



Photo: Vicente Ortega/AECID. Child protection activity at a UNICEF Makani centre in Jordan

The Spanish Agency for International Development Cooperation (AECID), attached to the Ministry of Foreign Affairs and Cooperation (MAEC), is the main management body of Spanish Cooperation. AECID focuses on sustainable human development and the fight against poverty, and includes humanitarian action among its priorities.

AECID's Humanitarian Action Office (OAH), created in 2007, is responsible for managing and implementing Spain's official

humanitarian action, based on the humanitarian principles of humanity, impartiality, neutrality and independence. Within the scope of its authority, the OAH follows the general guidelines laid down in Spanish Cooperation's Master Plan V for 2018-2021 and, in particular, the section on "Humanitarian Action Strategy", focused on improving the effectiveness of Spanish Cooperation's participation in humanitarian action interventions. This section states that, in those contexts that are a priority for

Spain's humanitarian action, humanitarian strategies shall be established for each context, in line with the humanitarian response plans of the United Nations (UN) and of the European Union (EU), complementing any Country Partnership Frameworks (CPF) in force.

AECID has also assumed different commitments regarding quality of aid, following the 2016 World Humanitarian Summit and the adoption of the humanitarian Grand Bargain in the same year.

In this same vein, the purpose of this strategic document is to plan AECID's humanitarian response in 2018 and 2019, in order to meet the main needs identified in this context. It is proposed that particular focus be placed on two key intervention sectors—protection and health—in addition to a third, multi-sector dimension. Aimed at improving the effectiveness of AECID's humanitarian response, this plan takes into account the changing situation of the contexts in which AECID acts, thus allowing for the actions considered to be adapted to the reality of the situation, as well as to the resources available.

In this context, AECID will endeavour to ensure that the humanitarian projects supported enable women, men, girls and boys to benefit equally from all the services, resources and protective measures, in accordance with their specific roles, capacities and needs, with a view to advancing gender equality. In particular, support will be offered to projects that are classified with codes 2a and 2b<sup>1</sup> of the Inter-Agency Standing Committee (IASC) gender marker and code 2 of the ECHO Gender-Age Marker (European Commission Humanitarian Aid Office).

As regards Spanish Cooperation's other horizontal priorities and points of focus, priority will be given to those interventions that have an inclusive approach and results-based management, as well as those which effectively mainstream environmental sustainability, cultural diversity and human rights.

## BACKGROUND

### SYRIA<sup>2</sup> Evolution of the war and outlook

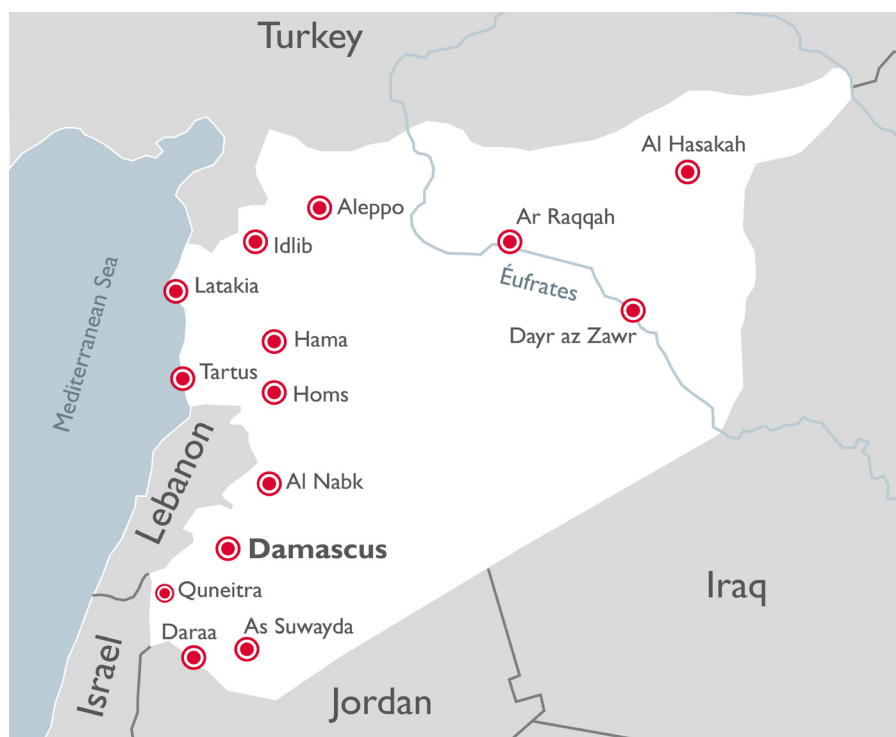
In March 2018 the Syrian conflict will enter its seventh year. In the past two years, this conflict has been marked by the following milestones: the recapture of Aleppo, the fall of Raqqa, the end of the siege of Deir al-Zour and the accusations of the use of chemical weapons, in addition to the Astana and Amman agreements that provided for the creation of de-escalation zones.

