**UNICEF Contingency Plan**

*This template is for offline Contingency Plans as an alternative to the Emergency Preparedness Platform (EPP). Offline plans are only recommended where there is sensitive information. Under pressure, it is advised to quickly develop a brief plan which can be further developed in the following weeks*

Country/Field office: Whole of Syria (WoS) , North West Syria (NWS), Gaziantep hub

Risk: Armed conflict

Executive Summary:

1. Risk Description and Situation Analysis:

Hostilities between the Government of Syria (GoS) forces and Non-State Armed Groups (NSAGs) in northwest Syria have been the main driver of humanitarian needs for the past years. Despite the “de-militarized zone” (DMZ) agreement reached between the Russian Federation and the Republic of Turkey in September 2018, shelling and fighting around the frontline areas continued between the parties. On 28 April 2019, the GoS forces and allies launched a large-scale military operation against NSAGs forces in northern Hama countryside, western Aleppo countryside, northeast Lattakia and Idleb governorates, with artillery, mortars, barrel bombs and airstrikes affecting these areas. Airstrikes affected many communities in the area, including urban centers and heavily populated centers. Vital civilian infrastructures such as hospitals, bakeries, water stations, schools and public facilities have been damaged or destroyed due to airstrikes and shelling. The escalation continued throughout 2019 in NWS.

The intensification of hostilities in southern Idlib, western and southern Aleppo since December 2019; resulted in massive population movement towards the northern areas of Idlib, Euphrates shields and Olive Branch. The Government of Syria has recently advanced and controlled the strategic town of Ma’arat Al Numan and surrounding areas in rural southern and eastern Idlib on the M5 high-way. Heavy bombardments and artillery shelling were reported over Saraqib sub-district however, further advancement towards Saraqib is not anticipated as Turkish Army created a monitoring and an observation point east and south of Saraqib. If advancement towards Saraqib happened; the humanitarian situation might exacerbate.

The volatile security situation along access routes north, and the shortage of fuel in Idlib area, were limiting factors to the movement of civilians fleeing the hostilities. A humanitarian pause was requested on 30th January by the international community and the UN to ease and secure safe passage for the movement of fleeing IDPs.

According to OCHA more than 516,000 people including 304,426 (59%) children were displaced between 01st December to 30th January including secondary displacement; Out of this figure; an approximately 128,000 were considered newly displaced. Most of the recently displaced people are moving to urban centers and IDP camps in northwest Idleb. Tens of thousands of others have reportedly moved to areas such as Afrin, A’zaz and Al-Bab in northern Aleppo Governorate.

With an estimated 400,000 people displaced in northwest Syria between May and August 2019 and more than 516,000 people displaced in northern Syria since December 2019, increasingly large numbers of people are being squeezed into an increasingly small pocket of the northwest. The large numbers of displacements are severely exacerbating shelter and accommodation shortages across northwest Syria; thousands of families are reportedly temporarily accommodated in public buildings, schools and mosques, relying on local charities to provide immediate assistance including cooked meals; hundreds of other families are reportedly sheltering in unfinished houses, shops and other sub-standard buildings, as well as in open spaces including public parks, with no access to basic services.

The violence is further taking a significant toll on civilian lives and infrastructure. OHCHR monitoring from 15 to 23 January documented confirmed incidents in which at least 81 civilians including 13 women, 14 girls and 20 boys were killed due to airstrikes and ground operations by parties to the conflict. In 2020 thus far, 21 people have reportedly been killed and 48 people have been injured by projectiles hitting the city of Aleppo.

Civilians are still unsafe in destination areas, as improvised explosive devices (IEDs) and other unexploded ordinances (UXOs) continue to place people’s lives at risk. Furthermore, hostilities were reported to have affected several civilian facilities, including schools, hospitals, health centers and IDP camps, while two primary healthcare centers (PHC) in western Aleppo countryside – one in Abzemo near Atareb and one in Zarbah in Jebel Saman district – reportedly suspended operations due to the hostilities.

The rise in civilian casualties during this period raises serious concerns regarding civilians’ protection. Equally concerning is that civilians are likely to continue to be severely affected by hostilities as territorial gains of populated areas continue. Between 15th and 21st January; 35 residential communities came under the control of GoS in southeastern Idleb governorate. Humanitarian partners have maintained their delivery of assistance to areas shifting control in northwest Syria despite difficulties in accessing some areas. However, many humanitarian responders have been forced to suspend their activities in southern Idleb and northern Hama and relocate to safer locations northwards.

