**HRP 2021: HC Briefing Note on WoS Sector Priorities and Budgets**

*ahead of ‘HC Defense’, 8 June 2021*

**Background and Rationale of ‘HC Defense’:**

* In principle, all response projects submitted by partners under the 2021 HRP and, more widely, all WoS Sector budgets and targets (summarized in this note) are to be reviewed and approved by the HCs, with OCHA support.
* This ‘HC defense’ provides an opportunity for the HCs to probe WoS Sectors on the coherence of their project development process, as well as on proposed targets and budgets – particularly by the ten organizations with the largest funding ask in each sector.
* If budgets and/or targets are deemed unrealistic, it is the HCs’ prerogative to ask for reductions / adjustments by WoS sector(s) or by specific organization(s) under each sector, to be implemented and re-submitted for final HC review/approval by 10 June.
* Interaction with each WoS Sector during the meeting is limited to 15-20min, focusing on questions or suggestions which the HCs may have. At the beginning of each sector session, the WoS Sector Co-Coordinators will speak to key planning figures for 5 minutes, the rest of the time is for questions which the HCs may have for WoS Sector Coordinators.
* **This note also includes possible issues to raise with WoS Sector Coordinators.**

**SUMMARY:**

*2021 HRP financial requirements:*

* Draft requirements (US$4.2bn) are **in line with earlier estimations** presented at Brussels V, i.e. most of the now fully project-based WoS Sector budgets are similar to initial WoS Sector estimations in March.
* Compared to 2020 (2020 HRP and COVID response combined), the WoS Sectors with the **largest proportionate**
  + **increases** are: **Nutrition** (+105%), **Mine Action AoR** (+47%) and **Food Security** (+41%)
  + decreases are: WASH (-23%), Coordination (-23%), CCCM (-22%) and S/NFI (-13%).
* In absolute figures, the **FSA Sector proposes the highest requirements** ($1.63bn or 39% of HRP budget), followed by Health ($576m / 14%) and S/NFI ($522m / 12%).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cluster/Sector** | **2020 equirements HRP +COVID (US$)** | **2020 Funding Coverage** | **2021 Sector Approved Requirements (US$)** | **% variation to 2020** |
| Camp Coordination and Camp Management | 33,064,325 | 12% | **25,753,150** | -22% |
| Coordination | 52,547,743 | 22% | **40,323,676** | -23% |
| Early Recovery and Livelihoods | 195,140,117 | 14% | **233,314,391** | 20% |
| Education | 291,867,312 | 35% | **298,996,858** | 2% |
| Emergency Telecommunications | 925,000 | 54% | **429,405** | -54% |
| Food Security | 1,158,288,106 | 56% | **1,630,441,235** | 41% |
| Health | 601,153,656 | 35% | **575,997,577** | -4% |
| Logistics | 12,131,375 | 81% | **13,598,324** | 12% |
| Nutrition | 90,152,974 | 36% | **184,430,268** | 105% |
| Protection and AoRs | 389,811,385 | 25% | **403,677,174** | 4% |
| *Protection* | *197,102,764* | *37%* | ***175,073,628*** | -11% |
| *Protection: Child Protection AOR* | *75,749,916* | *11%* | ***72,298,901*** | -5% |
| *Protection: Gender-Based Violence AOR* | *64,395,305* | *8%* | ***79,190,752*** | 23% |
| *Protection: Mine Action AOR* | *52,563,400* | *17%* | ***77,113,893*** | 47% |
| Shelter / NFI | 603,065,033 | 13% | **521,936,767** | -13% |
| WASH | 384,315,850 | 23% | **295,517,879** | -23% |
| **Total** | 3,817,532,832 | 58.3% | **4,224,416,704** | **11%** |

* All WoS Sectors have **streamlined COVID-19** response requirements in their plans and costs. Operational costs for Phases I and II of the vaccination roll-out across Syria in 2021 (about $40m) have been included under the Health Sector (one WHO and one UNICEF project).

*Top 20 requesting organizations:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Organization** | **2020 Requirements (US$)** | **2020 Coverage** | **2021 Requirements (US$)** | **Variation to 2020** |
| 1 | WFP | 801,837,125 | 62% | **1,127,670,230** | 41% |
| 2 | UNHCR | 472,381,683 | 57% | **472,664,244** | 0% |
| 3 | UNICEF | 267,106,111 | 72% | **330,844,247** | 24% |
| 4 | WHO | 162,729,103 | 68% | **243,713,910** | 50% |
| 5 | NGOs (Anonymous) | 172,848,288 | 276% | **207,862,551** | 20% |
| 6 | UNRWA | 209,845,580 | 24% | **191,867,994** | -9% |
| 7 | FAO | 98,850,000 | 8% | **170,000,000** | 72% |
| 8 | IOM | 90,652,112 | 52% | **91,115,274** | 1% |
| 9 | UNDP | 72,873,955 | 33% | **63,885,841** | -12% |
| 10 | UNFPA | 55,539,720 | 61% | **63,422,536** | 14% |
| 11 | Uluslararasi Insani Yardimlasma Dernegi | 8,863,099 | 25% | **60,123,663** | 578% |
| 12 | ACTED | 27,441,784 | 131% | **57,603,252** | 110% |
| 13 | People in Need | 25,194,207 | 37% | **55,147,715** | 119% |
| 14 | Qatar Charity | 40,807,879 | 12% | **48,218,970** | 18% |
| 15 | OXFAM GB | 23,308,702 | 4% | **36,202,250** | 55% |
| 16 | Relief International | NA |  | **33,287,230** |  |
| 17 | Syrian American Medical Society Foundation | 23,417,246 | 117% | **32,770,348** | 40% |
| 18 | Shafak Organization | 27,669,825 | 38% | **31,870,186** | 15% |
| 19 | Save the Children | 33,289,136 | 75% | **30,737,776** | -8% |
| 20 | UNMAS | 20,000,000 | 30% | **30,000,000** | 50% |

*HRP participation and estimated requirements by operational area / AoI:*

* **152 organizations** participate in the 2021 HRP, similar to 2020 (160), through a total of **646 projects** (689 in 2020).
* **62%** of the HRP’s funding requirements are presented through **‘WoS projects’,** mainly by UN Sector Lead Agencies (similar ratio as in 2020). This renders any reliable estimation of financial requirements by AOI impossible, as WoS projects foresee implementation in all areas of Syria.
* An estimation of **requirements for organizations that will implement projects in only one AoI** is included below: Compared to 2020, project and financial requirement registration by NES NGOs have increased significantly (+157% increase), likely due to ‘under-registration’ of NES NGOs in the 2020 HRP. The ask for projects to be implemented cross-border / in NWS has also seen an important increase (+23%).

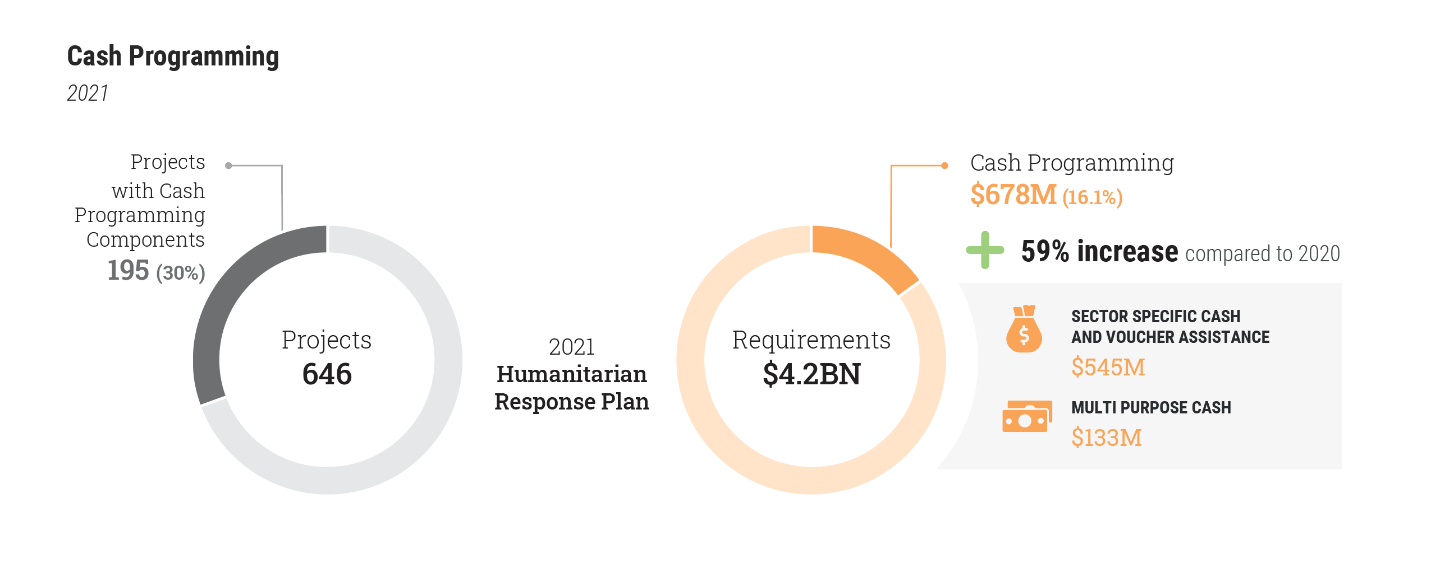


* The number of **registered HRP project partners** sees important variation across the country. The **lowest** numbers of partners are registered in Tartous (15), As-Sweida (15), Lattakia (21) and Damascus (21), as presumably linked in part to the current accreditation situation for humanitarian partners in GoS areas. The **highest** numbers of partners which registered HRP projects are found in Aleppo (120), Idleb (108), Ar-Raqqa (50), Al-Hasakeh (43) and Deir-ez-Zor (42).
* Note: the number of sector partners which report actual implementation in line with HRP activities (reach) is typically higher than the number of partners who have formally registered projects in the HRP. In other words, 152 organizations may formally participate in project development for the HRP but practically, activities delivered by a higher number of partners may de facto be counted towards implementation under the HRP.