December 2016 proved decisive for the Syrian government, which regained full control over the city of Aleppo after four years in which it had been held by armed opposition groups<sup>3</sup>. With the recapture of Aleppo, the Syrian government re-assumed control of the country's three main cities—Damascus, Homs and

Aleppo—and over 116,000 people were forced to flee from East Aleppo, without this resulting in any improvement in humanitarian access.

April 2017 was another key month in the northern zone: dozens of civilians died in what the Organisation for the Prohibition of Chemical Weapons (OPCW) has classified as a chemical weapons attack in Khan Sheikhou, Idlib province<sup>4</sup>.

The conflict changed course in the north-east of the country on 17 October 2017, when Daesh lost control of its self-declared capital of Raqqa, taken by the Coalition against Daesh, while in Deir al-Zour, in September 2017, the forces of the Syrian government and its allies broke the siege Daesh had enforced on the city. Over 507,000 people were forced to leave Deir al-Zour and Raqqa between November 2016 and October 2017.



Source: OCHA

<sup>1</sup> IASC 2013: "IASC Gender Marker Guidance Note." Languages available: <https://www.humanitarianresponse.info/system/files/documents/files/Marcador%20de%20G%C3%A9nero%20FAQs.pdf>

<sup>2</sup> The data provided in this section have been taken from the following sources: ECHO. Humanitarian Implementation Plan (HIP) Syria Regional Crisis. 2018. Version 1, 16/11/2017 and OCHA, 2018: "Humanitarian Needs Overview 2018". Available at: <http://www.unocha.org/syria>

<sup>3</sup> CNN. Available at: <http://edition.cnn.com/2013/08/27/world/meast/syria-civil-war-fast-facts/index.html> (accessed 26/11/2017)

<sup>4</sup> <https://www.opcw.org/news/article/opcw-fact-finding-mission-confirms-use-of-chemical-weapons-in-khan-shaykhun-on-4-april-2017>

Conversely, in May 2017, the negotiations in Astana, in which Russia, Iran and Turkey participated, led to the establishment of de-escalation zones with a view to bringing hostilities to an end. The agreement included increasing humanitarian aid, facilitating rapid, safe, unhindered access, and creating the necessary conditions for the voluntary return of refugees and internally displaced persons. The Astana Memorandum, together with the subsequent “Amman Agreement”, signed by Russia, Jordan and the United States, enabled the following four de-escalation zones to be established: a) Idlib and part of neighbouring Latakia, together with Hama and Aleppo provinces; b) the rural north of Homs province; c) Eastern Ghouta in rural Damascus; and d) Daraa and Quneitra in the South. Similarly, two “deconfliction” zones were negotiated by Russia, in Afrin and Eastern Qalamoun, in which confrontations would also be reduced and humanitarian access facilitated.

However, the measures considered have achieved sustained, albeit limited, ceasefires, especially in the south, but no improvement in humanitarian access. In fact, humanitarian convoys seeking to assist those most in need of aid, such as the elderly, people with disabilities, and the sick, have been prevented access, and it has been impossible to distribute humanitarian assistance in many parts of Syria due to the fighting, changes in front lines, bureaucratic obstacles and violations of International Humanitarian Law (IHL).<sup>5</sup>

Nor has the Geneva process, supported by the United Nations, achieved any tangible results in

the successive rounds of political dialogue. On the other hand, the European Union, which continues linking support for reconstruction to the existence of a political, inclusive transition negotiated exhaustively by all the parties, based on UN Security Council (UNSC) resolution 2257, will hold the second Brussels conference on Syria and the surrounding region in April 2018.

In short, the different political and security agendas continue to define the context, thereby undermining the humanitarian dimension and yielding a devastating effect on the civil population, which is faced with a protection crisis characterized by indiscriminate and disproportionate attacks, particularly affecting women and children.

Finally, despite the continuation of violence in certain parts of Syria, over 721,000 people, including 66,000 refugees, returned to their places of origin in 2017, with Aleppo,

Hama and Raqqa being the provinces that have witnessed the highest number of returns (although it is not known whether these returns were voluntary, or whether they are sustainable). According to UNHCR, 2018 could see a continuation of voluntary returns to certain stable areas, even where conditions offer no guarantee of security, dignity or sustainability. In fact, humanitarian actors continue to support those persons who choose to return, but do not encourage them to do so.

