment (medicines, trauma treatment kits and other medical items) from humanitarian convoys prevents critical medical aid from reaching affected populations. Movement restrictions have further hindered access to medical care, including reproductive health services for women and girls, and safe access to emergency obstetrics for pregnant women and family planning services.

There is a growing risk of epidemics. The disruption of routine vaccination services for children and pregnant women, the vaccination coverage has declined markedly in many parts of the country; thus increasing the risk of vaccine preventable diseases as illustrated by the recent measles outbreaks reported in several parts of the country. These worrying trends are accompanied by **the lack of access to basic services such as water and sanitation both for displaced and conflict affected population which also increases the emergence of water borne diseases.**

In Lebanon:

The uninterrupted flow of Syrian refugees crossing the border has resulted in a huge pressure on Lebanese health facilities where the number of people seeking health care has reached a level that is difficult to manage. Access of refugees to primary and secondary services falls within the responsibility of the international community, but the very high cost of health services in Lebanon has forced actors to establish stringent targeting measures to access expensive secondary health services. Primary health care services are accessible to all registered refugees pending payment of a lump sum. Moreover, access to health care for non-registered refugees is challenging as health services in Lebanon are predominantly private and very costly and many of the refugees are not able to pay even a modest fee. Syrian refugees are also suffering from chronic diseases that require long-term treatment which in many cases is beyond their means or unavailable.

Attention is also being paid to injured patients by increasing the capacity to provide assistance and securing care for the ones who are hurriedly discharged from hospitals.

Limited reproductive health services and information for women and girls is an issue both for preventive and curative services. The cost of hospital care for normal deliveries as well as emergency obstetrical services is a deterring factor for seeking health care. Facilitating quality and affordable GBV⁹ services is a priority in Lebanon and there is a need to integrate the clinical management of rape services within the national protocols.

The health needs of Palestinian refugees from Syria are also becoming acute as Lebanon is the only country to which Palestinians can flee.

⁹ Gender-based violence

Lebanese returnees from Syria and, in general, the Lebanese population's access to health care have also been affected by the refugee crisis.

In Jordan:

The refugee crisis has put enormous pressure on the Jordanian health system that has seen at least a 40% increase in its level of activity particularly in the northern governorates. Syrian refugees registered with UNHCR are granted access to MoH healthcare services. Non-registered Syrian refugees living outside camps and those whose registration certificate has expired are confronted with difficulties to access primary and secondary healthcare as they are obliged to pay health fees at rates applied to foreigners in Jordan. Public health services, heavily subsidized by the government, are overstretched and there are shortages of medical personnel, medicines and vaccines.

In the Za'atari refugee camp, primary health care (PHC), mental health and secondary health services are well covered. However, gaps in the organization of medical referrals and emergency care have to be addressed.

At the new camp in Azraq, scheduled to open in September 2013, priority is being paid to the organization of systems that complement the current setup of the Jordanian structures in order to increase outreach and reduce the burden on local health facilities. Provisions are also being made for the establishment of PHC and secondary level services.

In Turkey:

Although the quality of healthcare provided to the Syrian refugees in the camps in the provinces of Hatay, Gaziantep, Kilis and Sanliurfa is in accordance with international standards, the need exist to fill-in certain gaps such as ensuring that referrals between camps PHC facilities and hospitals are functional.

In theory, Syrian refugees living outside of camps have also free access to medical care provided by state-run Turkish medical facilities. However, in reality, this access is seriously hampered as drugs and non-basic medical services are not provided for free while transportation and translation are also identified as constraints. The access granted to Syrian refugees to local Turkish health facilities, however limited, is creating an extra burden on them thus feeding tensions existing with host communities. On a parallel track, medical services are also provided by Syrian medical staff specifically to Syrian refugees but the majority of these clinics are substandard with only a handful of them operated by reputable INGOs¹⁰. 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 free public healthcare. Primary healthcare for refugees residing in Domiz camp are being provided by the Dohuk Department of Health (DoH) in collaboration with MSF. Referrals are transported to the main hospital in Dohuk.