Despite political efforts to reach a long-lasting ceasefire and to make progress on a political solution to the crisis, hostilities may continue in the next months, exacerbating the already dire humanitarian situation in northwest Syria.

Scenarios & Triggers:

|  |  |  |
| --- | --- | --- |
| **Scenario** | **Description** | **Triggers & Monitoring** |
| **Most Likely** | Large scale military escalation and offensive | 1. Intensified aerial and ground offensive by GoS and allies 2. Political impasse and no progress in the Astana implementation, Sochi agreements and formation of the constitution committee 3. No cessation of hostilities and Astana talks/agreements collapse |
| **Worst Case** | NA | NA |

1. Likely Period:

For this contingency planning the most likely scenario is considered and the situation is likely to continue for another six months and up to end of June/July 2020.

1. Geographic Area Affected & Potential Scale

|  |  |  |
| --- | --- | --- |
| **Scenario** | **Affected Areas** | **Population affected** |
| **Most Likely** | Southern Idlib and areas around the M4 and M5 high-ways, northern Hama, northern Latakia and western and southern Aleppo (the de-escalation zone) | So far more than 500,000 moved from south Idlib, western and southern Aleppo to northern Idlib, close to the border with Turkey and northern Aleppo. |
| **Worst Case** | NA | NA |

1. Humanitarian impact:

The recent intensification of conflict in northwest Syria has resulted in huge number of civilian casualties, badly impacted civilian infrastructure, including protected facilities such as schools, medical facilities, water stations and bakeries and has been one of the main drivers of large-scale displacement, mainly towards the north further into the territory of Idleb Governorate, and of the prevention of their safe return. Furthermore, the area is characterized by high levels of vulnerability, with IDPs representing half of the estimated population in the area, living in overcrowded settings with limited availability of and access to services and high protection risks. Continued hostilities, airstrikes and explosive hazard contamination is a risk for civilians and has impacted civilian infrastructure, including schools, medical facilities, local markets, housing, IDP settlements, and have disrupted humanitarian activities. Overall, the fighting has led to people having acute and protracted humanitarian needs across the area.

Some 2.8 million of the four million people living in northwest Syria are estimated to require humanitarian assistance, with women and children estimated to comprise 76% of this population. The main reported needs of the recently displaced people are shelter, food, non-food items, and cash assistance. Winter conditions are adding an additional layer of urgency to the situation, with cold weather and flooding exacerbating vulnerabilities. Humanitarian actors are scaling up their responses in destination areas for newly displaced, recently displaced, previously displaced and host populations, to reach as many people as possible with lifesaving humanitarian support such as food assistance and shelter. The rapid and frequent displacements, increased demand in destination areas, the volatile security situation and the heightened prices in local markets due to the devaluation of the Syrian currency mean that more flexible resources are needed to support all those in need in northwest Syria, as the fluidity of the situation caused by rapidly changing displacement patterns complicates the efforts of humanitarian actors.

The dire situation of civilians in northwest Syria is further compounded by unprecedented devaluation of the Syrian Pound, with the USD exchange rate ranging between 1,100 and 1,200 SYP per USD in January 2020, compared to around 640 SYP per USD in mid-October 2019. Consequently, prices of vital goods and services in northwest Syria have increased significantly, reducing access and affordability and contributing to increased reliance of civilians on humanitarian support. Reportedly in response to the declining SYP, in Idleb governorate the price of bread was pegged to the USD, with consumers subject to paying SYP equivalent according to the prevailing rate. Fuel has also become increasingly unaffordable, affecting transportation costs and exacerbating existing concerns about increased health and fire risks and potential interruptions to vital services including hospitals and emergency operations.

Given the current dynamic, in which displacement trends are fluid and not always predictable, with high levels of mobility among the population, the humanitarian response will need to be flexible to address specific needs as they arise in different locations. According to the inter-agency Preparedness Plan and for planning purposes, the displaced and other affected groups may require emergency food assistance, emergency health, nutrition and WASH services, basic emergency NFIs, winter clothing, and other winterization support, shelter, protection and other life-saving services. UNICEF has adapted a flexible approach to the response by adjusting its agreements with partners to serve the displaced population along displacement routes, and when necessary re-program and relocate activities.