## NEIGHBOURING COUNTRIES<sup>6</sup>

There are 5.5 million Syrians registered as refugees the world over, primarily in Syria’s neighbouring countries: Turkey, Lebanon and Jordan. Moreover, since the beginning of the conflict, almost 1 million Syrians have applied for asylum in Europe. These figures make the Syrian crisis the worst refugee crisis since World War II.

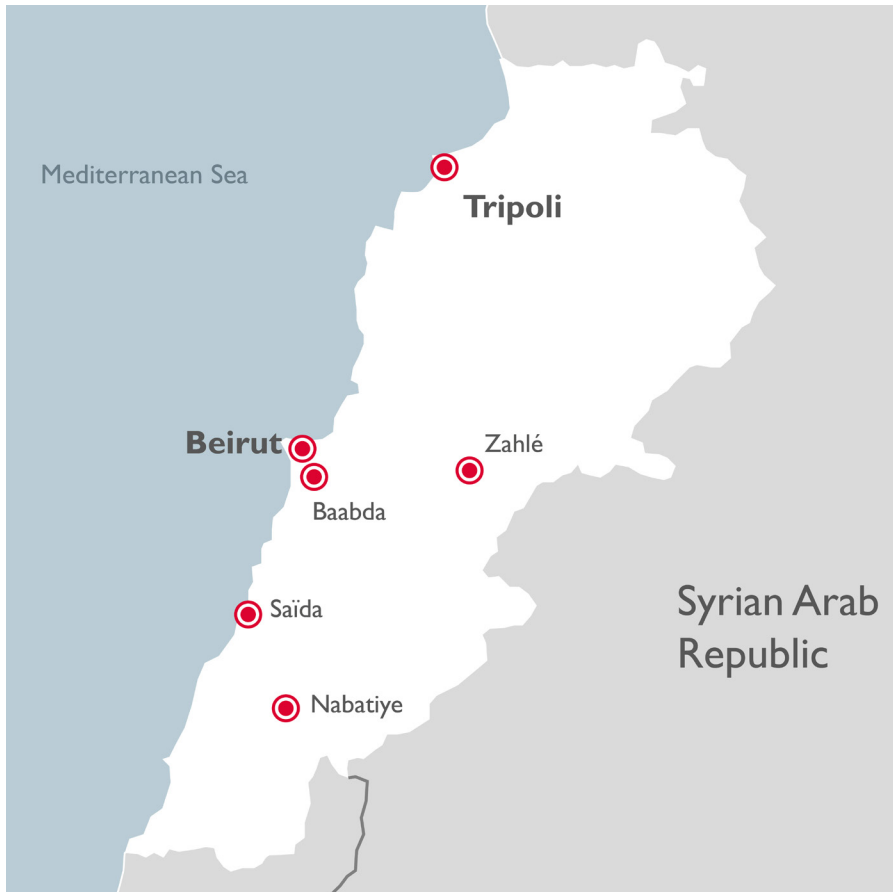


Photo: Raquel Tomás/AECID. Syria Iraq crisis UNICEF centre for Syrian and Jordanian student

<sup>5</sup> ECHO Syria update 19/01/2018

<sup>6</sup> ACNUR. Syria Regional refugee Response, Inter-agency information Sharing Portal available at: <http://data.unhcr.org/syrianrefugees/regional.php> 26.12.2017 and 3RP. Regional refugee & Resilience Plan 2018-2019, in response to the Syria crisis. Regional Strategic overview available at: [www.3RPSyria-Crisis.org](http://www.3RPSyria-Crisis.org)