Food and livelihoods:

¹⁰ International non-governmental organization
ECHO/SYR/BUD/2014/91000

In Syria:

As the conflict continues, people's livelihoods and their coping mechanisms are eroding rapidly. All sectors of the Syrian economy are affected. Main findings of the FAO/WFP¹¹ Crop Assessment (May-June 2013) indicate that estimated crop production for 2013 will decline considerably primarily due to land abandonment, damaged agricultural infrastructure, reduced labour inputs, prevailing violence, and expensive fuel and energy. The assessment estimates that the 2013 wheat production will decline by 15% below the already poor crop production of 2011-2012. The FAO/WFP study concluded that approximately 378 000 tons of cereals will be required from mid-2013 to mid-2014 to address the most urgent food needs. The livestock sector has also been seriously depleted and production has declined from more than 50% in poultry and 25% in cattle numbers compared with 2011. As a result, **it is estimated that approximately 4 million people in Syria are facing food insecurity**. Most vulnerable groups of the population include the internally displaced, small-scale farmers, the urban poor, children and pregnant/lactating women, the elderly and the chronically sick.

International sanctions and the suspension of trade flows with neighbouring countries have triggered a spiral of extremely high inflation rates as well as a sharp reduction of the purchasing power of Syrian households. 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, average prices are

alarmingly high, household income levels have sharply dropped, and the Syrian pound has lost half of its value since 2011.

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 and the exponential increase in the number of refugees since early 2013 in a crisis becoming increasingly protracted, require an evolution of this approach to include all commodities (food and non-food) in a system which could be articulated around cash. A single platform to deliver assistance should be promoted and established in the shortest possible time. The emphasis on the *guichet unique* should be anchored on a contextualized targeting system developed around vulnerability criteria agreed upon by humanitarian organizations.

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 difficulties of refugee families deepen as the crisis prolongs. Providing for food and shelter remain top priorities in a context where tensions with the Lebanese host population, not included in the current programmes of direct humanitarian assistance, have become commonplace.

In Jordan:

¹¹ Food and Agriculture Organization / World Food Programme
ECHO/SYR/BUD/2014/91000

Resources and savings of the Syrian refugees tend to deplete rapidly while income-generating opportunities are extremely limited. As most of the food assistance response is provided through vouchers, **approaches that include both food and non-food commodities in a system that has an important cash component should be explored.**

DG ECHO supports the shift from massive to targeted assistance approach and a better combination of in-kind and cash assistance modalities for both refugees in camps and outside camps. Refugees in camps continue to need full support for their food ration. The shift from in-kind food aid to vouchers in Za'atari camp is proving to be a positive experience. Therefore, in Azraq a 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 roughly 450 000 refugees scattered in urban, non-camp settings is 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 (WASH):

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.

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 interventions.** If respect to the Minimum Sphere Standards to access water and sanitation facilities were ensured for all refugees, the magnitude of the caseload would require further larger efforts to secure affordable costs per beneficiary.

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 Za'atari camp. The misuse and vandalism of WASH facilities and waste of water is an important problem in Za'atari. 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 quantities and quality in all camps. The sanitation conditions are also up to standard. However, no information is available regarding the needs of refugees or urban areas hosting refugees although it could be safely argued that most vulnerable individuals have only access to substandard WASH facilities while access to water weighs financially on their limited resources.

In Iraq:

Provision of water and sanitation services to refugee camps in Iraq is of critical importance in particular for Domiz camp. Indeed this camp in Dohuk governorate, which was originally built for 20 000, has remained critically overcrowded hosting over 45 000 persons.

Shelter and non-food items (NFI):

In Syria:

Intense use of shelling and heavy weaponry in urban areas has destroyed entire neighbourhoods. More than 4.25 million are internally displaced in Syria. The capacities of the host communities are being exhausted as prolonged displacement has consumed most of the resources of the households' savings and coping mechanisms. **The shelters have become an increasingly important issue especially during the winter.**

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). Preparations for the next winter season will be of critical importance.

In Lebanon:

The provision of shelter is an essential component of the humanitarian response in Lebanon, especially the provision of emergency shelter for new arrivals and weatherproofed shelters for the winter. Local capacities to shelter Syrian families have been exhausted and ad hoc solutions have become the norm in many parts of the country. If initially refugees were accommodated by host families, they have gradually been forced to live in unsuitable places, such as garages, unfinished buildings or in temporary tented settlements.

The increasingly fragile conditions of most of the new arrivals from Syria and the continuously increasing numbers of people in need of assistance force the humanitarian community in Lebanon to limit assistance to the most basic needs.