As expected, people moved to areas where services may be more accessible, however, this has led to congestion and in places overwhelmed services. Scaling up the response to meet the needs of the existing population and for those who newly arrived is an ongoing challenge. The primary destinations for most newly displaced individuals was to the existing camps and host communities in northwest Syria particularly in northern Idlib and northern Aleppo close to the border with Turkey, which are already overcrowded, putting an additional strain on the provision of life-saving humanitarian assistance.

Throughout the response, additional considerations need to be made across all sectors to the specific needs of girls, boys, women and men, as well as the elderly and persons with disabilities, both in terms of mainstreaming age, gender, diversity, ability and protection (including GBV and child protection) and adjusting response modality to meet their distinct needs.

1. Priority needs of women and children

*. The dynamics of population movement indicates that people may be in transit to final concentration areas over some time. The response plan* recognizes that the transition from life-saving to regular programming is organic, and that each sector will prioritize the activities according to the immediate needs. As part of wider response planning efforts, UNICEF will continue to provide longer-term services and resources for recently displaced people together with the existing host and IDP population. Priority will be given to children, women and people with special needs. Minimum service packages for every sector will be used where appropriate. (Please, refer to the attachment of minimum service packages for more details)

**Nutrition**

* Delivery of nutrition services continues in convergence with Health, WASH and Child Protection.
* Nutrition emergency response will aim to continue providing life-saving preventative and curative nutrition services to both host community as well as internally displaced person in Idlib and Northern Rural Aleppo which will include scaling up integrated mobile Rapid Response Teams and health facility-based services . Nutrition services will include screening of children, pregnant and lactating women for malnutrition, referrals and enrolment to the malnutrition treatment in out and in-patient therapeutic program, distribution of micronutrient supplements, messages on Hygiene promotion, optimal infant feeding and caring practices.
* Currently 54 Rapid Response Teams (RRT) are activated for a total of 13 partners capable of reaching 35 sub-districts and 166 communities serving IDPs along displacement routes. 54 integrated RRTs have been deployed to Idlib and northern rural Aleppo Governorates. The most vulnerable sub-districts include the following:

|  |  |
| --- | --- |
| **Idlib Priority Response Area** | **Northern Rural Aleppo Response Area** |
| Dana | Afrin |
| Ma’arat Masrin | Azaz |
| Idlib | Al Ra’ai |
| Armanz | Al Bab |
| Kafr Takharim | Jarblus |
| Qurqania | Jandairis |
| Harim | Bulbul |
| Salqin | Sharaan |
| Darkosh | Raju |
| Janudieh | Sheikh Al Hadid |

* Upon availability of additional funds, the nutrition program will increase the number of RRTs from 54 to 84; covering all IDP receiving sub-districts. RRTs will also strengthen referral systems from communities to health facilities and vice versa.
* Prepositioning of curative and preventative nutrition supplies enough for 270.000 children under 5 and PLWs. Procurement of additional supplies will be needed to cover the needs up to the end of the year including additional 20%. Currently prepositioned nutrition supplies such as therapeutic spreads, therapeutic milks, micronutrient supplementation and emergency foods rations are enough only to cover the needs of 12,000 children under the age of 5 years, 55,648 pregnant and lactating mothers including 1000 severely malnourished children. This will leave a gap of 170,000 children and 50,000 mothers yet to be reached with lifesaving nutrition supplies in the next six months.
* Supplies are warehoused in two strategic locations: Azaz subdistrict which supports nutrition programs in northern rural Aleppo and Dana to support nutrition program in Idlib

**WASH:**

The WASH section is prepared to respond to all high priority sub-districts with severity scale 4 and 5 in NW Syria based on the Humanitarian Needs Assessment Program (HNAP)[[1]](#footnote-1) . These subdistricts include: Atareb, Al Bab, Afrin, Jandaris, Azaz, Jarabulus, Idleb, Saraqab, Maaret Tamsrin, Harim,Dana, Salqin, Jisr-Ash-Shugur, and Ariha.

WASH will respond to the needs of 440,000 IDPs including 185,000 children. The services will be provided through partnership with local NGOs that have capacity and access. UNICEF in NW Syria has 10 potential implementing partners, and active program cooperation is ongoing with 4 organizations. All these partners have access to the entire NWS with some of partners having over 1,000 field staff and technicians to respond to potential emergencies.

UNICEF will be providing life-saving emergency activity; which include hygiene promotion, distribution of water bottles, water trucking, minor repair of water systems, distribution of WASH and hygiene kits, jerry cans, construction and rehabilitation of community latrines, waste-water management, and solid waste management.

