Syrian Arab Republic

HIGHLIGHTS

- Children throughout the Syrian Arab Republic face one of the world’s most complex emergencies. More than 14.6 million people (6.5 million children) require assistance, and 6.9 million people (3 million children) are internally displaced.\(^2\) A full two thirds of the population requires assistance due to a worsening economic crisis, localized hostilities, mass displacement and devastated public infrastructure.

- In 2023, UNICEF will deliver life-saving and early recovery services with its partners and field offices, fostering the resilience of children and families. UNICEF will address the needs of girls, boys, adolescents and families through integrated gender-responsive programming prioritizing high-severity areas; and by systematizing preparedness, accountability to affected populations and the prevention of gender-based violence and sexual exploitation.

- UNICEF requires US$328.5 million to meet the needs of children in the Syrian Arab Republic in 2023. The greatest funding requirements are for water, sanitation and hygiene (WASH), health (including the cholera response) and education.

KEY PLANNED TARGETS

- **1.8 million** children and women accessing primary healthcare
- **1.2 million** primary caregivers receiving infant and young child feeding counselling
- **2.3 million** children supported with educational services and supplies in formal settings
- **3.6 million** people accessing a sufficient quantity and quality of water

Figures are provisional and subject to change upon finalization of the inter-agency planning documents.
Children in the Syrian Arab Republic continue to face one of the most complex emergencies in the world. Two thirds of the population requires assistance because of a worsening economic crisis, continued localized hostilities, mass displacement and devastated public infrastructure. The 14.6 people in need include 4.3 million women, 6.5 million children (2.9 million girls), 4.2 million people with disabilities and 5.3 million internally displaced people.8

A cholera outbreak declared on 10 September 2022 quickly spread across the country. It threatened children, especially those living in crowded informal settlements.9 The outbreak is a result of the large-scale destruction of water and sanitation infrastructure, the economic crisis, electricity outages and prolonged drought. Forty-seven per cent of the population relies on alternative water sources, up from 37 per cent in 2021; 2 million fewer people are using water networks than in 2020 due to a combination of natural and human factors.10

Ninety per cent of families in the Syrian Arab Republic live in poverty and 55 per cent are food insecure.11 Food prices in the country increased by a third in the first six months of the war in Ukraine.12 Undernutrition (high stunting levels, increasing wasting levels and micronutrient deficiencies) and overweight affect 3.75 million children.13 Only two-thirds of schools14 and half of health centres15 are fully functional. There are 2.4 million children out of school and 1.6 million at risk of dropping out.16 Children with disabilities are particularly likely to be deprived of their education.17

Protection concerns remain paramount. In 2021, 2,271 grave violations were recorded against children, including recruitment, killing and maiming, a six per cent increase compared with 2020.18 The economic crisis is worsening negative coping mechanisms and particularly affecting female-headed households; it is contributing to the normalization of gender-based violence and child exploitation, which predominantly affects girls and boys.19 Seventy-one per cent of communities surveyed reported child marriage (often affecting girls) and 84 per cent reported that children are working (often affecting boys).20

Ninety-one per cent of the 4.5 million people living in the northwest are in need of humanitarian assistance, including 2.8 million internally displaced people.21 Food insecurity affects 3.1 million people in the area, and 1.9 million people are reliant on water trucking. Protection concerns are acute for the 12,000 women and children living in 48 so-called ‘widow camps’.22

In the northeast, political and conflict dynamics drive elevated protection concerns and complicate aid delivery. Among those affected are internally displaced people in Al-Hol camp (54,000 people, 64 per cent children) and Al-Roj camp (2,600 people, 66 per cent children),23 including children who are third-country nationals and need repatriation to their countries of origin.

STORY FROM THE FIELD

“I was collecting truffles when I stepped on the mine,” explains Jumaa, who lost his foot as a result. Skyrocketing prices, supply shortages and limited job opportunities forced him and his family to search for high-priced truffles in an area contaminated with landmines and unexploded ordnance, posing a grave risk.

In April 2021, a UNICEF-supported mobile team visited Jumaa’s village. The team provided a safe space and educational and recreational activities to help children to develop skills to solve problems, manage their emotions and form and maintain relationships. Desiring to make more friends, Jumaa started taking part in the activities.