Provision of shelters kits and NFIs to new arrivals should remain an important component of the humanitarian operation. As in the case of other sectors, special attention must be paid to affordable unit costs per beneficiary. Need-based assistance should remain independent from the type of shelter design being developed. Cash for shelter should enhance targeting criteria and households facing eviction should be increasingly considered.

In Jordan:

One-third of Syrian refugees are living in rented accommodation in Jordan. **Because of increasing rental costs, 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 local communities. The refugee camp in Za'atari can accommodate up to 130 000 persons. As at September 2013, the camp population was estimated at 110 000 persons; thus 20 000 could be sheltered at the camp in case of emergency. The new camp of Azraq will open by mid-September with an initial service infrastructure for 50 000 people and a maximum planned capacity for 130 000. In case of sudden massive influxes, refugees would be accommodated at the camp reception area and then moved to the transitional shelters in the different camp sections. The Azraq shelter model was designed by the inter-agency shelter/NFI working group in Jordan.

In Turkey:

With the new camps under construction in 2013 accommodation capacities in Turkish camps are being expanded to meet the needs of a continuous flow of Syrian refugees. Were these to be insufficient, Turkish authorities might request the UN to explore alternative options.

The current capacity is currently being expanded: it is incrementally passing from 200 000 to 250 000, a target that should have been reached before the end of the year.

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 20 000 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 remains a priority in northern Iraq.** In central Iraq in the Anbar governorate, the number of refugees has decreased in 2013. With the new influx of refugees in northern Iraq after the opening of the border crossing in Peshkabour and the entering of an additional 50 000 refugees by the end of August 2013 it becomes even more adamant to have a longer-term strategy for the camp and non-camp population of the Syria refugees.

Protection and community services:

In Syria:

The crisis has since the beginning, created severe protection issues. Since March 2011, more than 100 000 people, mainly civilians, have been killed. 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 grave violations of human rights and international humanitarian law. It is vital to provide efficient protection to 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, repeated displacements, and in need of psychosocial support.

Although it is extremely difficult to ascertain the full scope of the problem, crimes of sexual and gender violence have been widely documented and fear of rape has been cited by many as one of the main reasons for fleeing Syria.

In Lebanon:

The prolonged burden imposed on host communities has exacerbated inter-communal tensions in different parts of the country. **People with specific vulnerabilities such as the wounded, women, elderly, people with disabilities and children need specific attention.**

Despite reports of anecdotal evidence of GBV both in Syria and in neighbouring countries, in Lebanon there is currently lack of a comprehensive GBV protection service package.

In August, the Government decided to impose stricter controls for refugees to enter the country. Hence permanent monitoring at the border is an important protection action.

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 8 500 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 are at risk of deportation and refoulement. **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 “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.

General basic services (shelter, wash, food, health, education, etc.) provided in Turkish camps are above standard. However, **gaps in the provision of protection services are regularly reported**, such as an increase in violent behaviour against women and children for families living inside camps or destitute families living outside the camps who resort to negative coping strategies.

In Iraq:

The Iraqi authorities are establishing border controls to regulate the movements of populations in and out of the country. Al Qa'im crossing point in central Iraq has been mainly closed during 2013, with no refugees able to cross into Anbar governorate. In the Kurdish Region of Iraq, border crossings are also being regulated. Mid-August the Kurdish authorities opened the unofficial border crossing of Peshkabour and more than 40 000 Syrians entered the region in less than a week's time. However, with the influx of refugees having again decreased it is possible that border controls and management were reinstalled. **Advocacy for an open border policy should be maintained.**

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 20 months of conflict.

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

Confronted with growing needs, SARC capacities have become overstretched, and the organization increasingly relies 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. Syrian authorities have accepted that international actors start operating directly with other local NGOs.

In Lebanon:

Despite the complex situation facing the country, the Government of Lebanon has actively promoted effective coordination of the response to the crisis with a specific focus on the assistance needed for 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:

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 Syrian Refugee Camp Department (SRCD) under the overall responsibility of the Ministry of Interior.

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: it has been playing a key role in the response since the beginning of the crisis. 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 Iraq and the Kurdish region. The assistance is covering most sectors (health, food, shelter, cash, education and water and sanitation) and co-ordinated through the DDM (Department of Displacement and Migration) and supported by UNHCR.