UNICEF as cluster lead for WASH sector remain responsible to act as provider of last resort, wherever necessary depending on access, security and availability of funding. UNICEF is committed to work with the donors and the Humanitarian Coordinator to advocate for appropriate action to be taken by the relevant parties and mobilize resources for an adequate and appropriate WASH response. In case of a problem in gaining access to a particular location, or where security constraints limit the activities of humanitarian actors, UNICEF is committed to continue advocacy efforts and explain the constraints to the stakeholders.

**Health:**

Health sector aims to support the provision of life-saving humanitarian health assistance to the most vulnerable people including women and children with an emphasis on area(s) with high severity of needs. The number of people displaced from affected conflict areas is close to 900,000 people in areas already overstretch with IDPs and with limited human resources. The rising numbers of internally displaced people (IDPs) requiring health services, the recurrent and protracted nature of the displacement have created complex health needs and challenges. To provide life-savings health care services with attention to surgical, trauma and injury care at selected needs-base health facilities in high severity ranking locations with focusing on medical and surgical care supplies and infection control measures. The following activities will be considered:

* **Immunization (Routine/Supplementary immunization activities):** UNICEF is aiming to ensure that 13,200 children under the age of one year can be vaccinated each month according to the EPI schedule however, this was challenged by the recent insecurity as EPI centres had to stop or relocate to avoid attacks and cater for population movements. Currently 25 EPI centres are not operational, which affected access to vaccination services to 3,444 children per month (26%).
* **Primary and Secondary Health Care services, with emphasis on Pediatrics and Obstetrics Services:** Continue to enhance the resilience of internally displace population and host community through providing primary and secondary health care services (including pediatrics) in NWS. These secondary and tertiary services tend to be neglected in emergencies in favor of primary health care, and rapid response teams. In conjunction with the first responders, these UNICEF supported services become the referral centres of choice.
* **Technical support and capacity development of health personnel on reproductive health (neo-natal training):** Development of training materials and more effective training sessions at all levels; needs to be warranted for quality interventions at times of post-offensive.

**Child Protection**

* IDP children and their families in camps and settlements as well as in hosting communities are amongst affected. UNICEF and partners provide essential protection services through existing community-based child protection structures.

Activities:

* Provision of psychosocial support to boys and girls delivered from child friendly spaces, schools and mobile child protection teams.
* Provision of Parenting Programmes to parents and caregivers.
* Provision of Mine Risk Education to boys, girls, men and women in IDP camps, settlements and host communities.
* Provision of BCC interventions with primary focus on prevention of family separation, violence as well as negative coping mechanisms including child marriage and child labor.
* Provision of specialized services through case management.
* Provision of training to women and men in line with Minimum Standards for Child Protection in Humanitarian Action.
* UNICEF prepositioned supplies in various locations within Afrin and Idleb include wrist identification bracelets, first aid, recreational, early childhood, and adolescents’ kits. This is estimated to reach a caseload of about 260 ,000 children.
* Through the Protection cluster and the child protection sub cluster, an online platform for protection monitoring has been established to provide information about emergency response. Additionally, a system of Emergency Response Focal Points allows for coordinated action in terms of human resource, supplies distribution and gap identification when an escalation of hostilities occur.

**Education:**

Education through it partners that have access will respond to the needs of 25,000 (of 60,000 identified by the cluster) affected school age children and provide the minimum package of education in emergency services. Main activities include:

* Establish temporary learning spaces including education supplies
* Training of teachers on Psychological First Aid (PFA) and Psychosocial Support (PSS)
* Provision of incentives to teachers and education personnel
* Provision of remedial classes for students to catch up on missed lessons
* Equip school with heaters

**Non-Food Items (NFIs):**

Since 1st December 2019, hundreds of thousands of people have fled from their homes, mainly from southern Idleb and western Aleppo, escaping hostilities and moving to urban centers and IDP camps in northwest Idleb, as well as Afrin and Azaz districts of Aleppo. Recent assessment from HNAP placed the displacement figure at 517,000 people, 59% (304,426) of whom are children. Winter conditions are compounding the vulnerability of displaced people. Many who fled are in urgent need of humanitarian support, particularly shelter, food, health, non-food and winterization assistance. According to the same HNAP assessment, the top priority need of IDP’s is NFIs, including WASH and winter items; hence, winterization interventions are a critical response element needed to ensure that displaced children have necessary items to protect them from harsh weather conditions. UNICEF’s response since 1st December covers the needs of around 111,600 (36% of children IDPs) children ages between 3 months to 14 years old with provision of clothing and warm blankets. Of this coverage, around 51,000 children will be assisted in the coming month and a half.