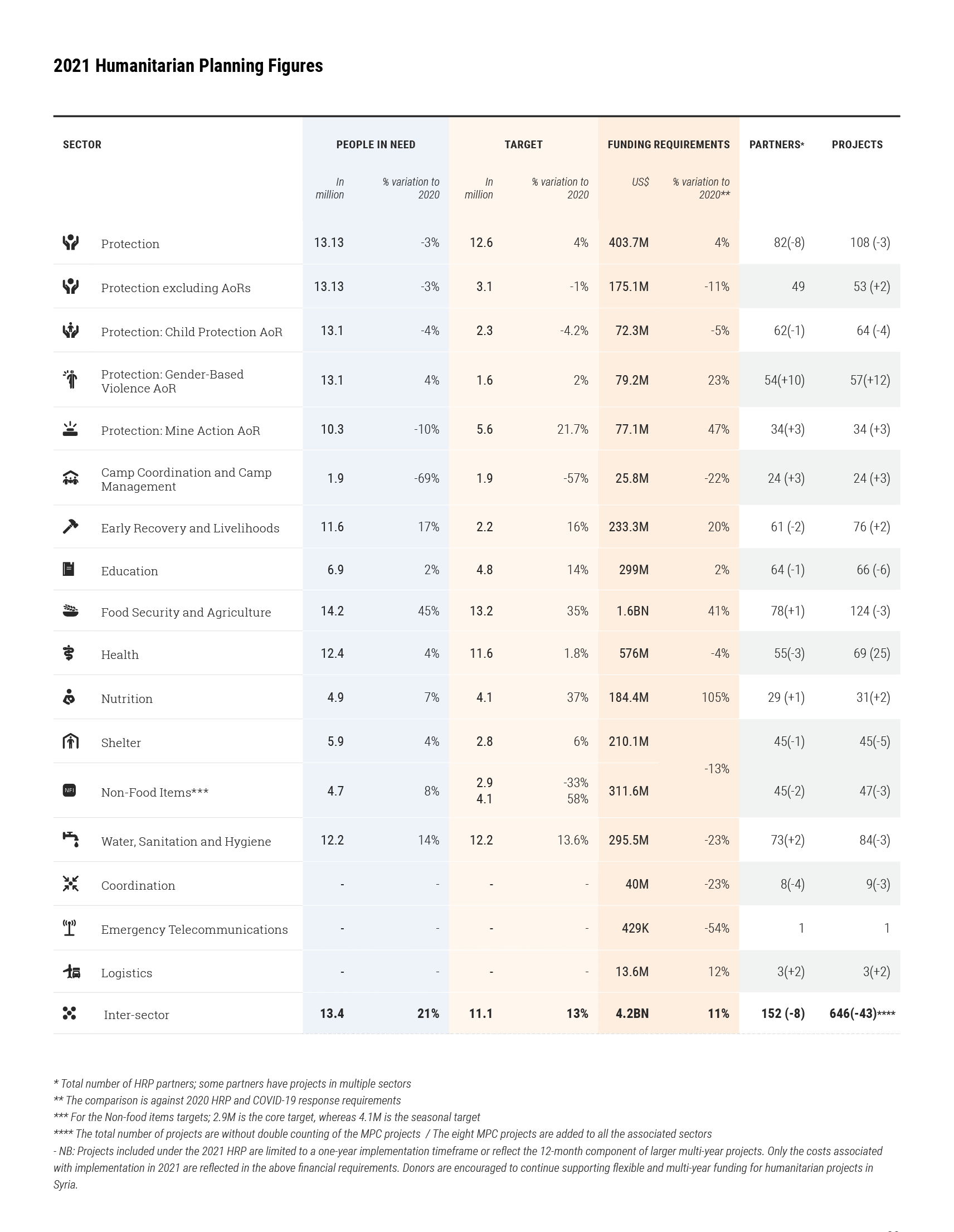
*Cash programming:*

* An estimated **16.1 per cent** (US$678m) of 2021 HRP funding requirements is intended for cash programming, a **59% increase** from 2020 ($427m).
* The bulk ($545m) of intended cash programming is for sector-specific cash and voucher assistance. $133m are intended for multi-purpose cash (an increase from $117m in 2020). The 2021 HRP document itself includes a specific highlight section on increased cash programming in Syria, as informed by feasibility and in line with expressed community preferences and Grand Bargain commitments.

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**Next steps after HC Defense:**

* Confirmation of WoS Sector budgets and targets (or adjustment, as required)
* HRP document review by ISG, and subsequently the SSG/HCT/HLG/NES Forum
* Finalization of HRP by end-June

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**SCHEDULE, HC DEFENSE, 8 June**

**9:00 – 9:20** **Health**

**9:20 – 9:40** **Early Recovery and Livelihoods (ERL)**

**9:40 – 10:00 Shelter and Non-Food Items (S/NFI)**

**10:00 – 10:20 Water, Sanitation and Hygiene (WASH)**

**10:20 – 10:30**  **Camp Coordination and Camp Management (CCCM)**

**10:30 – 10:50**  **Education**

**10:50 – 11:10 Food Security and Agriculture (FSA)**

**11:10 – 11:20** **Nutrition**

**11:20 – 12:00**  **Protection**

**Health**

**Names of Coordinators:** Christina Bethke/WHO and Nasr Ali Ahmed/IRC

**Possible points to raise**

1. **Shortages of health staff:** The sector has consistently pointed to the challenge posed by the chronic shortages of health care workers (HCW). Addressing this issue will understandably require long-term investments, but in the short and mid-term, could you elaborate on what efforts the sector is undertaking in terms of capacity-building, training, etc.? What are related priorities?
2. **COVID-19 response:** In review, what were the greatest response challenges for preparedness and response in 2020? Have specific coordination efforts with other Sectors been undertaken to address these at a crisis-wide level during response planning under the HRP?
3. **Health services / infrastructure:** Are there specific coordination efforts with ERL, WASH, Shelter or any other sectors regarding prioritized and joined-up rehabilitation of health infrastructure, so as to improve functionality and access?
4. **Underfunding:** Despite COVID-19 etc., the health sector was only funded at 35% in 2020. What tend to be your most underfunded programmatic activities? How can we as HCs help in making a stronger case for investments in health?
5. **2021 Key figures**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *People in Need* | | *Target* | | *Funding requirements* | | *Partners* | *Projects* |
| *In million* | *% variation in 2020* | *In million* | *% variation in 2020* | *US$* | *% variation in 2020* | **55** (+3) | **69** (+25) |
| 12.4M | 3.6% | **11.6M** | 2% | **576M** | -4% |

1. **Most significant response gaps in 2020:**

* The health sector struggled with global supply chain interruptions due to the COVID-19 pandemic which impacted not only critical COVID response materials like PPE and ventilators, but also international production, conveyance and supply of routine, essential medicines, supplies and equipment; including key materials for surveillance and laboratories.
* The COVID-19 response highlighted the chronic shortage of health care workers in many parts of Syria with more than 50% of the workforce estimated to have left the country. Human resource shortages are a chronic challenge for the sector year after year that hinders not only emergency response capacity but also the delivery of comprehensive services. Essential health services for reproductive health (RH) and non-communicable diseases (NCDs) have also been disrupted by COVID-19 and supply chain issues.