2) International Humanitarian Response

In Syria:

Humanitarian access has become increasingly compromised in many parts of Syria as a result of continued insecurity and access impediments and denials imposed by the Government of Syria and/or armed opposition groups (AOGs). UN Agencies, NGOs and the ICRC¹² have repeatedly highlighted the widespread difficulties of accessing populations in needs in Syria. If current conditions persist, partial access or lack of access altogether would widen the increasing gap between priority needs and assistance, increase the reliance on remote control operations, and further overburden the capacities of few actors, such as SARC.

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

The fluidity of the conflict and rising levels of criminality have rendered all movements of humanitarian personnel more dangerous and pose numerous difficulties for the strengthening of the regular field presence of international humanitarian actors in many locations.

Enhanced coordination and increased dialogue with all parties to the conflict are key elements of the response in Syria to build acceptance and a better understanding, of the purpose of delivering quality humanitarian assistance across the country. The humanitarian response in Syria is implemented under the leadership of the UN Resident and Humanitarian Coordinator with the support of OCHA and the UN Country Team based in Damascus. In September, the formal establishment of the Syria Humanitarian Country Team with the membership of NGOs and the ICRC in its observer capacity would strengthen the coordination and coherence of the humanitarian response in the country.

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 and independent coordination structure that enables information sharing and facilitates strategic dialogue among all humanitarian actors and across sectors. Given the expected difficulties to meet the needs of an increasing number of people, the coordination should reinforce its leadership to develop a response plan including the modalities of assistance delivery.

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 SGBV), Shelter and WASH. The Government Coordination Committee, chaired by the Ministry of Planning and International Cooperation (MOPIC), appraise the

¹² International Committee of the Red Cross

individual projects submitted by the agencies to verify consistency with the GoJ Response Plan prior to approval.

In Turkey:

UNHCR provides technical assistance on registration, voluntary returns, camp management and legal protection, while WFP provides food aid through an e-voucher programme in some camps. UNICEF is organizing psychosocial support and education programmes.

Various local charities and a handful of INGOs are providing services to refugees living outside of camps. Activities by INGOs are on the rise and relate to health, NFI, and protection.

In Iraq:

The assistance provided to the Syrian refugees in Iraq is co-ordinated by UNHCR. At the end of August 2013 over 170 000 Syrian refugees have been registered or awaiting registration in Iraq and an additional 50 000 Syrian refugees of Kurdish origin have entered into KRI¹³. Co-ordination 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 improved co-ordination of activities and information-sharing among all DG ECHO partners remains a priority.

3) Constraints and DG ECHO response capacity

In Syria:

It is important to resume regular 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:

The deterioration of the security situation in areas hosting refugees would be the main constraint faced by the humanitarian community to respond to the needs. Since the beginning of the humanitarian operation, and despite internal tensions generated by the Syrian crisis, the Lebanese authorities have respected the open border 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:

UN agencies and INGOs currently working with urban refugees face difficulty in securing quick explicit consent from Turkish authorities which impedes the swift development of their assistance programmes.

In Iraq:

¹³ Kurdish Region of 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, closure of the Al Qa'im border point in central Iraq and the management of border points in the Kurdish area and other crossings are major concerns.

Support to urban refugees shall remain only very targeted and will depend on the overall assistance strategy that UNHCR still need to establish for camp and non-camp refugees in northern Iraq.

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

DG ECHO's response will not be sufficient to cover all of the most urgent needs in Syria and in the region. **Therefore, life-saving activities will be prioritized and partners will be required to clearly define targeting criteria and set priorities so as to ensure that the most vulnerable are assisted first.** *In addition, DG ECHO will consider protection interventions, including those protection activities that are mainstreamed within other sectors of life-saving assistance, and which aim at addressing special vulnerabilities and needs.*

Health:

In Syria:

DG ECHO will continue supporting partners working in the emergency medical response through the provision of medical equipment and medicines, including treatment for suspected chemically contaminated patients and first responders' training for clinical management of these cases. Where needed, the on-going conflict might also require the strengthening of the fixed and mobile medical set ups, with the provision of training, trauma management and medical material, vehicles (ambulance or mobile unit), or the implementation of emergency medical points with surgical capacity in the main hot-spots. The provision of rehabilitation services for the numerous war wounded and injured people will also be considered for funding.