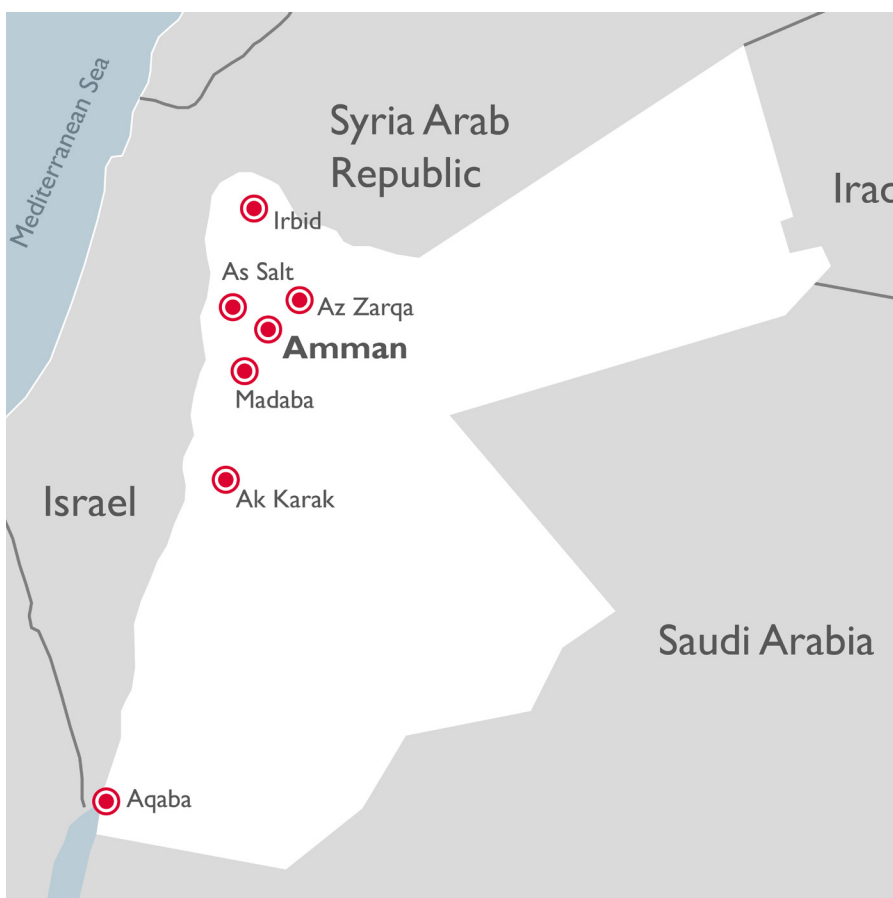


Source: OCHA

The living conditions of the Syrian refugee population in the neighbouring countries continue to worsen due to social, economic and legal challenges. Their presence is putting a strain on the existing infrastructure and the already limited resources, generating social tensions between the refugee population and host communities.

**Lebanon.** With severe socio-economic instability, Lebanon has received the highest number of refugees per capita in the world, with almost 1 million registered Syrian refugees and 1.03 million Lebanese people registered as living in a vulnerable situation.

The country closed its borders to Syrian refugees in 2015 and stepped up restrictive measures, limiting the renewal of residence permits, which affected their protection and access to basic services, leaving them in an irregular situation. However, in 2016 and 2017 the protection of this population was extended when the Lebanese government withdrew the requirement of their “pledging not to work” and stopped applying the fee that certain categories of Syrian refugee had been required to pay to renew their legal residence. At the Brussels Conference held in 2017, the Lebanese government undertook to implement improvements in terms of education and opportunities for young people, both Syrian and Lebanese.



Source: OCHA

**Jordan.** The Syrian refugee population amounts to 655,000 individuals, a figure that has barely changed since the border was closed in 2016. Those refugees in the most vulnerable situations are adopting extreme survival strategies, such as reducing their food intake, keeping children out of school or accepting precarious

<sup>7</sup> Ministry of Planning and International Cooperation. Jordan Response Plan 2017-2019. Languages Available: <https://reliefweb.int/sites/reliefweb.int/files/resources/JRP%2B2017-2019%2B-%2BFull%2B-%2B%28June%2B30%29.pdf>



Source: OCHA



Source: OCHA

working conditions<sup>7</sup>. These conditions, combined with the improvement in security in the south of Syria, are generating an incipient and progressive return of refugees, primarily to the Daraa area from Zatari. However, undocumented refugees are occasionally victims of forced relocation to Jordanian camps or are simply being deported. A positive change has been the Jordan Compact adopted by the Jordanian government in 2016 to enable the economic inclusion of the Syrian refugee population. Furthermore, over 50,000 people are trapped in the demilitarized zone of Rukbán, on the south-eastern border with Jordan, 80% of whom are women or children without regular access to supplies, including food.

**Turkey.** UNHCR reports that there are 3.4 million Syrian refugees in the country, of whom only 8% live in the existing refugee camps, while the other 92% reside in urban areas or suburbs. The Turkish government offers protection and assistance to refugees: temporary protection regulations allow them access to education, health services and the job market, with work permits granted six months after registration as a refugee. However, barriers to integration still remain, including lack of knowledge of the local language, the payment of fees to obtain work permits or the existence of a 10% cap on refugees per workplace, among other issues.

**Iraq.** The conflict in Syria has led to the entry into the country of approximately 247,000 people, most of them of Kurdish ethnicity. The situation with respect to the Iraqi conflict is described in greater detail below.

## IRAQ

The conflict in Iraq between the army and armed groups dates back to 2014, as a result of the confrontation in Anbar, which subsequently spread to other provinces, including Nineveh, Kirkuk and Salaheddin. In August 2014, the UN classified the crisis in Iraq as a level 3 emergency, the highest level for humanitarian crises, which it maintained until the end of 2017.