1. **Critical sector priorities in 2021:**

* Possible successive waves of COVID-19 or new disease outbreaks remain a key threat to health and require the sector to maintain and enhance surveillance and response capacity at all levels of the health system. Ensuring equitable rollout of COVID-19 vaccination to all areas is a new and critical part of the 2021 humanitarian response, as well as strengthened efforts to ensure immunization for all childhood diseases – particularly in areas of low coverage and where breaks in services have occurred.
* Key changes made by the health sector within our logframe include a more needs-based rather than achievement-based target setting for neglected areas such as mental health, physical rehabilitation and referrals. The re-set will better demonstrate needs and gaps, particularly among vulnerable populations.

Partners have renewed their focus strengthening and continuation of essential health services – with particular focus on NCDs, RH and referral – in all high-severity/under-served locations and IDP camps. Health system strengthening interventions at community level, including mobile medical units and community engagement, are a pillar of the 2021 health response and help to promote resilience.

1. **Key messages to donors as at June 2021 (which the HCs could help amplify):**

* COVID-19 has underscored how continued and emerging threats to health demand that health actors lay the groundwork for a more resilient health system. Support for key interventions such as capacity-building and rehabilitation and refurbishment of health structures is critical to avoid increased mortality and morbidity among an already-vulnerable population.
* Sufficient and predictable funding streams are a critical part of retaining the already-depleted health care workforce, maintaining health facilities’ functionality and preventing critical shortages and interruptions in medicines, supplies, equipment or operational support. Failure to ensure comprehensive services and continuity of care undermines health equity, public trust and collective action to protect health.
* Even amidst a reduction in overall hostilities, health care remains at risk. In 2021, there have been at least 10 reported attacks on health care (9 confirmed) resulting in 10 deaths and 27 injuries. 5 of these attacks also affected health facilities. Advocacy must continue at all levels for protection of health care.

**Top appealing organizations in the sector**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organizations** | **2020 requirements US$** | **2020  Coverage %** | **2021 requirements US$** | **% variation to 2020** | **Geographic coverage (main governorates)** |
| World Health Organization | 159,097,900 | 40% | **238,966,204** | 50% | All 14 governorates |
| United Nations Children's Fund | 30,598,147 | 25% | **44,191,000** | 44% | All 14 governorates |
| Syrian American Medical Society Foundation | 21,653,954 | 120% | **30,665,054** | 42% | Aleppo;Al-Hasakeh;Ar-Raqqa;Idleb |
| Relief International |  |  | **29,109,196** |  | Aleppo;Idleb |
| United Nations Population Fund | 20,466,000 | -2% | **28,676,000** | 40% | All 14 governorates |
| Doctors of the World Turkey ( Dünya Doktorları Derneği ) | 11,023,961 | 36% | **15,106,647** | 37% | Aleppo;Idleb |
| Qatar Charity | 9,960,840 | 8% | **12,700,000** | 27% | Aleppo;Al-Hasakeh;Ar-Raqqa;Idleb |
| Un Ponte Per | 5,514,751 | 118% | **12,070,000** | 119% | Aleppo;Al-Hasakeh;Ar-RaqqaDeir-ez-Zor; |
| Union des Organisations Syrienne de Secours Médicaux | 10,405,931 | 34% | **11,981,856** | 15% | Aleppo;Idleb |

**Early Recovery and Livelihoods**

**Name of Coordinator:** Francesco Baldo/UNDP

**Possible points to raise**

* **While we are keen to advocate for increased livelihood and income generation programming, the sector was only funded at 14% (!) in 2020, yet requests a 20% increase in funding for 2021.**
* **Two questions in this regard:** 
  + **Practically, do sector partners have the capacity to implement $233m in requested funding?**
  + **In terms of strengthened advocacy and resource mobilization with donors, what are we not doing well enough, and what should be done differently in your view?**
* **Assuming the sector will again receive insufficient funding in 2021, what will you prioritize, and how do you coordinate programmatically with other sectors to increase impact?**

1. **2021 Key figures**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *People in Need* | | *Target* | | *Funding requirements* | | Partners | Projects |
| *In million* | *% variation in 2020* | *In million* | *% variation in 2020* | *US$* | *% variation in 2020* | **61** (-2) | **76** (+2) |
| 11.6M | 17% | **2.2M** | 16% | **233.3M** | 20% |

1. **Most significant response gaps in 2020:**

* under-investments in ER activities, increased reliance on harmful coping mechanisms, loss of livelihoods and income-generating opportunities
* increased pressure on essential services and infrastructure due to Covid-19
* gaps in assistance to persons with disabilities.
* 59% response gap in terms of ERL reach versus PiN, with largest response gaps in Homs (99%), As-Sweida (96%), Damascus (96%), Hama and Rural Damascus (95%), and Ar-Raqqa (92%).
* Largest programmatic response gaps: support to social cohesion (91%), access to livelihood opportunities (77%) and access to services (37%)

1. **Critical sector priorities in 2021:**

* income-generating activities, cash-for-work, grants, and in-kind support to urban/rural Micro, Small, and Medium Enterprises (MSME), vocational training matching labor market characteristics, and cash support to vulnerable families in urban and peri-urban areas, to reduce socio-economic vulnerability and negative coping strategies;
* scaling-up cash-based and market-based transfer modalities to support Persons Living with Disabilities (PLWD) and female-headed households, particularly HHs with children with severe disabilities;
* restoration/rehabilitation of services and infrastructures essential for a quick resumption of economic activity and livelihoods creation, including access to electricity, hospitals, health care centers, schools, roads (close coordination with Education, Health, Protection, Shelter/NFI, and WASH on improving access to basic services);
* basic socio-economic and production services such as markets, shops, storages, warehouses and other labor-intensive infrastructures (close coordination with FSA partners to enhance access to market-based livelihood opportunities and production);
* strengthening social cohesion, civic engagement community initiatives and capacity building of local civil society organizations.

1. **Key messages to donors as at June 2021 (which the HCs could help amplify):**

* With an approximate 18 per cent increase in PiN in 2021, the Sector requires full funding to undertake essential response activities and ensure that the most urgent needs are addressed. Underfunding of the ERL response will impact the ability to improve the resilience and self-reliance of people.
* The continuous deterioration of HHs’ economic situation across the country points to the urgency of scaling up access to livelihoods/income-generating opportunities, support both new and existing businesses and revive the potential of local value chains.
* It is crucial to redouble efforts to restore and rehabilitate, inter alia, electricity networks, water and sanitation systems, key roads that facilitate access, prevent disasters (floods), benefit economic recovery, markets, and other key socio-economic infrastructures.
* The Impact of COVID-19 and the sanctions have increased the risk of a further deterioration of inter-group dynamics within the country’s diverse social fabric. This requires donors to support sustained programming that is inclusive of all most vulnerable groups, including through conflict resolution and social cohesion community initiatives. Furthermore, there is a need to scale up investments to ensure PWD are increasingly reached and fully included in the humanitarian response.
* ERL interventions will be implemented in line with the agreed parameters and principles of the humanitarian response. Early recovery and resilience activities offer an opportunity to go beyond immediate life-saving assistance and provide minimum living conditions for affected communities.

**Top appealing organizations in the Sector:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organizations** | **2020 requirements US$** | **2020  Coverage %** | **2021 requirements US$** | **% variation to 2020** | **Geographic coverage (main governorates)** |
| United Nations Development Programme | 56,703,800 | 35% | **56,703,800** | 0% | All 14 governorates |
| United Nations Children's Fund | 15,453,099 | 5% | **28,187,175** | 82% | All 14 governorates |
| United Nations High Commissioner for Refugees | 15,392,412 | 0% | **27,872,118** | 81% | Aleppo; Al-Hasakeh; Ar-Raqqa Damascus; Dar'a; Deir-ez-Zor; Hama; Homs Lattakia; Quneitra; Rural Damascus; Tartous |
| Rebuild Syria Reconstruction Program |  |  | **11,709,438** |  | Aleppo Ar-Raqqa;As-SweidaDar'a;Deir-ez-Zor;Hama;HomsLattakia;Tartous |
| NGOs (details not yet provided) | 3,454,067 | 0% | **10,241,059** | 196% | Aleppo;Al-Hasakeh;Ar-Raqqa;Dar'a;Deir-ez-Zor;Idleb |
| Agency for Technical Cooperation and Development | 2,832,000 | 0% | **7,578,723** | 168% | Aleppo;Al-Hasakeh;Ar-RaqqaDeir-ez-Zor;Idleb |
| OXFAM GB | 1,092,362 | 0% | **6,253,260** | 472% | AleppoDeir-ez-ZorRural Damascus; |
| Mercy Corps | 7,053,254 | 0% | **5,250,000** | -26% | Aleppo;Al-Hasakeh;Ar-RaqqaDeir-ez-Zor;Idleb |
| People in Need | 1,684,498 | 0% | **5,041,400** | 199% | Aleppo;Al-Hasakeh;Ar-Raqqa; |
| International Organization for Migration | 5,540,011 | 8% | **5,004,086** | -10% | Aleppo;Idleb |