The targeting and implementation are coordinated with the Shelter/NFI Cluster partners to avoid any duplication in assistance provision. UNICEF currently has 3 active partnerships for winter support and is working to establish 2 additional partnerships to cover the widespread emerging needs.

At this stage, UNICEF does not foresee additional need for funding for winter assistance as part of the emergency readiness and response plan.

Major Humanitarian Actors and Response Capacity Gaps

*List key actors (government and others) that might be involved in the response and identify response gaps that UNICEF would address, including as last resort provider for UNICEF-led sectors. Indicate potential differences between both scenarios if relevant.*

1. Total Target Population & Budget Requirement

*Indicate how many persons would UNICEF assist in total, in brackets how many children and what targeting strategy will be adopted for reaching vulnerable groups, geographic or different population sub-groups. Make sure that the UNICEF overall target is coherent with targets indicated by sectors in the response strategy. Indicate the total budget required to implement the response (refer to Annex 1 Response Plan & Budget).*

|  |  |  |
| --- | --- | --- |
| **Scenarios** | **Total Target Population (incl. children)** | **Total Budget Required** |
| **Most Likely** | *The total case load is around 500,000 (304,426 children) however,* ***UNICEF will be responding to 440,000*** *people only (****185,000 children****) considering WASH as the highest case load* | WASH: USD 2.5 million  Health: USD 0.25 million  Nutrition: USD 2.5 million  Child Protection: USD 0.8 million  Education: USD 1.7 million  NFIs/Winterization: USD 0 million  (please, refer to annex 1 for more details) |
| **Worst Case** | NA | NA |

1. Response Strategy (0-3 months):

*This section is a summary of Annex 1. Note that the response strategy (targets, activities, budget, etc.) can be designed for both scenarios if relevant. The response strategy covers the relief phase only for a maximum of 3 months. List key child-centered response results aligned with CCCs, including inter-sectoral issues. Provide overall response strategy considerations for both scenarios if relevant.*

9.1. Most Likely Scenario

|  |  |  |
| --- | --- | --- |
| **Sector** | **Expected Results** | **Targets (incl. children)** |
| WASH | Affected people (incl. children and women) have access to emergency WASH services | *440,000 (185,000 children)* |
| Health | Affected population receive primary health care and immunization services | *Immunization: 900,000 children*  *Total PIN for PHC and Immunization services for two rounds (meaning total PIN is close to one million): 2.2 million people (40-42% are children)* |
| Nutrition | Affected population receive nutrition services | *270,000* |
| Child Protection | Affected population (girls, boys, parents and caregivers) receive minimum response package for rapid onset emergencies in line with Minimum Standards for Child Protection in Humanitarian Action. | *90,000* |
| Education | Affected population (children and caregivers) received education on emergency services. | *25,000* |

The strategy for delivery will depend on access and security situation. Mobile teams, Rapid response mechanisms and teams for health, nutrition, education, WASH and protection are expected in case of insecurity and access constraints. Community health and nutrition workers are also is considered as another modality in case of deteriorated security situation. In case of improved security and access normal primary health care facilities, clinics, CFS and schools will be used.

1. Anticipated Obstacles/Constraints & Mitigation Measures

*List potential challenges (government’s request for assistance, access, security, logistics, etc.) and how to mitigate. Indicate potential differences between both scenarios if relevant.*