In 2017, the Central government forces, including Popular Mobilization Units and the security forces of Iraqi Kurdistan, recaptured the territory occupied by Daesh, with the seizure of Mosul leaving one million people internally displaced<sup>8</sup>. Subsequently, they recovered Tal Afar, in Nineveh province, and Hawja in Kirkuk province, liberating the last bastions of Daesh in western Anbar province in November. Moreover, the referendum on independence in the region of Kurdistan has put a strain on relations between the region and the central government and has led to confrontations between them.

All parties in the conflict have committed widespread violations of human rights and IHL, including the systematic use of human shields and direct attacks on the civil population and infrastructure by Daesh, as well as the use by Iraqi security forces of wide-area impact weapons in densely populated areas.

Current estimates for Iraq consider 1.5 million displaced persons living in camps and informal settlements and 2.1 million returnees, including 500,000 people who have already returned and 1.7 million who hope to do so during 2018<sup>9</sup>.

Although the large-scale operations against Daesh have ended, the humanitarian crisis will continue, as it is highly probable that Daesh will reconfigure itself and confrontations will continue between the groups of the self-proclaimed “Islamic State” and the Iraqi and Kurdish security forces. In addition, new sources of instability may emerge as a result of reconciliation issues, and sectarian, territorial and political tensions with Baghdad.

### VULNERABLE GROUPS

This strategy considers that there are six groups of people that are particularly vulnerable<sup>10</sup>: 1) people living in besieged or hard-to-reach cities; 2) people exposed to high-intensity hostilities and living in areas contaminated with explosive hazards; 3) internally displaced persons living in last-resort shelters and camps; 4) newly displaced persons; 5) voluntary returnees; 6) overburdened communities.

These groups include profiles and sub-groups whose situations are even more vulnerable and who require specific considerations:

- **Children:** especially those who are unaccompanied, who

are not attending school, or who are in the care of adults who are elderly, injured, sick or have disabilities.

- **Young people:** who lack job opportunities and livelihoods, which gives rise to a particular risk of exploitation. Similarly, young people are the main victims of murders, physical assault, arbitrary arrest, forced recruitment and child labour.
- **Women and girls:** who face a situation of particular vulnerability due to gender-related reasons, both in the public and private spheres, including extreme vulnerability to being victims of crimes such as human trafficking, sexual exploitation and other forms of gender-based violence. Young women are especially exposed to early or forced marriage and other forms of violence, such as sexual violence.
- **Injured and chronically ill people, and people with disabilities:** who have particular difficulties accessing assistance, and specific needs which must be taken into account in all sectors.
- **The elderly:** who have specific needs in relation to security, shelter, access to services, health, non-food related assistance and water, hygiene and sanitation facilities.

<sup>8</sup> ECHO. ECHO 2018 Humanitarian Implementation Plan (HIP). Version 01 -10/11/2017

<sup>9</sup> United Nations. HRP 2018. Estimated Figures for Iraq. Draft

<sup>10</sup> *Op cit* HNO 2018

## PRINCIPAL HUMANITARIAN NEEDS AND INTERNATIONAL RESPONSE

### SYRIA AND HOST COUNTRIES

SYRIA POPULATION		18.3 MILLION [1]	
Total number of people with humanitarian needs in Syria and other countries in the region: 22.3 million	Syrian population within the country with humanitarian needs: 13.1 million	Internally displaced population: 6.1 million	
		In besieged and hard-to-reach areas: 3 million	
		Under siege: 0.42 million	
	Syrian population in other countries in the region: 5.3 million refugees, 9% of whom are living in refugee camps.	Maghreb: 30,104	
		Egypt: 126,027	
		Jordan: 655,000	
		Lebanon: 997,905	
		Iraq: 247,000	
		Turkey: 3,400,000	
	In communities that have suffered the impact of the crisis: 3.9 million		
	<b>SYRIA</b>	<b>LEBANON</b>	<b>JORDAN</b>
Human Development Index [2]	0.536 (rank 149)	0.763 (rank 76)	0.741 (rank 86)
Risk Index [3]	6.9 (very high)	4.9 (medium)	4.2 (medium)
Crisis Index [4]	3 out of 3	3 out of 3	3 out of 3

[1] UNFPA. 2017. "The State of World Population 2017" [http://syria.unfpa.org/sites/default/files/pub-pdf/EN\\_SWOP%202017%20report.pdf](http://syria.unfpa.org/sites/default/files/pub-pdf/EN_SWOP%202017%20report.pdf)

[2] UNDP, 2016: "Human Development Report 2016". [http://hdr.undp.org/sites/default/files/2016\\_human\\_development\\_report.pdf](http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf)

[3] and [4] ECHO, 2017: "Crisis Assessment Index Rank September 2017" [https://ec.europa.eu/echo/sites/echo-site/files/annex\\_3\\_inform-ci\\_sep2017.pdf](https://ec.europa.eu/echo/sites/echo-site/files/annex_3_inform-ci_sep2017.pdf)

In Syria there are 13.1 million people in need, of whom 6.7 million are female, 6.4 million are male, and 5.3 million are children. Among this population, 600,000 people have been identified as elderly and 2.9 million as people with disabilities.