DG ECHO is interested in supporting humanitarian interventions that will significantly increase the availability of reproductive health services to address the needs of women and girls by facilitating access to safe delivery, emergency obstetrical services, family planning and GBV services. Concerning mental health and psychosocial support, DG ECHO would support operations that address the special needs of individuals suffering from pre-existing and new mental health conditions including patients in psychiatric hospitals for both health and protection reasons.

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

In Lebanon:

DG ECHO will continue supporting the provision of health services to the affected population through the expansion of primary health care activities in communities hosting large numbers of refugees and secondary health care for life threatening conditions. The health needs of the Palestinians refugees from Syria will also be taken into consideration.

Partners will receive DG ECHO support for the analysis and documentation of the obstacles faced by refugee population to access health care in order to improve actions intended to resolve health access challenges. Special attention to the reproductive health needs of women and girls, preventive maternal and childcare services, and case management of chronic diseases. A more cost-efficient approach for hospital inpatient care will be promoted in order to strengthen good practices, standardization of protocols and reduction of unnecessary medical costs.

Other DG ECHO priorities in the health response for Lebanon will focus on increasing capacities to manage wounded and trauma patients, providing rehabilitative services and responding to the needs of people living with disabilities and/or other special needs.

Epidemiological surveillance, preparedness, and early response in case of an epidemic - in close coordination with existing national mechanisms - is considered as good practice and will be encouraged.

In Jordan:

DG ECHO will continue the provision of health services to the Syrian refugees in camps and host communities. Special emphasis will be given to expanding access for those who are not receiving curative or preventive healthcare because they are either non-registered, have expired certificates or live in remote areas. The provision of reproductive health services, comprehensive management of GBV cases and treatment of chronic diseases are among the main priorities. 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 support 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:

Syrian refugees in the Kurdish region of Iraq can receive residency status that allows them to access free public healthcare. However, like in Turkey, it is likely that the presence of increasing urban refugees is placing an extra burden on local primary and secondary healthcare facilities.

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.

While maintaining a focus on life-saving activities, DG ECHO's will also concentrate on the provision of assistance aimed at restoring and maintaining an adequate diet for populations at risk of food insecurity.

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:

DG ECHO response will be driven by three main considerations: meeting basic needs and guaranteeing an adequate diet, adapting the response to mitigate tensions amongst communities, and ensuring a cost-efficient response.

Food assistance has been moving to an e-voucher system. In 2014, priority should be articulated around continuing efforts to rationalize the aid delivery process in securing adapted assistance to the most vulnerable. Promoting a single platform based on cash assistance to deliver aid should remain the absolute priority of all actors of the sector. The "one stop shop" ("guichet unique") approach is to be combined with a targeting system based on agreed upon contextualized criteria and possibly adjusted to the vulnerability profiles.

Priority target groups for DG ECHO remain people fleeing from Syria (Syrian, Palestinians and Lebanese) as well as those 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 provision will remain an essential need for the refugees. Food aid will be distributed through vouchers that could be redeemed for food items at designated shops and supermarkets.

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 (e.g. cash for work) will also be considered as a commonly agreed upon approach by partners. In as much as possible, DG ECHO partners shall harmonize needs assessment methodologies, targeting criteria and modalities of cash assistance distribution in their respective programmes. Specific attention should be paid to vulnerable local populations to avoid creating community tensions.

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 targeted assistance to ensure that assistance is received by those most in need.

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:

Interventions may include the replacement, repair or rehabilitation of damaged/insufficient water supply, sanitation or essential power supply infrastructure, in order to maintain access to basic WASH services, as well as the emergency supply of water treatment chemicals, spare parts and fuel to enable continued service provision.

Capacity building and training may be considered where human resource capacities are limited or challenged as a result of the on-going conflict.

The displaced sheltering in collective centres -or in at-risk locations- continue to require essential WASH support including basic NFIs and appropriate forms of hygiene promotion.

Comprehensive WASH contingency plans should be ready to cover the needs of sudden and massive displacement. WASH related epidemic contingency plans should ensure strong coordination and linkages with the health sector. WASH coordination amongst actors and local authorities requires continued improvement to face the developing needs and challenges.

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.