|  |  |  |
| --- | --- | --- |
| **Type** | **Challenge/Obstacle** | **Mitigation Strategy** |
| *Capacity and resources* | The continuation of hostilities and massive displacements to northern Idlib and Aleppo stretched the capacity of partners to respond in camps and communities to the increasing needs of IDPs and host community. This is also coupled with limited resources and reduced funding due to shifting of donors’ priorities and other world-wide competing priorities, donors conditionalities and adherence to counter terrorism legislations might affect scaling up of programs or implementation of programs | Capacity development of partners capacity, expansion of partnerships and strong resources mobilization strategy to attract traditional and non-traditional donors to fund the operation. In addition, putting robust risk mitigation strategies in place and assurance plans. |
| Access and Security | Possible challenges in accessing the concerned population and the volatile security situation could pose a threat to the timely delivery of education assistance and delivery of child protection. Further, deliberate targeting of health and education facilities might also pose a threat to the lives of health workers, children and teachers particularly in locations along the conflict lines which can make program implementations and services impossible. This will increase needs for mobile services which might again become compromised by deteriorating security on the ground. Other access impediments perpetrated by armed groups or civilian authorities: Armed groups or local authorities may interfere in humanitarian work, impede the freedom of movement of people in need or humanitarians, or otherwise impede humanitarian work. Further, freedom of movement of affected people due to conflict, restrictions placed on them by armed groups or civilian authorities, disability, or other factors, affected people may not be able to move to areas where humanitarian services can be provided. This would likely increase their need and reduce the ability of humanitarian partners to implement this plan.  Conflict may impede humanitarian work: Even if resources are adequate, in an environment of acute violence much humanitarian programming may not be possible to conduct. It may be too dangerous to undertake for people in need or humanitarian staff, impossible due to the destruction of infrastructure or similar impediments or be of a nature that it is not appropriate to conduct during hostilities such as schooling. Further, humanitarian staff may be affected and unable to conduct their work: Based on previous experience, some of the aid workers and public service providers such as teachers, doctors and other protection service providers who are part of the communities may be affected, including through displacement, which may lead to a partial or complete reduction of local response capacity and possibly a suspension of activities. Sites that are used to deliver services and warehouses with supplies may also become inaccessible | focusing more on non-formal education provision through mobile teams and distribution of supplies through rapid mechanisms. The use of the emergency response model (Protection Cluster) with an integrated and phased approach is relevant and will be key in mitigating this challenge. The mechanism relies on expanding the capacity of static service points (community centres, child-friendly spaces, and women and girls’ safe spaces) and mobile outreach teams, in the first three weeks to two months. The use of integrated Rapid Response Teams to deliver Heath, Nutrition, CP and WASH services. However, in case of deteriorating security situation; innovative solutions might be needed to avoid any potential harm on beneficiaries or health/nutrition care providers which include mobile services, using under-the ground hospitals and exploring existing opportunities for health care within communities such as nurses, mid-wives, nutritionist. Strengthening referrals to maternal and trauma care services. For other access issues continuous advocacy with armed groups and non-state actors will be required to facilitate access and deliver services. With regards to the impediment of humanitarian workers; the development of a Business Continuity Plans will be vital in this regard but may not be able to address all possibilities.  Cross-border partners would require security guarantees for their protection and ability to continue operating. |
| Limitations of Activities in Northern Aleppo | The capacity of humanitarian partners to operate in Afrin and northern Aleppo may also be a challenge. Registration processes and other bureaucratic impediments can challenge humanitarian response within the IASC coordination mechanisms. As a result, it is not clear if the humanitarian community would have the capacity to respond to large numbers of new people in need. | Fast-tracking a registration process to respond in these areas in an emergency may be necessary, as well as sensitizing and planning with Turkish authorities on the potential scale of needs and response outlined in this plan. |
| Border capacity and other logistic issues in Turkey: | In the event of a large-scale increase in needs, the capacity of the border crossings to handle the resources needed to respond will have to be clarified. It may not be possible to ship supplies at the rate they are needed. The procurement of supplies in Turkey and other related logistics issues prior to entering Syria may also inhibit response. | Continuous advocacy through OCHA with Turkish authorities. Find an alternative and innovative ways to deliver supplies including use of partners to ship supplies through commercial border crossing, rebranding of goods, etc. |

1. Feasibility of “cash based” and “in kind” implementation strategies

*Indicate implementation strategies (through cash or voucher-based intervention or in-kind). Refer to EPP MPS9 if applicable*

NA

1. Preparedness Actions – Management & Operations

*Indicate capacity assessment in meeting the minimum preparedness standard (scale 1 to 5 as per EPP guidelines). List key preparedness actions in relation with the response strategy (section 9) and mitigation strategies to address potential challenges and obstacles (section 10) as applicable.*