**Protection and AoRs**

**Name of coordinators:**, Yasin Abbas/UNHCR, Carmen Monclus Girones/UNICEF (Child Protection), Francesca Chiaudani/UNOPS (Mine Action), Jennifer Miquel/UNFPA(GBV), Fulvia Boniardi/UNFPA(GBV) and Sameer Saran/IRC

**Possible points to raise**

* **The protection sector received limited funding in 2020 (25%). At the same time, you are asking for a 4% increase in requirements in 2021.**
* **Two questions in this regard:** 
  + **Practically, do sector partners have the capacity to implement $404m in potential funding?**
  + **In terms of strengthened advocacy and resource mobilization with donors, what are we not doing well enough, and what should be done differently in your view?**
* **What coordination efforts are being undertaken across sectors to strengthen protection mainstreaming generally, but also to advance impact across the AoRs (e.g. mine risk education messaging in schools, linkages with health on psychological assistance to children and GBV victims)?**

1. **2021 Key figures**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *People in Need* | | *Target* | | *Funding requirements* | | Partners | Projects |
| *In million* | *% variation in 2020* | *In million* | *% variation to 2020* | *US$* | *% variation in 2020* | **82**(-8) | **108** (-3) |
| 13.13M | -3% | **12.6M** (interventions) | 4% | **403.7M** | 4% |

**2. Most significant response gaps in 2020:**

In light of the limited availability of funds, a substantial part of the planned protection projects and activities were not implemented, and protection needs remained unmet. In 2020 limited resources coupled with COVID 19 restrictions, escalation of violence in some geographical areas and the economic crisis have translated into limited ability of partners to prevent and respond adequately to the extend required of the child protection needs on the ground.

* All protection activities such as for persons living with disabilities and older persons, community mobilization, child protection, GBV prevention, mitigation and response, legal assistance and community based protection, suffered a substantial reduction of targeted beneficiaries, leaving many protection needs unaddressed and curtailing the impact of these protection interventions. Many vulnerable communities in Syria are under-served due to lack of funding.
* Children and their families in Syria were not supported beyond their basic humanitarian needs with sustained and predictable child protection services, these include: Psychosocial support programmes that promote resilience and restore the predictability required for adequate child development. There is a significant cumulative toll on the mental wellbeing of children in Syria with immediate and lifelong consequences.
* Parenting programmes and specialized child protection services including case management of most severe child protection cases including CAAFAG cases, VAC cases as well as unaccompanied and separated children amongst other.
* The closure of Women and Girls Safe Spaces (WGSS), leaving GBV survivors and women and girls at risk with nowhere to seek lifesaving specialized services. It also meant limited possibilities to expand beyond the continuity/sustainability of available services.
* COVID-19 restrictions have disrupted several critical protection services, particularly specialized services, and created new risks primarily around freedom of movement, increased GBV, especially intimate partner and family violence, mental health and psycho-social needs, increased negative coping mechanisms including violence against women and children, child labour including its worst forms, with heightened impact on those already vulnerable. Due to COVID-19 impact on activities and standdown of partners, more than 70 per cent of key informants had not attended explosive ordnance risk education sessions between May and August 2020.

1. **Critical sector priorities in 2021:**

* Protection will continue to expand the offer of integrated protection services through Community Centres including increase of Women and Girls Safe Spaces, child protection facilities and services’ platform.
* To increase mobile outreach capacity to respond more effectively to protection need. This includes the expansion of the number of Outreach Volunteers; the expansion of Mobile Units integrating Reproductive Health and GBV response, and the strengthening of mobile modalities to provide protective services for children
* The sector will expand legal awareness and counselling on civil documentation and HLP issues including technical support to responsible institutions
* To strengthen referral mechanisms to increase access to specialized care and support, including scaling up specialized support to survivors of explosive ordnance incidents, child protection cases, GBV survivors and
* women and girls at risk, including people with disabilities, adolescent girls, widows/divorced women and girls, older women.
* Improving the quality of community-based Child Protection interventions which include Psychosocial support, Community Awareness and Parenting Programmes
* Expanding the reach and improving the quality of specialized Child Protection (CP) services which include CP Case Management for CAAFAG cases, child labour, unaccompanied and separated children as well as children survivors of violence, exploitation and abuse.
* Capacity building of front-line CP respondents in conformity with the Child Protection Minimum Standards (CPMS).
* Focus on expansion of alternative and remote modalities for explosive ordnance awareness, behavior change messages, protection, CP, MA, GBV service provision.
* Continue the distribution of life-saving Dignity Kits to GBV survivors and women and girls at risk and increase the use of Cash and Voucher Assistance for GBV risk mitigation as well as a response modality (within the framework of case management).
* Continue to focus on gender transformative approaches to GBV programming and to social norms change interventions.
* Continue to technically support GBV risk mitigation in other sectors and to push for GBV to be non-negotiable in the Syria response.

1. **Key messages to donors as at June 2021 (which the HCs could help amplify):**

* Predictability and sustainability of funding for the full range of protection activities in all parts of Syria. This is vital to support approaches that are holistic and responsive to the needs of communities.
* Increase attention and commitment at all levels for the collective responsibility to address and mitigate the risks of gender-based violence.
* Scale-up support to specialised child protection services including case management for children at risk or associated with armed groups/forces and children at risk or survivors of violence, abuse and exploitation. Give due consideration to qualitative information when evaluating protection activities as they cannot be viewed simply through numbers.
* Advocate with all relevant authorities for unfettered humanitarian access across Syria through all necessary modalities.
* Child Protection interventions require children to complete cycles to be effective. Hence the need for consistency, continuity and funding predictability. Considering that children continue to pay the highest toll in this conflict, underfunding will translate into direct inability of child protection actors to reach children in need as well as interruptions in the interventions with immediate and if not addressed, lifelong consequences.
* Sustained advocacy and support to humanitarian mine action operators for access and implementation of survey and clearance activities
* Promote mainstreaming and inclusion of mine action activities across all sectors of the humanitarian response- as it is critical to reduce the risk and impact of the explosive hazard contamination on both humanitarian actors and the Syrian population
* Invest not only in ensuring the sustainability of existing GBV prevention and response services, but in expanding services to cater for better accessibility and inclusion of the most at risk women and girls (women and girls with disabilities, widows, divorced and single women and girls, adolescent girls, older women) as well as to increase new ways of working, such as CVA and remote/online service delivery.
* Expanding the support for social norms change and gender transformative work.

**Top appealing organizations in the sector:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organizations** | **2020 requirements US$** | **2020  Coverage %** | **2021 requirements US$** | **% variation to 2020** | **Geographic coverage (main governorates)** |
| United Nations High Commissioner for Refugees | 160,607,724 | 45% | **160,133,756** | 0% | All 14 governorates |
| United Nations Population Fund | 33,879,600 | 25% | **33,767,096** | 0% | All 14 governorates |
| United Nations Children's Fund | 32,888,552 | 7% | **31,472,313** | -4% | All 14 governorates |
| United Nations Mine Action Service | 20,000,000 | 21% | **30,000,000** | 50% | Aleppo;Hama;Homs;IdlebQuneitra;Rural Damascus; |
| Mines Advisory Group |  |  | **14,553,250** |  | Aleppo;Al-Hasakeh;Ar-Raqqa;Idleb |
| Save the Children | 10,170,000 | 114% | **7,000,000** | -31% | Aleppo;Idleb |
| Shafak Organization | 1,300,000 | 19% | **6,500,000** | 400% | AleppoAr-Raqqa; |
| ACT Alliance / DanChurchAid | 3,400,000 | 19% | **5,807,816** | 71% | All 14 governorates |
| United Nations Development Programme | 850,000 | 0% | **5,452,041** | 541% | Aleppo;Al-Hasakeh;Ar-Raqqa;As-Sweida;Damascus;Dar'a;Deir-ez-Zor;Hama;HomsLattakia;Quneitra;Rural Damascus;Tartous |

**CCCM**

**Name of coordinators:** Kamal Mirzayev/UNHCR and Amro Tarrisi (a.i)/Global Communities

**Possible points to raise**

* **What explains the significant drop in CCCM funding requirements in 2021 (while the number of IDPs in sites/camps has increased throughout 2020 and is at a record high)? Is this linked to a revised arrangement/division of work between CCCM and S/NFI?**
* **Despite well communicated needs for IDPs in camps/sites, the CCCM sector unfortunately had the lowest level of funding across all sectors in 2020 (12%). In terms of strengthened advocacy and resource mobilization with donors, what are we not doing well enough, and what should we do differently in your view?**
* **As the Sector may again receive incomplete funding in 2021, how will you seek to prioritize resources? What coordination takes place with S/NFI, WASH, Education, Health, etc. for improved impact?**

1. **2021 Key figures**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *People in Need* | | Target | | Funding requirements | | Partners | Projects |
| *In million* | *% variation in 2020* | *In million* | *% variation in 2020* | *US$* | *% variation in 2020* | **24** (+3) | **24** (+3) |
| 1.9 | -69% | **1.9** | -57% | **25.7M** | -22% |

1. **Most significant response gaps in 2020:**

* People in last resort sites face severe deprivation that cut across all sectors and are highly dependent on humanitarian assistance; IDP sites are designed to act as an option of last-resort and to be temporary in nature, providing only a minimum level of services. However, as the conflict continues, new waves of displacement combined with protracted displacement in shrinking area in NWS and reliance on IDP sites grew in 2020. Similarly, in NES, the number of people displaced starkly increased last year.
* IDP sites are particularly vulnerable locations for COVID-19 transmission; Over-crowded sites, limited access to basic services, and lack of camp management continue to be major challenges in the context of the COVID-19 pandemic where the application of preventive, response and mitigation guidance is essential.
* lack of proper infrastructure especially in self-settled IDP sites; incidents (such as floods, fires and high-speed winds) continued to impact IDP sites throughout 2020, exacerbating existing challenges and vulnerabilities.