Furthermore, the 6.1 million involuntarily displaced persons within Syria's borders constitute the largest internally displaced population in the world.

Moreover, there are 420,000 Palestine refugees in Syria, 95% of whom have been affected by the crisis, while the Iraqi refugee

population amounts to 300,000 people.

Within Syria, 5.6 million people are in extreme need due to a combination of factors such as displacement, exposure to hostilities and limited access to basic goods and services. Almost three million people are living in hard-to-reach areas, including 419,000 people living in besieged areas.

The areas in most urgent need of assistance are Deir al-Zour and Raqqa, while the areas in which newly displaced persons suffer the most serious problems are

Hassakeh, Raqqa, Deir al-Zour, Aleppo, Idlib, Hama and Latakia<sup>11</sup>.

In the neighbouring countries there are 5.4 million refugees from Syria, while the total number of people from host communities is lower than four million. In Jordan, the areas with the highest number of refugees are Amman, Mafraq, Irbid and Zarqa; in Lebanon, they are Bekaa Valley, Beirut, north Lebanon and south Lebanon<sup>12</sup>.

The main humanitarian needs in Syria and neighbouring countries are described below:

<sup>11</sup> HNO 2018 pp. 26-30

<sup>12</sup> UNHCR <http://data.unhcr.org/syrianrefugees/regional.php> 26.12.2017



## PROTECTION

13.3 million Syrian citizens are in need of protection (6.5 million are male and 6.8 million female ; 5.5 million children, 0.6 million elderly people and 7.2 million adults). Aleppo, Damascus, Idlib and rural Damascus are the four provinces in most need of protection.

Violations of IHL and human rights remain a serious concern. 97% of communities are at risk or in need of protection.<sup>13</sup> 8.2 million people are living in areas affected by hostilities and contaminated with explosives.

Gender-based violence (GBV) continues to undermine the rights of women and girls in Syria, both within and outside the home. Several forms of GBV particularly affect women and girl Syrian refugees: early and forced marriage, sexual harassment and exploitation, domestic violence<sup>14</sup> and intimate partner violence, exploitation and human trafficking.

Boys are also victims of sexual violence, while men are particularly affected by restrictions on their freedom of movement and forms of violence directly associated with hostilities (such as arbitrary arrest, forced recruitment).

Limited access to housing, land and property are also widespread protection problems. Child labour is common, as are problems of access to humanitarian aid due to the lack or loss of civil documentation, both in Syria and in host countries, where undocumented refugees are sometimes exposed to forced relocation or deportation.



## HEALTH

11.3 million people in Syria—4.7 million of whom are children—are in need of healthcare-related humanitarian assistance. Rural Damascus, Aleppo, Idlib and Damascus continue to be the areas in greatest need of healthcare assistance.

Within Syria the priority health needs are access to primary and secondary care, distribution of medicines for traumatology, obstetrics, infectious and chronic diseases, epidemiological surveillance and control of threats to public health, access to sexual and reproductive health, child healthcare and the improvement of mental health services.<sup>15</sup>

In the other countries of the region, in addition to needs in respect of primary, secondary and tertiary care, sexual and reproductive health, and the response to communicable and non-communicable diseases, the Syrian refugee population suffers from psychosocial problems due to their displacement and the war. Access to health services is limited not only by the capacity of the host countries, but also by the economic capacity of the refugees.

Additionally, Syria is currently the most dangerous country in the world for healthcare personnel. Over 100 attacks against healthcare personnel and facilities took place in the first half of 2017 alone. Of the 111 public hospitals, only 50% are fully operational, while 31% are not operational and the rest are under-equipped, understaffed or have suffered structural damage



## FOOD AND NUTRITION SECURITY

In Syria, of the more than 10 million people with needs in this sector, 4.4 million are children and over 4 million are at risk of acute food insecurity. In addition, almost five million people have food needs, of whom three million are children aged 6 to 59 months.

The data of the 2017 SMART nutrition surveys<sup>16</sup> focus on Eastern Ghouta, Idlib, Lajat (Daraa) and Raqqa and indicate pockets of chronic malnutrition in all areas and acute malnutrition in Lajat. Chronic malnutrition is at worrying levels in Eastern Ghouta. Anaemia is prevalent among pregnant women and children under the age of 5, with rates of 25.9% and 24.5% respectively.