|  |  |  |  |
| --- | --- | --- | --- |
| **MPS - Type of Action** | **Score** | **Description** | **Who and When** |
| Management |  | Decentralization and simplified procedures for L3 Emergency | UNICEF Senior Management |
| Coordination |  | UNICEF Gaziantep will ensure close coordination between the different hubs to adequately respond to the affected population’s needs in IDP camps, host community, and transit. UNICEF will also continue to coordinate with OCHA and other inter-agency through established coordination mechanisms to ensure timely response and information sharing. | Available inter-agency coordination mechanisms including ISCG, HLG, and other cluster forums |
| Learning |  | UNICEF Gaziantep office is compliant with the mandatory requirement for staff including B-Safe, SSAFE training, PSEA, Prevention of HIV in the work place, ethics and integrity and the CCCs, grant management, HACT and fraud training. | All staff members, throughout the year |
| Staffing & Surge |  | UNICEF will continue to rely on the availability of colleagues in the Regional Office (RO) and the surge roster to provide technical and programmatic support. The office will explore the opportunity of stretch assignments for short period if needed to ensure equality response and interventions. | RO, Gaziantep |
| Supply & Logistics |  | UNICEF continues to re-stock and preposition supplies for the use of partners through regular transshipments, taking into consideration all risk mitigation measures. UNICEF will keep supplies in Mersin warehouse as contingency stock in the event of loss of supplies or warehouses in Idleb; and in support of a prolonged response. Additional supplies will be procured as soon as funding is available. | UNICEF Gaziantep hub and partners |
| Cash Interventions |  | NA | NA |
| Partnership |  | UNICEF has 45 partnerships some of which are currently carrying out activities in HTS controlled locations including Idleb and its surrounding. All UNICEF sections have discussed and agreed to continue strategizing and reprogramming the interventions to address the current basic needs of the population and ensure clear communication messages to affected population as part of its commitment to Accountability to the Affected Population (AAP). | UNICEF Gaziantep |
| Advocacy, Coms, Fundraising |  | In 2018 UNICEF Damascus and Gaziantep through direct funding from partners and its own internal resources were able to provide close to 80% of the required funding. This also takes into consideration that UNICEF has utilized its own resources and emergency response specific supplies in support of its ongoing emergency response. As indicated above UNICEF has emergency supplies in selected warehouses inside Idleb, Euphrates shield and special arrangements through the Damascus Office that are available for immediate response. However, the situation in Idleb has worsen and UNICEF needs further funding to provide adequate responses for more than 250,000 individuals in addition to its regular programming. | RO, SCO, EPF |
| Operations, Finance, Admin |  | Registration of new partners from fields and conducting micro-assessment. Establishing contingency PCAs/ SSFAs and humanitarian PDs | RO and Gaziantep hub |
| Security |  | UNICEF Gaziantep hub coordinates closely with the ASMT and other interagency mechanisms to ensure the safety and security of staff. Further, partners maintain their own security system in the field to ensure their staff safety and security. Duty of Care is also discussed at inter-agency level to have a common framework for cross border partners. | ASMT, partners’ security departments/sections |

1. Preparedness Actions – Programme/CCCs

*List key preparedness actions in relation with the planned response (section 9) and mitigation strategies to address potential challenges and obstacles (section 10)*

