





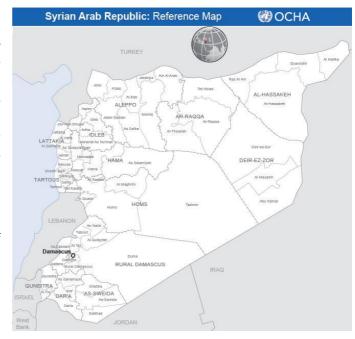
SYRIAN CRISIS

ANNUAL OPERATING PLAN 2014

1. BACKGROUND

March 2011 was the starting point of the civil conflict in Syria. The wave of protests calling for the country's democratisation, and harsh repression by the regime, triggered a conflict that has now become entrenched, affecting local, regional and international actors. Its effects have spread to neighbouring countries, resulting in a grave humanitarian crisis that, over more than three years of clashes, has become a prolonged crisis which does not look likely to be resolved in the short term.

The violence has already caused more than 150,000 fatalities, and wounded hundreds of thousands. The conflict pits forces loyal to the Syrian regime against a highly fragmented patchwork of different revolutionary, radical and moderate opposition groups. The effects of the humanitarian crisis are felt both in inland regions



and in the areas bordering Iraq, Jordan, Lebanon, Turkey and Egypt. In May 2014 those affected already numbered 9.3 million¹ (of an estimated total population of 21.4 million), comprising 3.5 million refugees (660,000 in refugee camps) and more than 6.5 million internally displaced persons (IDP), of whom 46% are minors.

The humanitarian situation on the ground is extremely complicated, with access to the needy population seriously hindered by the strict military blockade of extensive zones of the areas and cities under siege by government troops (not only in the Syrian capital and Mediterranean coastal region, but also in the southern and central regions) and rebel groups (especially in the north and east of Syria).

Despite diplomatic attempts—including the holding of the peace talks known as "Geneva II", the UN Security Council's Presidential Statement on humanitarian challenges in Syria, and the approval of Resolution 2139 in the opening months of 2014—the humanitarian situation has only worsened. It is becoming increasingly difficult and more and more dangerous to operate in Syria due to problems and



¹ OCHA. Humanitarian Needs Overview 2014.

clashes between the different groups. Violations of international humanitarian law (IHL) and human rights have become common among many of the parties involved in the conflict.

Moreover, the conflict is already directly affecting the countries bordering Syria, which are experiencing serious difficulties in meeting the refugee population's needs or providing an adequate level of protection. Jordan and Lebanon already have more refugees arriving in their territory than they can deal with.



In Iraq², although the road to Baghdad is open to Syrian refugees, the border crossing at Al Qaim has until now remained closed, casting doubt as to whether Syrian refugees and those wishing to return can actually reach Iraqi soil in practice (the recent reopening of this border point could, nevertheless, lead to a major influx of refugees).



Although in **Jordan** the authorities claim that its borders have not been officially closed, it is clear that restrictive criteria have been adopted. Refugees are located both in existing camps and outside them (approximately 70% in this second category). There are now three refugee camps: the Zaatari camp in the Mafraq Governorate; the UAE-funded Murijep al Fhoud camp³ in the Zarqa Governorate; and a third, the Azraq camp, which opened on 30 April 2014, and has a capacity of 100,000 people and is primarily financed by the United Nations. The recently created Syrian Refugee Camp Directorate, which reports to Jordan's Public

Security Department, is responsible for coordinating the humanitarian response.



Lebanon has, until now, maintained an open-door policy towards those fleeing the violence, but assistance and protection are insufficient. Sixty per cent of refugees are in rented housing, while the rest are in informal camps and collective centres. According to ECHO, there is a growing need to put together an urgent alternative for shelter requirements. Lebanon has seen its population rise considerably (by 20%) as a result of the Syrian conflict, with the resulting impact on the fragile stability of a country that is already caught in a growing spiral of internal disturbances.