As spontaneous refugee settlements (often tents) increase with time, a timely, coordinated and comprehensive basic WASH support of water supply, sanitation and hygiene promotion/NFI is essential. Flexibility, adaptability and the capacity to evolve with the changing situation is essential, along with the timely prediction of specific seasonal needs (winter/summer). Comprehensive WASH contingency plans should be ready to cover the needs of sudden and massive displacement. WASH related epidemic contingency plans should ensure strong coordination and linkages with the health sector. WASH coordination amongst actors and local authorities requires continued improvement to face the developing needs and challenges.

In Jordan:

Where refugees are assisted in camps, effective WASH coordination and technical coherence require continued improvements, as well as updated contingency plans to cope with sudden refugee influxes and epidemics. Incremental upgrading of water supply and sanitation infrastructure is required to reduce the high costs of water/wastewater trucking. Effective community mobilization in the camps will be required to enhance operation and maintenance, and hygiene promotion to minimise the transmission of WASH related diseases.

Support to refugees and vulnerable Jordanians in the host community will continue to require a highly integrated, flexible and adaptable approach to meet the varied and changeable needs. Meeting the essential WASH needs requires a wide variety of responses, implemented through different modalities (in-kind, cash, vouchers etc.). The capacity to evolve with the situation is essential, along with the timely prediction of specific seasonal needs (winter/summer).

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 are amongst the main priorities, especially to reduce the risk of water borne diseases.

Increasing numbers of newly arrived refugees are being hosted in a growing number of temporary and permanent camps around Erbil, Dohuk and Suleimaniyah. However, as a clear strategy from the authorities has yet to be elaborated regarding the future of the new camps and their involvement, meeting the most basic, immediate and essential WASH needs for refugees in camps remains a priority for DG ECHO.

Urgent WASH needs of refugees residing in the host community continue to be considered where the most vulnerable are accurately targeted.

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:

A priority for DG ECHO is adequate shelter for all those who are displaced and those whose housing has been destroyed. 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 question of shelters and NFI will remain central to the response. Shelter is the most challenging dimension of the humanitarian response due to a multiplicity of structural and operational factors at play in Lebanon. Also, the provision of NFI kits for newly arrived refugees and the replenishment of NFI kits for the most vulnerable families will need to continue.

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.

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 kits including during winter could shift to a market-based response –and the option to use cash over vouchers should be explored.

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 1 400 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" ("guichet unique"). Rolling out these two modalities are critical modalities to secure life-saving assistance to the largest possible number of people.

In Jordan:

Improvement of shelter quality standards is required to meet the needs of prolonged occupation of shelter units in camps. Shelter infrastructure and site planning in Azraq has to be developed on the basis of the lessons learnt from the experience in Za'atari 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 share the economic burden with host families. However, it is also important to provide additional housing units for Syrian refugees to counterbalance the increasing demand for housing and contain the dramatic rise of rent prices.

In Iraq:

Decongestion and improved sanitation remain priorities for Dormiz camp. With regard to other shelter infrastructure for camp and non-camp (urban) refugees in KRI it has become adamant to have a coordinated, longer-term strategy for an effective response to the new influx. The issue of the urban refugee strategy, coordinated among all partners will thus remain a priority.

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 firmly committed to supporting efforts carried out to enhance protection to, civilian populations affected by the armed conflict, the sick and wounded and all those persons that are protected in accordance with the principles of international humanitarian law. The protection of civilians, of humanitarian staff in general, and of medical missions in particular, is part of DG ECHO's commitment.

DG ECHO will continue supporting assistance to victims of GBV as well as mental health and psychosocial services for other groups of vulnerable populations.

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.

DG ECHO is willing to support operations that develop a comprehensive package of services and advocacy to address the GBV issues in Lebanon.

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, psychosocial support should be provided to children affected by conflict-related trauma and family separation. Prevention of and assistance to victims of GBV 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 paid to ensure 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.

Effective coordination is essential. DG ECHO supports the **Inter-Agency Standing Committee's Transformative Agenda (ITA)** and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms (e.g. Humanitarian Country Team/Clusters) and to allocate resources to foster the ITA roll-out.

Partners will be expected to ensure full compliance with **visibility** requirements and to acknowledge the funding role of the EU/DG ECHO, as set out in the applicable contractual arrangements.