|  |  |  |
| --- | --- | --- |
| **Type of Action** | **Description** | **Who and When** |
| Child Protection | * Child Friendly Spaces act as protection platforms with established outreach capacity. CFSs working in tandem with child protection mobile teams with the capacity to reach out to greater numbers. * Protection focal points at district level established ensuring response is timely and coordinated. * Child protection supplies i.e. recreational kits, adolescent kits, bracelets prepositioned within Syria in 3 warehouses. * Child Protection organizations on the ground with capacity to address violence, exploitation and abuse have been identified and mapped in advance. * Minimum Standards for Child Protection in Humanitarian Action promoted, and training has been delivered | NGOs with access and teams present on the ground.  Immediately |
| Education | * Provision of temporary learning spaces, and the provision of teaching and learning materials; increase capacity of existing learning spaces, b) increase number of learning spaces in available sites, c) implement mobile education activities in available spaces - dependent on location and need * Provision of education in emergency and Psychosocial Support (PSS) activities inside forms * Distribution of learning materials to children attending temporary classes * Training of teachers on Psychological First Aid (PFA) and Psychosocial Support (PSS) | Partners internal and local NGOs with access.  Immediately |
| Health | * Scaling up partnerships for health through integrated humanitarian partnership documents * Ensure and maintain health supply pipe line with clear supply plan which includes clarity on possible supplies routes, locations of warehouses, this includes essential medicines, vaccines, cold chains and medical equipment’s * Availability of OPV & Vit-A for upcoming polio campaign in the region * Improve the community access to raise awareness and demand for vaccines. | All available UNICEF partners  Immediately |
| Nutrition | * Scaling up integrated partnerships for nutrition through integrated partnership documents. * Ensure close monitoring of nutrition situation in the area through sustaining high-quality nutrition surveillance system in the area. * Ensure and maintain healthy supply pipe line with clear supply plan which includes clarity on possible supplies routes, locations of warehouses, this includes therapeutic spreads, therapeutic milks, micro-nutrient, Plumpy doz and high energy biscuits. | 10 UNICEF partners as well as UNICEF |
| WASH | * Joint assessments by partners using RNA tool * Continuity of emergency response projects with critical partners having access and capacity to intervene * Adequate stocks maintained in the warehouses of implementing partners * Procurement of additional WASH supplies * WASH activities coordinated through cluster and inter-cluster set-ups * Establishment of LTAs for the procurement of goods/services * Mobilization of fund for response | * Joint assessment by partners (continually on-going) * At least three IPs with WASH capacity and access engaged (on-going) * WASH supplies available in seven warehouses of IPs in NW Syria (done) * Weekly monitoring of stocks by implementing partners and UNICEF Wash team * Establishment of LTAs (Supply & Procurement and WASH team) * WASH NFIs procurement by Supply and Procurement teams (on-going) * Develop modalities for using life-saving WASH supplies from UNICEF and other partners by cluster members (UNICEF WASH with cluster team, done) |
| C4D/AAP | * Community mobilization for assessing critical WASH needs and response planning * Life-saving health-seeking and hygiene-behavior promotion * Mechanism to comply potential complains/grievances to ensure response outreach all people in needs | * UNICEF ensures orientation to key program staff of implementing partners on C4D/AAP * Field staff of IPs carryout community mobilization and behavioral promotion * Feedback mechanism in place to receive and comply complains/grievances |
| Gender | * Consultation with women and children to decide location and management arrangements to ensure privacy and security of public toilets * Decentralized water storage and distribution services at reasonable distance * Separate ques for men and women for distribution of NFIs and water | * UNICEF ensures orientation to key program staff of implementing partners on gender sensitive WASH interventions * Field staff of IPs ensure facilitate establishment of systems and procedures within local councils and camp management |
| Social Inclusion/NFIs | * Secure emergency funding required for contingency stock * Set up partnerships with key partners who have the capacity to deliver, monitor and report on response; this could be done through integrated PD’s with established UNICEF IP’s or through brokering new partnerships with Shelter/NFI cluster members who are recommended by the cluster. | * UNICEF WoS and RO * UNICEF Gaziantep hub-NFIs programme |

1. Operational Requirements

14.1. Human Resources

*Refer to Annex 2 Staffing and Surge MPS7*

UNICEF will continue to rely on the availability of colleagues in the Regional Office (RO) and the surge roster to provide technical and programmatic support. The office will explore the opportunity of stretch assignments for short period if needed to ensure equality response and interventions.

14.2. Supply Plan

*Refer to Annex 3 Supply Plan MPS8. Use the* [*UNICEF Emergency Supplies Calculator*](https://www.unicef.org/cholera/Chapter_10_UNICEF/14_Supply_calculator/WebCalculation.htm)*.* Attach a contingency plan-specific Supply & Logistics strategy if relevant

UNICEF continues to re-stock and preposition supplies for the use of partners through regular transshipments, taking into consideration all risk mitigation measures. UNICEF will keep supplies in Mersin warehouse as contingency stock in the event of loss of supplies or warehouses in Idleb; and in support of a prolonged response. Additional supplies will be procured as soon as funding is available*.*

14.3. Partners

*Refer to Annex 4 Partners MPS10*

UNICEF has 45 partnerships some of which are currently carrying out activities in HTS controlled locations including Idleb and its surrounding. All UNICEF sections have discussed and agreed to continue strategizing and reprogramming the interventions to address the current basic needs of the population and ensure clear communication messages to affected population as part of its commitment to Accountability to the Affected Population (AAP).

1. Funding Requirement (0-3 months)

*Refer to Annex 1 Response Plan. Indicate overall figures only for both scenarios if relevant*

|  |  |  |
| --- | --- | --- |
|  | **Most Likely** | **Worst Case** |
| **Sub Total Programme Costs** | USD 7.75 million\* | NA |
| **Sub Total Programme Support Costs** | USD 0 | NA |
| **TOTAL FUNDING REQUIRED** | USD 7.75 million | NA |
| **Funding available** |  | NA |
| **Funding GAP (total required *minus* available)** | USD 7.75 million | NA |

* This figure includes PSC. Please, refer to annex 1 for more details.

1. WASH was not covered by MSNA. It was covered by HNAP. The severity scales are assessed by several criteria including prevalence of water and vector borne diseases. [↑](#footnote-ref-1)