Read more about this story here

“I can now ride my bike like I did before,” says Jumaa, 12, in his village of Abu Abdeh, eastern rural Aleppo, Syrian Arab Republic, in April 2022. He lost his foot in 2021 after stepping on a mine.
UNICEF prioritizes high-severity areas using the Whole of Syria approach from its hubs in Damascus, Amman (Jordan) and Gaziantep (Turkey), as well as its six field offices. UNICEF leads the Education, Nutrition and WASH Sectors/Clusters and the Child Protection Area of Responsibility. Cross-border access to the northwest was extended for only six months by Security Council Resolution 2642, leaving access to 4.5 million people highly precarious. The resolution also called for increased early recovery efforts and crossline assistance.

UNICEF is gradually incorporating early recovery programming while maintaining a strong focus on humanitarian assistance. Working along this nexus strengthens the linkages between the needs-based emergency response and essential service restoration, resilience and social cohesion.

UNICEF and its implementing partners will provide services, including health consultations and preventive and curative nutrition services, in areas of highest need. In parallel, support will be extended to rebuild local health systems and improve the coverage of the expanded programme on immunization. Emergency WASH services will be upgraded from trucking to more cost-effective network rehabilitation, with a focus on high-severity areas, and increasingly on climate resilience.

Through the No Lost Generation initiative, UNICEF will reach children at scale with integrated education, child protection and adolescent development opportunities. Non-formal education will be delivered with implementing partners, while investments are planned to allow the education system to absorb the current cohort of school-aged children, including for inclusive and early childhood education. Adolescents will participate in their communities through life skills and social cohesion programming.

Eliminating violence against children will be integrated into all programme areas, with a social norms and behaviour change communications lens, ensuring children are safe in their homes, schools and communities. Psychosocial support, explosive ordnance risk education, case management and gender-based violence prevention will aim to reduce children’s exposure to violence, exploitation and abuse. Vulnerable families will receive cash transfers, combined with case management to meet the overlapping needs of children with disabilities.

The response is informed by gender analysis, accounting for the risks, needs and capacities of women, girls, men and boys. UNICEF and all its partners will uphold protection from sexual exploitation and abuse protocols, with safe and confidential reporting mechanisms made available to beneficiaries. Mechanisms to engage UNICEF beneficiaries in programming - though information provision, risk communication and community engagement and feedback mechanisms - will be mainstreamed. This includes promoting positive social norms and practices to reduce communities’ vulnerability and increase their resilience. Programme strategies will be improved through a comprehensive evidence base, including evaluations of programming in the areas of adolescence, WASH and social and behavioural change, and integrated programming.

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.
UNICEF requires US$328.5 million in 2023 to meet the urgent humanitarian and early recovery needs of the most vulnerable children and families in the Syrian Arab Republic and fulfil children’s rights. This funding will cover interventions delivered from within the country as well as cross-border assistance delivered as part of the Whole of Syria approach. Funding will be prioritized for programming in areas with the highest severity of need in health, nutrition, WASH, education, child protection, social protection and adolescent programming.

Without these funds, 1.4 million in need children in the northwest affected by intensified conflict will go without life-saving and protective services, while 3.2 million children could miss out on life-saving vaccines and more than 1.5 million children remain at risk of death, disability or cognitive impairment due to both short- and long-term effects of undernutrition. Meanwhile, the failure to invest in education is increasing the risk of violence and poverty today; and these risks will cumulatively worsen with each year they are not addressed. Attending school reduces the likelihood of children suffering psychosocial distress and becoming subject to child marriage, child labour, violence and crime and even joining armed groups.

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*This includes costs from other sectors/interventions: Social protection (5.9%), Adolescents/Youth (3.6%), Cross-sectoral (HCT, SBC, RCCE and AAP) (<1%).
1. COVID-19 remains a Public Health Emergency of International Concern as declared by the World Health Organization in January 2020. On 1 July 2022, UNICEF deactivated its Level 3 Sustained Phase for the global COVID-19 pandemic response. All activities related to COVID-19 pandemic response, including programme targets and funding requirements, have been shifted into regular development programming and operations. While UNICEF’s Level 3 emergency response phase of the COVID-19 pandemic was deactivated, the organization is continuing to respond to the COVID-19 pandemic and its impact on children, their families and their communities and on the social systems they rely on.