1. **Critical sector priorities in 2021:**

* Monitoring multi-sectoral services in IDP sites in order to identify gaps and strengthen access to basic services (e.g. food, shelter, health, safety, and security).
* Establishing and reinforcing camp management systems, promoting participatory management structures, as well as capacity development for partners’ staff and camp management actors through remote, mobile, and static methods.
* Promoting self-resilience by helping IDPs to restore their physical and financial assets. To achieve this, CCCM will focus on resilience building and strengthening coping mechanisms inside planned camps.
* Coordinating and disseminating operational information on IDP sites are also key priorities for CCCM to analyze trends and quickly identify IDPs in need of assistance (e.g. through information management products).
* Focusing on improving fire response measures, as well as maintenance activities to strengthen basic infrastructure in IDP sites and reducing the spread and impact of COVID-19 through specific advocacy and interventions based on lessons learnt from 2020.

1. **Key messages to donors as at June 2021 (which the HCs could help amplify):**

* Informal IDP sites make up 90% of the sites listed in CCCM’s database for NWS. While retaining freedom of movement, informal sites in both NWS and NES have critical gaps in capacity for site infrastructure and planning, and lack camp management systems. At the same time, the increase in wait lists to camps, particularly NES is signifying the deterioratsing economic conditions and limited absorption capacity in communities.
* Across settlement types, assistance and shelter options are overstretched, and additional challenges like the COVID-19 pandemic and severe economic decline makes access to basic goods and services even more difficult. Any disruption of services, even for a short period, could therefore lead to major humanitarian consequences.
* CCCM’s activities are critical to maintain a minimum level of life-saving assistance and avoid further harm in IDP sites. Monitoring the situation in IDP sites, including multi-sectoral assistance, is an important element needed to analyze trends on the ground and better inform interventions. CCCM’s coordination role and information management tools are also essential to ensure a speedy response to weather-related incidents that pose threats to already vulnerable IDP sites.

**Top appealing organizations in the sector:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organizations** | **2020 requirements US$** | **2020  Coverage %** | **2021 requirements US$** | **% variation to 2020** | **Geographic coverage (main governorates)** |
| International Organization for Migration | 5,708,907 | 44% | **8,400,000** | 47% | Aleppo;Idleb |
| Blumont International |  | 0% | **3,503,454** | 0% | Al-Hasakeh;Ar-RaqqaDeir-ez-Zor; |
| Takaful Alsham Charity Organization | 1,404,500 | 89% | **2,374,000** | 69% | Aleppo;Idleb |
| Saed Charity Association | 2,360,000 | 19% | **1,497,500** | -37% | Idleb |
| WATAN Foundation | 2,510,000 | 0% | **1,080,000** | -57% | Aleppo;Idleb |
| Agency for Technical Cooperation and Development | 1,044,254 | 0% | **1,030,854** | -1% | Aleppo;Al-Hasakeh;Ar-Raqqa; |
| United Nations High Commissioner for Refugees | 365,816 | 291% | **925,598** | 153% | Aleppo;HamaIdleb |
| Syrian Engineers for Construction and Development | 2,150,000 | 0% | **861,062** | -60% | Aleppo;Idleb |
| Nasaem Khair Organization | 585,500 | 0% | **845,500** | 44% | Idleb |
| Maram Foundation for Relief and Development | 1,285,356 | 0% | **750,000** | -42% | Aleppo;Idleb |

**Education Sector**

**Name of Coordinators:** Hind Omer/UNICEF and Maja Munk/Save The Children

**Suggested points to raise**

* **The Education sector was only 35% funded, yet presents a 2% increase in requirements for 2021. In terms of strengthened advocacy and resource mobilization with donors, what are we not doing well enough, and what should we do differently in your view?**
* **Schools and temporary places of learning present excellent entry points for coordinated response with other sectors, e.g. ERL (rehabilitation), WASH (WASH infrastructure), health (prevention messaging) and protection (awareness raising, e.g. mine risk education). Could you elaborate on cross-sectoral coordination efforts in 2021 to strengthen joined-up impact amongst the school-age population? What are specific priorities in this regard? Where should more be done going forward?**

1. **2021 Key figures**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| People in Need | | Target | | Funding requirements | | Partners | Projects |
| *In million* | *% variation in 2020* | *In million* | *% variation in 2020* | *US$* | *% variation in 2020* | **64** (-1) | **66** (-6) |
| 6.9M | 1.5% | **4.8M** | 14% | **298.9M** | 2% |

1. **Most significant response gaps in 2020:**

* 4.4. million people (49 per cent female) reached, 86 per cent of whom were in severity 4-5-6.
* While many people benefited from the response, the response remains supply driven despite efforts for education services to benefit from a more comprehensive support package that addresses quality along with availability.
* Insufficient availability of education services for IDPs, overburdened and rural communities continued.
* Education investments disproportionately focused on lower primary. Early childhood, upper primary, secondary and vocational training continued to be under invested. Children with special needs remain largely excluded, often due to insufficient investments in learning environments and quality education.
* Pandemic related health measures (shuttering schools, limiting gatherings and movements, etc.) made it difficult to provide education services given all the obstacles providing remote and home-based learning. This compounded with sharp economic decline made it difficult for families to access and prioritize services that were available.
* The repair, expansion and winterization of schools remained low despite the criticality of these investments in establishing safe and conductive learning environments.
* Continuous professional development of teachers and providing them with remuneration remained insufficient.

1. **Critical sector priorities in 2021:**

* Availability & Accessibility: Expanding the availability and accessibility of learning spaces across learning levels and working towards enhancing the safety and security of the physical learning environment.
* Quality: Supporting more holistic education services including integrated social-emotional learning and psychosocial support, for learners and teachers; and professional development of regularly remunerated teachers to better ensure retention of skilled teachers.
* Education Systems: Strengthen the capacities and participation of communities and parents in school management while advocating for the acknowledgement of previous learning. The sector is also working towards increasing the knowledge and skills of humanitarian education actors.
* The pandemic greatly reduced learning time hence 2021 is focused on bringing children back to learning in a safe environment and compensating for lost time. The pandemic necessitated a shift in support modalities to continue learning while learning spaces were closed or operating with reduced capacity. In 2021 education interventions will continue to factor COVID mitigation measures in the design and implementation of education services.

1. **Key messages to donors as at June 2021 (which the HCs could help amplify):**

* The pandemic highlighted and compounded the negative impact of a decade of insufficient investment in education. Greater investment is needed cross the education service continuum to ensure children attend school.
* A decade into the conflict education should be an available, predictable and continuous service. Education support needs to be de-politicized to create pathways for children to integrate from the non-formal to the formal system. Short-term stop-gap focused funding and short-term success measurements undermine the potential social-emotional and learning gains children could have achieved in a decade.
* Learning spaces should be safe and conducive for learning. Donors, governments and accountability mechanisms should increase their efforts in prevention of, and accountability for, attacks on education. Investments making learning spaces free of hazards by repairing unsafe schools and establish new learning spaces to reduce the threats children and teachers face traveling to and from places of learning remains a priority.
* Investment in accredited and non-accredited formal[[1]](#footnote-2) education systems is essential to sustainable and resilient education systems. A formal system that is able to absorb new, and retain current, students while providing levels of service that are deemed relevant is critical to enabling demand for services and better ensuring that children enroll, attend and do not drop out of school.