In the host countries, unemployment, inflation, the absence of livelihoods and the degradation of the environment continue to have a negative impact on the food security of the most vulnerable people. In Lebanon, 91% of refugee families are suffering from some degree of food insecurity; in Jordan, 53% of the Syrian refugee population has a limited food intake.

<sup>13</sup> OCHA. Protection Needs Overview 2018

<sup>14</sup> The Syrian HNO uses the term “domestic violence”. It appears that this term is used to refer to both intimate partner violence and other forms of domestic violence. In this strategy the decision has been made to use this term due to the impossibility of disaggregating the data on the basis of the different types of violence, even though Spain and the IASC itself make a distinction between the two terms. See “Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action”. [https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines\\_lo-res.pdf](https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf) pg. 321

<sup>15</sup> *Op. cit.*, HNO 2018

<sup>16</sup> Evaluation of Standardized Monitoring and Assessment of Relief and Transitions carried out by the actors that work in the sector.





## WATER, SANITATION AND HYGIENE

In Syria, of the 14.6 million people with water, sanitation and hygiene needs, 6 million are children and 7.6 million are in acute need. The areas with most people in need are Rural Damascus, Idlib, Aleppo and Deir al-Zour.

The damage to the electricity system has affected the water supply, and the waste water system requires support to offer minimum service levels. Although these services are available, their price is high. Particular groups have specific needs, such as women of childbearing age (31% of the population), who require support with respect to menstrual hygiene, as well as families with children under the age of two (7% of the population).

In the host countries, in which management of faecal waste and hygiene are a challenge, access to water and to sanitation and hygiene systems remains a problem for the refugee population living in camps, especially in terms of the cost and reliability of the services. However, there have been no significant epidemiological outbreaks related to these factors.



## EARLY RECOVERY AND LIVELIHOODS

In Syria, of the 9.8 million people with needs in this sector, 4 million are children.

50% of the basic social infrastructure in Syria has been destroyed or is not operational, and 70% of the population does not have sustainable access to electricity, which affects access to healthcare, water, hygiene and sanitation. It is estimated that 3 out of 4 people of working age do not carry out any kind of income-generating activity, i.e. 10.5 million are unemployed or have limited access to work. The crisis in Syria has also increased the proportion of the population living below the poverty line to 69%.

Despite improved access to work permits in Turkey and Jordan, in 2017 the Syrian refugees in these countries—and particularly young people—had limited access to employment.

The Whole of Syria<sup>17</sup> approach was implemented by the UN and its partners to integrate the operations of humanitarian actors within Syria with the cross-border operations from Turkey, Jordan and Iraq in a single operating framework, ensuring greater transparency and effectiveness. The approach is completed with a document on humanitarian needs (Humanitarian Needs Overview<sup>18</sup>) and the Humanitarian Response Plan (HRP)<sup>19</sup>.

Additionally, to respond to the humanitarian and resilience needs of the Syrian refugee population and the host countries, the governments of these countries, together with UN agencies, donors, the World Bank and international NGOs, have prepared national and regional response plans. The Regional Refugee and Resilience Plan, or 3RP

2018-2019<sup>20</sup>, is the result of this joint effort to define a common regional aid strategy, which includes humanitarian support, macro financial support and resilience support. The governments of Jordan and Lebanon have included their national response plans<sup>21 22</sup>, in this regional plan, as a coordinated and comprehensive approach.

In 2017, the international community responded to the UN's calls for aid by covering 52.2% thereof<sup>23</sup>. Spain, for its part, honoured the commitments assumed at both the 2016 London Conference and the 2017 Brussels Conference. The commitment assumed in 2016 to allocate EUR 7 million to humanitarian action in Syria and neighbouring countries was exceeded. The amount ultimately allocated totalled EUR 10.79 million

in humanitarian action and development funds. The commitment assumed in 2017 to allocate EUR 8 million was also exceeded, ultimately totalling EUR 10.99 million.

In 2018 humanitarian needs in Syria and the surrounding region require USD 7.66 billion<sup>24</sup>. The UN HRP requires USD 3.5 billion to provide assistance to 11.2 million people in Syria. The 3RP, which will provide support to 5.2 million refugees from Syria and 3.9 million people from the host communities, requires USD 4.16 billion. For its part, the International Committee of the Red Cross (ICRC), in its calls for the countries affected by this crisis has asked for EUR 324.7 million (EUR 150.28 million for Syria; EUR 38.59 million for Lebanon; EUR 23.97 million for Jordan; and EUR 111.86 million for Iraq).

<sup>17</sup> Whole of Syria <https://www.humanitarianresponse.info/en/operations/whole-of-syria>

<sup>18</sup> OCHA: "Humanitarian Needs Overview 2018". Languages available: <https://reliefweb.int/report/syrian-arab-republic/2018-humanitarian-needs-overview-syrian-arab-republic-enar>

<sup>19</sup> OCHA: "Humanitarian Response Plan, 2018".