4. LRRD, COORDINATION AND TRANSITION

1) Other DG ECHO interventions:

DG ECHO's Iraqi crisis Humanitarian Implementation Plan 2014 (ECHO/-ME/BUD/2014/91000) for an amount of EUR 4 million is covering the needs of the Iraqi refugees in Lebanon and Jordan as well as the 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 as through this 2014 HIP for the Syria crisis.

- 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.

- The 2012 Nobel Peace Prize awarded to the European Union for its over six decades contribution to the advancement of peace and reconciliation, democracy and human rights in Europe, dedicated the award money to children affected by conflict. In Iraq, ACTED is running an EU Children of Peace project in the Domiz camp offering a place where youngsters between the ages 5 to 15 can participate in supervised recreational and therapeutic activities.

2) Other services/donors availability:

2.1 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 9 840 000).

- Support to the United Nations Supervision Mission in Syria (UNSMIS): EUR 5 520 000 (armoured vehicles, sourcing of satellite imagery, air ambulance capability).
- Initiatives to strengthen dialogue and transitional justice initiatives: EUR 4 320 000

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

- 3 contracts implemented by UNHCR, UNICEF and UNRWA for regional operations in Syria, Jordan, Lebanon, Iraq and Turkey.

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 opposition structures (ACU) and local administrative structures; (ii) stabilize living conditions of Syrians through a community-based approach.
- A delegation agreement for an EU-contribution of EUR 3 500 000 was signed in August with France Expertise International (FEI) to (i) support bread distribution and (ii) provision of health care services.

2.2 European Neighbourhood and Partnership Instrument (ENPI) funding

DG DEVCO 2011 Special measure for Syria of 13/12/2011 (EUR 10 000 000)

- “Engaging youth, Phase 2”:(EUR 7.3 million): vocational training and participation in local development initiatives for young Palestine refugees, through UNRWA.
- "Protecting Vulnerable Palestine Refugees" (EUR 2.7 million) : integrated package of assistance to vulnerable conflict-affected communities, through UNRWA.

DG DEVCO¹⁴ 1st 2012 Special measure for Syria and Syrian refugees of 07/06/2012 (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.

¹⁴ European Commission, Development and Cooperation - EuropeAid
ECHO/SYR/BUD/2014/91000

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- Syria: support to the Syrian population affected by the unrest: EUR 12 600 000 through UNICEF and INGOs.

DG DEVCO 2012 2nd special measure for Syrian refugees of 14.12.2012 (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, EUR10 848 000.

DG DEVCO 2013 special measure for refugees from Syria in Lebanon of 18.04.2013 (EUR 30 000 000)

- EU contribution to the Government of Lebanon Response Plan to the Syrian crisis: *Strengthening of Lebanese education and child services through UNHCR and UNICEF as well as assisting Lebanese institutions and local communities to deal with the crisis and support to Palestine refugees from Syria through UNRWA.*

DG DEVCO 2013 special measure III in favour of the Republic of Lebanon of 09.09.2013 (EUR 40 000 000)

- Support to the Education for displaced Syrian and PRS children in Lebanon and capacity strengthening of Government of Lebanon coordination capacity.

Additional measures worth EUR 110 million (EUR 60 million for Jordan and EUR 50 million for Syria) are expected to be adopted by the end of 2013.

Complementarities with humanitarian funding will be carefully looked at.

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

2.3 Framework strategy for an integrated approach to the regional humanitarian crisis

Considering the regional dimension of the crisis and its lasting impact, UN and other key international organisations need to establish a common comprehensive regional aid strategy that include humanitarian, development and macro-financial support for both Syrian population inside and outside Syrian as well as for neighbouring countries and local communities that host large number of Syrian refugees. The importance of strong

coordination among aid agencies on the ground must be strengthened, in order to increase efficiency and prevent gaps in the humanitarian response.

An integrated regional matrix, building on a comprehensive analysis and within a regional strategy, should be developed as a matter of priority, mapping: countries, sectors (clusters), gaps/gap analysis, capacity; and setting out a timeline, the most appropriate source of financing, and the preferred methods of delivery mechanisms, including division of labour among agencies and INGOs. This, of course, does not replace the new revised SHARP and RRP6 which are expected to give a more granular picture within the overall strategy.

3) Exit scenarios

While it is too early to consider exit scenarios, the move towards strategic division of labour with other instruments (e.g. development) based on a regional strategy will be reinforced.