Finally, in **Turkey**, the Government's Disaster and Emergency Management Presidency (AFAD) and the Turkish Red Crescent directly manage 22 refugee camps in ten Turkish provinces. In January 2014, AFAD announced that the total number of Syrians registered and assisted at these 22 camps was 214,540, including 120 Syrians receiving medical care at hospitals.⁴ The other Syrian refugees in Turkey, approximately 60% of the total, are outside camps. This is a

particularly vulnerable group, due to the added difficulties not found in other neighbouring countries: the language barrier and the Turkish government's total lack of assistance (health and education) for non-camp refugees.







² Humanitarian Implementation Plan (HIP). Syria Crisis. Version 2. 2013.

 $^{^{\}rm 3}$ This camp is known as the Emirati-Jordanian Camp or Hallabat Camp.

⁴ UNHCR Turkey Syrian Refugee Daily Sitrep, 24 January 2014.

GENERAL AND HUMANITARIAN INFORMATION	
Total population	21.4 million
Total population in need of assistance	 16.16 million: 9.3 million in Syria 6.8 million in neighbouring countries (4.1 million as refugees and 2.7 million in host communities)
Total refugees in neighbouring countries (as at 3 May 2014) 5	Egypt: 136,855 Iraq: 221,316 Jordan: 593,346 Lebanon: 1,047,912 Turkey: 721,667,475 North Africa: 19,697 TOTAL 2,740,793 ⁶
Internally displaced persons	6.5 million
Human Development Index	Lebanon, 0.745 (72 nd place) Syriam, 0.648 (116 th place) Jordan, 0.7 (100 th place)

2. VULNERABLE POPULATIONS

In the context of a civil war without well-defined borders that affects the entire national territory, and in which access to victims is not guaranteed in any circumstances, the populations at most risk of the direct effects of the violence are internally displaced people within Syria and Syrian refugees in bordering countries, with barely any distinction between ethnic or religious groups. As in so many other conflicts of this nature, women, children and the elderly can be highlighted as being more vulnerable, as can the populations of host communities.

Another situation worth noting is that of **Palestinian refugees in Syrian territory**, who are being targeted by direct attacks by the warring factions, and are also denied access to bordering countries such as Jordan.





⁵ Inter-agency Regional Response to Syrian Refugees, 3 May 2014.

⁶ Total number of refugees registered and awaiting registration, ACNUR, as at 3 May.

3. MAIN HUMANITARIAN NEEDS AND INTERNATIONAL RESPONSE

The main humanitarian needs by sector are as follows:



Protection. With **9.3 million people in need of protection**, priority objectives include achieving full respect for IHL and human rights by all of the warring sides, and facilitating humanitarian access to the zones most affected by the violence. The protection of children and the prevention of and response to gender violence also stand out as RRP6 priorities. If no agreement putting an end to the present situation is reached, it is estimated that there

will be **2 million refugee children** by December 2014. **Severe psychological stress and mental health problems proliferate.**



Water, Sanitation and Hygiene (WASH). Virtually the entire population—21 million people—are seriously lacking in this sector. The distribution of water and chemical treatments is vital to control outbreaks of diseases such as polio. Access to water and sanitation and hygiene systems is also a serious problem in informal settlements in Lebanon and the refugee camps in Jordan, where there is often a lack of water in the summer and autumn months.



Health. Within Syria, there are **575,000 people wounded and in need of first aid, and 21 million requiring access to basic healthcare services**. Getting medical services, materials and medicine to direct victims of the violence in inland regions continues to be a priority. A **polio outbreak** was detected in 2013, and declared a public health emergency. Low child immunisation rates, coupled with population movements, have created a climate conducive to the spread of disease. Meanwhile, **host countries' health systems are**

becoming saturated by the high number of refugees. Many refugees require treatment for chronic illnesses and are unable to meet the cost of healthcare services. There is also the risk of the spread of epidemics.