**Top appealing organizations in the sector:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organizations** | **2020 requirements US$** | **2020  Coverage %** | **2021 requirements US$** | **% variation to 2020** | **Geographic coverage (main governorates)** |
| United Nations Children's Fund | 56,434,197 | 67% | **89,355,208** | 58% | All 14 governorates |
| World Food Programme | 53,348,694 | 57% | **67,400,330** | 26% | All 14 governorates |
| United Nations High Commissioner for Refugees | 8,105,727 | 25% | **14,488,059** | 79% | AleppoAr-Raqqa;Dar'a;Deir-ez-Zor;Hama;HomsLattakiaRural Damascus; |
| United Nations Relief and Works Agency for Palestine Refugees in the Near East | 31,438,169 | 7% | **12,797,026** | -59% | AleppoDamascus;Dar'aHama;HomsLattakiaRural Damascus; |
| Save the Children | 10,856,136 | 66% | **10,000,000** | -8% | Aleppo;Al-Hasakeh;Ar-Raqqa;Idleb |
| Norwegian Refugee Council | 13,618,407 | 79% | **9,050,314** | -34% |  |
| Qatar Charity | 7,055,000 | 0% | **7,908,470** | 12% | Aleppo;Al-Hasakeh;Ar-Raqqa;Idleb |
| Terre des Hommes - Italy | 1,632,152 | 0% | **5,458,838** | 234% | Aleppo;Dar'a;Deir-ez-Zor;HamaQuneitra;Rural Damascus; |
| People in Need | 4,671,049 | 5% | **5,391,000** | 15% | Aleppo;Al-Hasakeh;Ar-RaqqaDeir-ez-Zor;Idleb |
| Takaful Alsham Charity Organization | 2,611,125 | 36% | **5,180,000** | 98% | Aleppo;Idleb |

**Food Security Sector**

**Name of Coordinators:** Jalal Al-Hamoud (a.i.)/FAO and Tulin Arslan/Mercy Corps

**Suggested points to raise**

* **In 2020, the sector reported 56% response reach (5.5m people reached against a target of 9.8m). As the 2021 target has significantly increased to 13.2m (+35%), how does the sector plan to dramatically increase its reach and implementation capacity? What challenges (other than underfunding) do you foresee in this regard?**
* **What role will cash and voucher assistance play in that regard? Does the sector plan to increase this type of programming? What are related challenges you foresee?**
* **What advocacy efforts is the sector undertaking regarding increased support to / chronic underfunding of agriculture-based interventions and livelihood support in 2021? Do joined-up efforts exist across sectors, e.g. with ERL, in this regard? What challenges remain for ensuring tangible impact of such cross-sectoral efforts at operational level?**
* **Similarly, what coordination efforts exist or may be planned with the Nutrition Sector as far as stemming the increase in malnutrition rates? Again, what are challenges in terms of ensuring tangible impact?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| People in Need | | Target | | Funding requirements | | Partners | Projects |
| *In million* | *% variation in 2020* | *In million* | *% variation in 2020* | *US$* | *% variation in 2020* | **78**(+1) | **124** (-3) |
| 14.2M | 45% | **13.2M** | 35% | **1.63BN** | 41% |

1. **2021 Key figures**
2. **Critical sector priorities in 2021:**

* Agriculture and livelihood support reached 3.7 million people across Syria, reaching only 51% of the target under this response priority. Support from Turkey assisted 1.3 million while from Iraq 1.1 million people.
* Low coverage of emergency agriculture-based interventions in 2020 primarily attributable to funding limitations, has contributed to the increased and persistent high number of people in need as a significant proportion of the population has fallen from being at risk to becoming food insecure into being food insecure and becoming dependent on humanitarian food assistance.
* Further loss of employment and other economic opportunities due to the rampant economic crisis across all of Syria, triggered by the Lebanese financial crisis, and compounded by unilateral coercive measures, the Covid19 pandemic as well as the ongoing conflict in (NWS) and other parts of Syria and re-emergence of ISIS in NES, have further contributed to loss of livelihoods and increasing numbers of people suffering from food insecurity.

1. **Most significant response gaps in 2020:**

* The sector will increase the provision of emergency food assistance through in-kind, cash and voucher, to 8.8 million people out of the 12.4 million facing acute food insecurity, including newly food insecure caseloads in NES), NWS and southern Syria.
* The sector advocates for increased funding towards stabilizing food production by targeting 1.45 million HHs. Through increased funding, the sector will prioritize emergency agriculture-based interventions including provision of agricultural inputs and trainings to protect and restore self-reliance among food insecure populations.
* Scaling-up support to the wheat value chain through light rehabilitation of relevant assets, such as community water systems and bakeries, to support the production of wheat and restore access to bread among the most vulnerable households. Other essential services to local communities proposed under this pillar include early warning and DRR systems. Overall, 507,000 HHs will benefit from such interventions**.**

1. **Key messages to donors as at June 2021 (which the HCs could help amplify):**

* Since 2020 food insecurity in Syria increased by 57%, bringing the number of people in need from 7.9 million to a staggering 12.4 million in 2021. There is urgent need to scale up humanitarian assistance and address immediate food needs. This is critical owing to the dire economic conditions and the knock-on effects of COVID-19 and impact of the protracted crisis on food stability.
* There is a need to enhance the focus on building and restoring livelihoods in order to address food insecurity sustainably and reduce the needs for unconditional food assistance.
* It is of paramount importance to ensure the continued opening of border crossings to facilitate the delivery of humanitarian aid to millions of people in NES & NWE and support the local markets through cash based assistance, where feasible.

**Top appealing organizations in the sector:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organizations** | **2020 requirements US$** | **2020  Coverage %** | **2021 requirements US$** | **% variation to 2020** | **Geographic coverage (main governorates)** |
| World Food Programme | 696,678,493 | 62% | **919,786,082** | 32% | All 14 governorates |
| Food & Agriculture Organization of the United Nations | 98,850,000 | 8% | **170,000,000** | 72% | All 14 governorates |
| United Nations Relief and Works Agency for Palestine Refugees in the Near East | 114,351,134 | 26% | **121,539,847** | 6% | Aleppo; Al-HasakehAs-Sweida;Damascus;Dar'aHama;HomsLattakia;Quneitra; Rural Damascus;Tartous |
| Uluslararasi Insani Yardimlasma Dernegi | 5,115,050 | 8% | **53,345,000** | 943% | Aleppo;Idleb |
| People in Need | 11,159,880 | 48% | **37,140,000** | 233% | AleppoAr-Raqqa;Idleb |
| Agency for Technical Cooperation and Development | 6,812,390 | 0% | **25,808,206** | 279% | Aleppo;Al-Hasakeh;Ar-RaqqaDeir-ez-Zor;Idleb |
| Blumont International |  |  | **13,756,747** |  | Al-Hasakeh;Ar-RaqqaDeir-ez-Zor; |
| OXFAM GB | 8,016,340 | 0% | **10,532,470** | 31% | AleppoDeir-ez-ZorRural Damascus; |
| Shafak Organization | 12,915,000 | 24% | **9,842,941** | -24% | Aleppo;Idleb |

**Nutrition**

**Name of Coordinator:** Tarig Mekkawi/UNICEF

**Possible points to raise:**

* **We fully agree that the increase in both acute and chronic malnutrition rates is extremely concerning. At the same time, the sector proposes a 2021 budget which is more than double that of 2020, while only having received 36% of the required funding last year. The 2021 increase appears to mainly stem from a WFP nutrition project, with a budget that has more than tripled compared to 2020. Was this increase coordinated with WFP (or the Food Security Sector at large)?**
* **Other than potential underfunding, what operational challenges do you foresee for scaling up malnutrition treatment programs to the required level in 2021?**
* **What progress has been made in terms of ensuring an integrated response to malnutrition, in coordination with FAS, health, WASH and protection sectors? Practically, at WoS level / crisis-wide level, what does this multi-sectoral coordination focus on and what may need to be enhanced to ensure impact?**

1. **2021 Key figures**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| People in Need | | Target | | Funding requirements | | Partners | Projects |
| *In million* | *% variation in 2020* | *In million* | *% variation in 2020* | *US$* | *% variation in 2020* | **29** (+1) | **31** (+2) |
| 4.9M | 6.5% | **4.1M** | 37% | **184.4M** | 105% |

1. **Most significant response gaps in 2020:**

* 0.6 Million children who might lose their future learning and developmental potentials because of chronic malnutrition.
* Over one million mothers are anemic and/or malnourished.
* An estimated 141,540 children aged 6-59 months face an elevated risk of morbidity and mortality attributed to acute malnutrition, out of which 37,863 children are under the direct risk of death because of severe acute malnutrition and additional 103,677 moderately malnourished children are at risk of co-morbidities and development of severe acute malnutrition if they are not treated appropriately.