3. Figures are provisional and based on the 2022 Humanitarian Needs Overview, and are subject to change upon finalization of the inter-agency planning documents.

4. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.

5. Figures are provisional and based on the 2022 Humanitarian Needs Overview, and are subject to change upon finalization of the inter-agency planning documents.

6. This figure was calculated considering the various interventions planned for different age groups and locations to avoid double counting beneficiaries. This includes 3.2 million children under 5 years to be reached with polio immunization; 3.0 million children older than 5 years to be reached with formal and non-formal education; 58,000 adolescents (aged 15, 16 or 17) to be reached with social and civic engagement; and 1.9 million adults to be reached with WASH services. The total figure includes 4.2 million women/girls and 933,224 people with disabilities. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.

7. This figure was calculated considering the various interventions planned for different age groups and locations to avoid double counting beneficiaries. This includes 3.2 million children under 5 years to be reached with polio immunization; 3.0 million children older than 5 years to be reached with formal and non-formal education; and 58,000 adolescents (aged 15, 16 or 17) to be reached with social and civic engagement. The total figure includes 3.1 million girls and 739,023 children with disabilities. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.


11. Ibid.


14. OCHA, Humanitarian Needs Overview 2020, April 2020. No new figure for affected schools was provided in the 2021 or 2022 Humanitarian Needs Overview.


16. Ibid.


20. Ibid.


22. Ibid.


25. Ibid. Includes 3.8 million children.


27. Ibid.

28. Ibid. Includes 5.7 million children.


30. UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of cluster coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinators costs are included into sectoral programme budgets.

31. This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

32. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.

33. UNICEF leads the Education, Nutrition and WASH Sectors/Clusters and the Child Protection Area of Responsibility.


35. These programmes have been chosen for evaluation as large-scale programmes in which UNICEF has significantly invested. The outcomes of the evaluations will help strategically position UNICEF going forward.

36. The target includes children reached through campaigns.

37. Counts consultations provided, not unique beneficiaries, so the same person may be counted multiple times if they attend multiple consultations.

38. The target includes both counseling and awareness-raising sessions. The target is a percentage of people in need in high-severity areas and differs from year to year.

39. Caregivers are targeted separately through parenting programmes, in line with the HRP.

40. Includes fundamentals of pedagogy and learning evaluation; life skills; health training (COVID-19 prevention); early childhood education; and learning assessments.

41. This indicator includes the repair/rehabilitation of water systems. Chlorination and water disinfection activities are not reported under this indicator.

42. Targets were developed at the start of 2022 whereas the cholera outbreak started in September 2022. However, activities are targeting areas of high severity already planned for water, hygiene and sanitation support, hence, no increase in targets.

43. This indicator includes the repair/rehabilitation of sewage systems.

44. Under the early recovery and livelihoods sector.

45. The target has decreased from 2022 as each household will receive three rounds of cash assistance (rather than one round) in response to findings from post-distribution monitoring to date.

46. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.

47. UNICEF requirements are different from the Humanitarian Response Plan (HRP) due to the inclusion of separate funds for social and behaviour change efforts, which are not included within the HRP envelope.

48. Syria Education and Development Investment Case, prepared by the Victoria Institute of Strategic Economic Studies of Victoria University, Melbourne, Australia, forthcoming.

49. Note: 2022 Humanitarian Response Plan (HRP) total is 327,653,473. The difference related to social and behaviour change requirements.

50. One per cent of the total funding requirements will be dedicated to evaluation.

51. Funding for accountability to affected populations will be used to support work including the operation of the Service Line; awareness raising for the Service Line (including SMS, posters, door-to-door visits and business cards); procuring and distributing suggestion boxes; regular surveys and feedback through third-party monitors; training of partners; and regular focus group discussions and consultations with communities to understand and respond to their needs.