Shelter and non-food items (NFI). This is identified as an essential need for 9.3 million people, with the situation worsening during the harsh winter. Shelter and NFI are also urgently needed by Syrian refugees in neighbouring countries who have no regular source of income and can no longer afford rent or food for the entire family. Although there are 23 refugee camps across Turkey, Jordan and Iraq, 84% of refugees are living outside these

camps. Urban refugees, who bear higher costs and have to compete for space, are particularly vulnerable. In Lebanon the refuge/shelter sector continues to be a priority, and the provision of immediate assistance, including NFI for new arrivals, is still an essential response component.



Food and nutrition security. In the context of a conflict in which a war of starvation is being waged against entire populations, food security has deteriorated considerably, and there is an increasing risk of malnutrition among children and women due to a lack of food security and underlying factors such as WASH and healthcare deficiencies. **There are 9.3 million people with food and nutrition security needs.**

4. CHALLENGES







- Coordination. To advocate for leadership by the United Nations and ICRC in inland regions of Syria; to encourage all donors to channel resources through qualified humanitarian agencies with an on-the-ground presence; to insist on the need for a coordinated, comprehensive multi-sector response with development agencies in the host countries to support host communities.
- Access. To guarantee access to the civilian population, overcoming geographical limits, as this continues to be very restricted within Syria. Whereas humanitarian organisations are not experiencing any access problems in Jordan, in Lebanon there are limitations linked to the potential deterioration of security in the areas in which refugees are located.
- Security. There is a high level of insecurity, and all the warring factions should ensure the safe passage of civilians and humanitarian staff.

5. SPANISH RESPONSE 2014

In 2014, in line with its Fourth Master Plan, Spain's Humanitarian Action Office (OAH) will give a quality humanitarian response to the Syrian crisis (Strategic Guideline 7). Attention will also be given to reducing inequality and vulnerability to extreme poverty and crises (Strategic Guideline 2). Another approach will be that of fostering social cohesion systems and the provision of basic social services (Strategic Guideline 4).

On the one hand, the response offered will be based on humanitarian needs, prioritising intervention to assist **vulnerable populations** such as IDP, Syrian refugees, Palestinian refugees affected by the conflict and vulnerable host populations in the surrounding countries, with particular focus on women in vulnerable situations, children and the elderly. On the other hand, through links with specialised humanitarian agents based on their operating, technical and economic capacities, the priority will be to channel humanitarian efforts through the network of specialised humanitarian partners within the UN system, the International Committee of the Red Cross (ICRC) and NGOs.

Continuing along the line that was commenced in 2013, **Syria, Lebanon and Jordan** are identified as priority countries for intervention, undertaking to working with a **comprehensive and resilient regional approach** in line with United Nations' comprehensive approach.

Notable initiatives in the **Protection** sector include support given to programmes in the psychosocial subsector and initiatives to improve victim protection and the application of IHL.

As for the Food Security and Shelter and NFI sectors, support will continue to be given to programmes with a social protection approach involving cash transfer tools that invigorate the local economy while reinforcing autonomy and empowering beneficiaries by giving them the flexibility to decide their own spending priorities based on their most urgent and immediate short-term needs—usually housing, food and medicine. This approach is framed within the social protection and rights-based approaches of the Fourth Spanish Cooperation Master Plan.



Finally, in the **Health** sector, support will be given to programmes in bordering countries that include a resilient approach and give extremely vulnerable refugees greater access to secondary and tertiary healthcare services, working closely with the local healthcare system, either by training its staff or by providing support in the form of supplies and/or equipment, with the aim of preventing the further deterioration of the sector and improving local services. Similarly, attempts will be made to support local healthcare structures within Syria.

Attempts will also be made to support mechanisms that enable a regional response to emergencies.

Spain pledged **5.5 million euros** to the Syrian crisis at the Kuwait Conference. This amount could, however, be modified when international calls are revised mid-way through the year.