1. **Critical sector priorities in 2021:**

* Strengthen adherence to operational guidance in the context of COVID-19 to mitigate risk of infection including roll out of the family MUAC approach to increase early detection of acute malnutrition cases and referrals for treatment.
* Quality improvement in the treatment of acute malnutrition through mobile and fixed delivery modalities.
* Prevention of acute and chronic malnutrition through Blanket Supplementary Feeding and Cash and voucher assistance targeting children aged 6 to 59 months and pregnant and lactating mothers. This is provided for only newly displaced IDPs.
* Prevention of micronutrient deficiencies using different modalities: supplementation through distribution of micronutrient powder and tablets targeting children aged 6 to 59 months and pregnant and lactating women (PLW) in collaboration with the Health sector; diet diversification awareness, and fortification.
* Protect, promote and support recommended infant and young child feeding practices in emergencies (IYCF-E) including breastfeeding/complementary feeding, mainly via counselling or education and use of additional platforms such as mobile text messages, radio, TV and social media.
* Nutrition situation assessment and monitoring through SMART surveys, surveillance and community screening, and timely analysis and dissemination.
* Prevention of chronic malnutrition and maternal malnutrition through adequate focus on the first 1000 days of the child’s life including the pregnancy period.
* Capacity building of partners on key nutrition interventions (Community-based management of acute malnutrition, promotion of appropriate infant and young child feeding and caring practices, Age appropriate micronutrient Supplementation, Rapid Nutrition Assessments/SMART, Cash and/or voucher assistance to improve nutrition outcomes, home fortification and strengthening Nutrition Information Management).
* Strengthen resilience by focusing on building nutrition information systems to improve evidence-based programming (nutrition surveillance at both facility and community levels).
* Ensure adherence to the Whole-of-Syria standard operating procedures for breastmilk substitute (BMS) guidelines and address the issue of non-breastfed infants in the appropriate and recommended way.
* Strengthen collaboration between Nutrition, Health, WASH, Protection, and FSL clusters on implementing an integrated response that addresses the immediate and underlying causes of acute and chronic malnutrition.

1. **Key messages to donors as at June 2021 (which the HCs could help amplify):**

* Pockets of acute malnutrition among children 6-59 months of age continue to be apparent throughout Syria, demonstrating the long-term damage caused by protracted crises. Without approporiate treatment 30-50% of those children are at potential danger of death because of severe wasting.
* Acute malnutrition among pregnant and lactating women continues to increase during 2021. Pregnant and lactating mothers are in urgent need of nutrition services and should be prioritized for all basic services.
* Chronic malnutrition (Stunting) among children 6-59 months is well documented as a key nutrition problem in Syria with nearly one child out of eight children losing learning and developmental opportunity due to chronic malnutrition.
* Negative nutrition outcomes among Syrian children and mothers are also caused by food insecurity, negative coping practices such as child and early marriages both of which carry significant maternal and child morbidity and mortality risks.
* A joint inter-sectoral effort is required to have a positive impact on the nutrition status of the population. Limited access to safe water, inadequate health services, poor sanitation, and food insecurity especially among displaced population, returnees, and newly accessible areas reflect some of the underlying causes of malnutrition and need to be addressed holistically.
* At the time of heightened insecurity and difficult access to basic services, children with disabilities suffers the most from nutrition vulnerabilities as well as timely access to nutrition services

**Top appealing organizations in the sector:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organizations** | **2020 requirements US$** | **2020  Coverage %** | **2021 requirements US$** | **% variation to 2020** | **Geographic coverage (main governorates)** |
| World Food Programme | 39,118,593 | 64% | **127,428,089** | 226% | All 14 governorates |
| United Nations Children's Fund | 23,920,392 | 18% | **35,610,812** | 49% | All 14 governorates |
| Save the Children | 2,000,000 | 98% | **5,000,000** | 150% | Aleppo;Al-Hasakeh;Ar-Raqqa;Idleb |
| Terre des Hommes - Italy | 942,906 | 54% | **2,009,328** | 113% | Al-HasakehDar'aHama;HomsRural Damascus; |
| Physicians Across Continents | 797,796 | 0% | **1,308,271** | 64% | Aleppo;Idleb |
| BINAA Organization for Development | 445,000 | 0% | **1,289,436** | 190% | Aleppo;Idleb |
| Mercy-USA for Aid and Development | 750,000 | 51% | **1,271,904** | 70% | Idleb |
| World Health Organization | 1,045,000 | 0% | **1,147,900** | 10% | All 14 governorates |
| Social Development International - SDI | 538,000 | 0% | **913,300** | 70% | Aleppo;Idleb |
| Al Sham Humanitarian Foundation | 390,400 | 67% | **801,259** | 105% | Aleppo;Idleb |

**Shelter and Non-Food Items**

**Name of Coordinators:** Marguerite Nowak/UNHCR and Mais Al-Suradi/UNHCR

**Suggested points to raise**

* **Significant shelter and NFI needs, including by the IDP and returnee population, appear to be well-documented. At the same time, the S/NFI sector was one of the least well-funded sectors in 2020 (13% coverage). In terms of strengthened advocacy and resource mobilization with donors, what may we not be doing well enough, and what should we do differently in your view?**
* **As far as winterization response in particular, what are some of the lesson learned from previous years? What should we be doing differently, operationally as well as in terms of communication, advocacy and resource mobilization?**
* **Can you elaborate on what is implied by the “shift from the core NFIs to seasonal and supplemental assistance to meet the ongoing gaps related to protracted displacement”?**
* **Given the likelihood of incomplete funding in 2021, what coordination efforts with other sectors – e.g. ERL, WASH, Education and Health – are under way to increase the impact of available resources? What are challenges in this regard, what should be strengthened?**

1. **2021 Key figures**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | People in Need | | Target | | Partners | | Projects | Total Sector Funding requirements |
| *shelter* | *In million* | *% variation in 2020* | *In million* | *% variation in 2020* | **45**(-1) | | **45**(-5) | **$522M**  *variation to 2020*  -13% |
| **5.9M** | 4% | **2.7M** | 6% |
| *NFI* | *In million* | *% variation in 2020* | *In million* | *% variation in 2020* | **45**(-2) | **45**(-3) | |
| **4.7M** | 8% | **2.9M[[2]](#footnote-3)/4.1M** | 33%/58% |

1. **Most significant response gaps in 2020:**

* NFIs: Basic items have become increasingly more expensive while families’ purchasing power diminished in 2020. NFIs, particularly seasonal support, remain critical to ensure the safety and health of families. If the economic situation continues to deteriorate, the NFI sector expects the PiN to continue increasing, making winter support in particular even more vital.
* Shelter: Although there was significant response, limited capacity of partners, funding and in some areas lengthy approvals limited the response. An estimated 31 per cent of the population live in inadequate shelter, with IDPs and returnees disproportionately affected: nearly 50 per cent of returnees live in damaged buildings, and 26 per cent of IDP’s reside in damaged and/or unfinished buildings, public buildings and non-residential buildings. Poor shelter conditions increase protection and health risks, particularly when combined with overcrowding and inadequate access to water, sanitation and health services, enabling the spread of respiratory and epidemic-prone diseases, including COVID-19.

1. **Critical sector priorities in 2021:**

In 2021, the Shelter and NFI sectors will provide emergency NFIs, seasonal assistance and shelter support in last resort sites to vulnerable IDPs, returnees and host community as well as integrated shelter support in underserved areas. All support will take into account COVID-19 precautionary measures.

NFI Priorities:

* Distributions of kit-based core relief items to those who have experienced sudden displacement, replenishment for households living in last resort sites or are unable to access items.
* Seasonal items, for both winter and summer, will be distributed to reduce the impact of exposure to extreme conditions.
* Cash and flexible modalities, in line with CWG recommendations, will be encouraged to ensure assistance addresses specific, individual needs.
* The Sector aims to reach 2.9 million people with core NFIs and 4.1 million people with seasonal/ supplemental NFIs.

Shelter Priorities:

* Life-saving emergency response through installation and repair of tents, distribution of shelters kits, and repairs in formal camps, informal settlements, transit sites and collective centers. These activities will focus on reducing overcrowding and improving sanitation.
* The Sector is targeting 1.2 million people with emergency support; however, this may vary depending on the displacement context.
* Strengthening vulnerable communities by improving access to housing and related community infrastructure; activities include dignified shelter solutions for those in protracted displacement, housing repair to support safe return, Housing, Land and Property (HLP) advocacy, and associated small-scale infrastructure that is part of an integrated response.
* The Sector aims to address 1.5 million people which is based on previous years’ experience, partner capacity, and expected funding.

1. **Key messages to donors as at June 2021 (which the HCs could help amplify):**

* Although the budget requested is less than 2020, at the mid-year, partners are better apprised of their capacities, available resources, and operational access.
* Limited funding will hamper the Sectors’ capacity to respond to pressing needs of vulnerable households, many whose situations have further deteriorated due to protracted displacement, the economic downturn and loss of livelihoods as well as the impact from COVID-19.
* The NFI response has begun to shift from the core NFIs to seasonal and supplemental assistance to meet the ongoing gaps related to protracted displacement and ensure an increasing number of families can be safely protected from the elements.
* Shelter support is critical both for basic infrastructure and supplies in last resort sites, informal settlements, camps and collective shelters as well as repair to damaged homes to address many of the underlying needs that have severe implications on people’s health, protection and resilience.

**Top appealing organizations in the sector:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organizations** | **2020 requirements US$** | **2020  Coverage %** | **2021 requirements US$** | **% variation to 2020** | **Geographic coverage (main governorates)** |
| United Nations High Commissioner for Refugees | 271,454,664 | 1% | **253,973,236** | -6% | All 14 governorates |
| International Organization for Migration | 63,418,613 | 57% | **56,000,000** | -12% | Aleppo;Idleb |
| United Nations Relief and Works Agency for Palestine Refugees in the Near East | 110,882,042 | 26% | **39,543,480** | -64% | Aleppo;Al-Hasakeh As-Sweida; Damascus; Dar'a Hama; Homs Lattakia; Quneitra; Rural Damascus; Tartous |
| United Nations Children's Fund | 29,100,822 | 7% | **10,950,000** | -62% | Aleppo; Al-Hasakeh; Ar-Raqqa; As-Sweida; Damascus; Dar'a; Deir-ez-Zor; Hama; Homs; Idleb;Lattakia;Quneitra;Rural Damascus;Tartous |
| Qatar Charity | 9,962,039 | 0% | **10,870,500** | 9% | Aleppo;Idleb |
| Global Communities | 8,262,540 | 0% | **9,360,000** | 13% | Aleppo;Idleb |
| Violet Organization | 4,701,425 | 225% | **9,200,320** | 96% | Aleppo;Idleb |
| Agency for Technical Cooperation and Development | 3,710,000 | 0% | **7,893,302** | 113% | Aleppo;Al-Hasakeh;Ar-RaqqaDeir-ez-Zor;Idleb |
| Ihsan for Relief and Development | 2,978,500 | 29% | **7,560,000** | 154% | Aleppo;Idleb |

**Water, Sanitation and Hygiene**

**Name of coordinators:** Patrick Laurent/UNICEF and Jakub Pajak/ACTED

- **Suggested points to raise**

* **Significant WASH needs, particularly for IDPs in sites/camps and linked to COVID-19 prevention, are well-documented. At the same time, the WASH sector was amongst the least well-funded sectors in 2020 (23% coverage). In terms of strengthened advocacy and resource mobilization with donors, what may we not be doing well enough, and what should we do differently in your view?**
* **In view of limited resources, why does the sector continue to target 100% of people in need? Is a stronger prioritization effort required?**
* **Given the likelihood of incomplete funding in 2021, what coordination efforts with other sectors – e.g. Education, Health, Shelter and ERL (WASH facilities in schools, health facilities or communal infrastructure) – are under way to increase the impact of available resources? What are challenges for multi-sectoral coordination in this regard? What should be strengthened / done differently?**

1. **2021 Key figures:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| People in Need | | Target | | Funding requirements | | Partners | Projects |
| *In million* | *% variation in 2020* | *In million* | *% variation in 2020* | *US$* | *% variation in 2020* | **73**(+2) | **77**(-10) |
| 12.2 | 13.6% | **12.2** | 13.6% | **295.5**  (incl. MPC) | -23% |

1. **Most significant response gaps in 2020:**

* Around 3 million people (50% of target due to underfunding and access constraints) benefited from repair and rehabilitation of potable water systems (the most equitable, accessible, and safer way to provide water to the highest number). Similarly, activities focusing on ensuring the operationality and maintenance of water supply systems had limited reach.
* Due to access restrictions, rapid onset emergencies, security constraints, COVID-19, the economic crisis limiting operational capacities, underfunding etc. the sector was not able to reach people with WASH needs in several parts of Syria (Southern Syria, Rural Damascus and Deir-ez-Zor).
* Ensuring appropriate sanitation facilities and services for nearly 2 million people in IDP sites across Syria has been a challenge. Further investments in rehabilitation and maintenance of WASH facilities as well as, wherever feasible, in more sustainable solutions to minimize operational cost are required.

1. **Critical sector priorities in 2021:**

* Sustain the provision of a comprehensive WASH package throughout the year for 2 million IDPs in 1,750 last-resort sites across NWS and NES, considering more sustainable solutions where and whenever possible (e.g. connection to existing and/or establishment of simplified water and sewer networks).
* In light of the ongoing drought and dramatically low water flow in the Euphrates, priority will be on continued surveillance and advocacy for uninterrupted water systems functionality, and maintaining emergency preparedness and support alternative water supply options to the population affected by deficient or disrupted water supply systems, like Alouk Water Station.
* In both rural and urban communities, continuing light, but durable rehabilitation of water and sanitation infrastructure, including solid waste management, as public WASH systems are the most economically viable and equitable way to provide services at scale. Light rehabilitation of WASH systems must be combined with support to operation and maintenance, including electricity power systems, and capacity building of technical staff. Given challenges with electricity network functionality and as a contribution to a greener climate, the sector will prioritize the use of renewable energy wherever feasible.
* Prioritize contingency planning and prepositioning of supplies for NWS in case of non-renewal of UNSC Resolution 2533.
* Due to imposed coercive measures, the entire Syrian population relies on the humanitarian community for the provision of chemical treatments for drinking water.
* With the anticipation of continued community transmission of COVID-19, especially given low adherence to preventive measures in some areas, mainstreaming COVID-19 response throughout all regular WASH activities is crucial to mitigate risks.
* The economic crisis continues to erode households’ purchasing power, notably on WASH services, supplies and consumables. Reported copying mechanisms highly undermine efforts to curb the transmission of COVID-19. The most economically underprivileged households and communities will require support through (multi-)sectoral assistance.
* High level advocacy & engagement with donors on specific and sensitives issues (coercive measures on the energy sector (including fuel and lubricants, spares etc.); Alouk water station; Euphrates River; resilient programming focusing on critical humanitarian infrastructure)

1. **Key messages to donors as at June 2021 (which the HCs could help amplify):**

* Ongoing regional drought, depletion of water aquifers and extremely low water flow in the rivers will further worsen livelihoods and income-earning opportunities and may trigger another wave of misery and migration. Urgent actions at national and regional levels are needed to mitigate the consequences, including high-level advocacy for fair access to water and dedicated timely funds for emergency water supply as well as for look for mid to longer-term alternative water supply modalities and their implementation whenever possible.
* Maintaining non-interrupted water supply from Al-Alouk water station, the main water supply source for over 460,000 people living in Al-Hasakeh city and surroundings and a number of IDP camps and sites including Al Hol and Areesha, is an unconditional must.
* There is an increased need for prioritization and investments in sanitation systems, given that 70% of sewage is untreated and poorly disposed of e.g. in the Euphrates River, with implication for both public and environmental health.
* Timely funding to respond to both protracted and emerging humanitarian needs, including COVID-19 as the WASH sector plays a key role in infection prevention and control and equally serves as a catalyst for attainment of health indicators.

**Top appealing organizations in the sector:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organizations** | **2020 requirements US$** | **2020  Coverage %** | **2021 requirements US$** | **% variation to 2020** | **Geographic coverage (main governorates)** |
| United Nations Children's Fund | 78,710,902 | 40% | **89,862,782** | 14% | All 14 governorates |
| Agency for Technical Cooperation and Development | 12,458,052 | 0% | **15,292,167** | 23% | Aleppo;Al-Hasakeh;Ar-RaqqaDeir-ez-Zor;Idleb |
| OXFAM GB | 14,200,000 | 0% | **14,200,000** | 0% | Aleppo;Dar'a;Deir-ez-Zor;HamaIdlebQuneitra;Rural Damascus; |
| Action Against Hunger | 6,652,725 | 51% | **8,376,291** | 26% | Aleppo;Al-Hasakeh;Ar-Raqqa;Dar'a;Deir-ez-Zor;Hama;Homs;Idleb;Rural Damascus; |
| Norwegian Refugee Council | 4,626,684 | 61% | **8,227,548** | 78% |  |
| Rebuild Syria Reconstruction Program | 3,462,117 | 0% | **8,117,769** | 134% | Aleppo;As-SweidaDar'a;Deir-ez-Zor;Hama;HomsRural Damascus; |
| The Mentor Initiative | 3,555,538 | 0% | **5,914,295** | 66% | Aleppo;Al-Hasakeh;Ar-RaqqaDeir-ez-Zor;Idleb |
| United Nations High Commissioner for Refugees | 5,341,355 | 20% | **5,746,588** | 8% | All 14 governorates |
| International Organization for Migration | 3,267,000 | 54% | **5,366,050** | 64% | Aleppo;Idleb |

1. Formal accredited (i.e. GOS) and formal non-accredited (i.e. KSA, GOT, SIG) [↑](#footnote-ref-2)
2. Core NFI target is 2.9M and seasonal target is 4.1M. [↑](#footnote-ref-3)