<sup>20</sup> 3RP: Regional Refugee and Resilience Plan 2018-2019 in response to the Syria crisis, available at: [www.3RPSyriaCrisis.org](http://www.3RPSyriaCrisis.org)

<sup>21</sup> Minister of Planning and International Cooperation of Jordan/United Nations: "Jordan Response Plan 2016-2018": <http://static1.squarespace.com/static/522c2552e4b0d3c39ccd1e00/t/56b9abel07eaa0afdcb35f02/1455008783181/JRP%2B2016-2018%2BFull%2B160209.pdf>

<sup>22</sup> Government of Lebanon/United Nations: "Lebanese Crises Response Plan 2017-2020": <https://reliefweb.int/report/lebanon/lebanon-crisis-response-plan2017-2020-enar>

<sup>23</sup> Financial Tracking Service <https://fts.unocha.org/emergencies/600/summary/2017> 26.12.2017

<sup>24</sup> OCHA. Global Humanitarian Overview. 2018

## IRAQ<sup>25</sup>

IRAQI POPULATION	38.3 MILLION [1]
Total number of people with humanitarian needs: 8.7 million	Displaced population in camps and informal settlements: 1.5 million
	Returnees: 2.1 million
	In host communities: 3.8 million
	Syrian refugees: 250,000
	In areas of conflict or newly accessible areas: 600,000
Human Development Index [1]	0.649 (rank 121)
Risk Index [3]	6.8 (very high)
Crisis Index [3]	3 out of 3

[1] UNFPA. 2017. "The State of World Population 2017", [http://syria.unfpa.org/sites/default/files/pub-pdf/EN\\_SWOP%202017%20report.pdf](http://syria.unfpa.org/sites/default/files/pub-pdf/EN_SWOP%202017%20report.pdf)

[2] UNDP, 2016: "Human Development Report 2016". [http://hdr.undp.org/sites/default/files/2016\\_human\\_development\\_report.pdf](http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf)

[3] and [4] ECHO, 2017: "Crisis Assessment Index Rank September 2017" [https://ec.europa.eu/echo/sites/echo-site/files/annex\\_3\\_inform-ci\\_sep2017.pdf](https://ec.europa.eu/echo/sites/echo-site/files/annex_3_inform-ci_sep2017.pdf)

The main humanitarian needs in Iraq are described below:



### PROTECTION

The parties in the conflict have committed widespread human rights and IHL violations. Four years of conflict have left a large number of victims. The civilian population has suffered direct attacks, in addition to arbitrary arrests, gender violence, denial of humanitarian assistance and of access to basic services, and forced recruitment of children by armed groups. This exposure to traumatic events has increased the incidence of mental health disorders and the women and children affected will need specialized support for years. Moreover, there are areas that are heavily contaminated with explosives.

There is an alarming degree of discrimination suffered by individuals, families and tribes due to their alleged affiliation with Daesh, their ethnicity or their faith. Detention centres are overburdened and the camps of internally displaced people lack guarantees of protection. The people living in the 15% of communities located in newly accessible areas and in areas of conflict are subject to restrictions on their movement, and 44% are undocumented, limiting their access to basic services and goods.



### HEALTH

In addition to the cost of healthcare services, another factor hindering access to basic health services is the collapse of primary and secondary healthcare facilities. In the accessible areas, a quarter of pregnant and breastfeeding women receive no medical assistance. Moreover, reactions of acute stress (including depression, loss of appetite, and insomnia) are the most common health problems among returnees and internally displaced persons, both within and outside the camps.



### FOOD AND NUTRITION SECURITY

67% of displaced families not living in the camps and 68% of those living in them consider food a priority need. However, both groups have lowered their food intake by reducing portions (79% and 70%, respectively) and the number of daily meals they eat (55% and 49%) as a survival mechanism.



### WATER, SANITATION AND HYGIENE

The water and sanitation infrastructure has been damaged due to the conflict. 26% of returned families burn their waste, compared with 13% of host community families and 8% of displaced families. 44% of internally displaced persons living in camps use public services and 9% of host communities with returnees have no services for these people.

For all these groups, reducing water consumption is a common survival strategy.

<sup>25</sup> The information included in this section was taken from the ECHO 2018 Humanitarian Implementation Plan (HIP) Iraq. Version 01 -10/11/2017 and from the Iraq Assessment Working Group. Multicluseter Needs Assessment. 22 October 2017. UN. HRP 2018. Estimated Figures for Iraq. Draft



## SHELTER AND BASIC NECESSITIES

72% of internally displaced families are in rental accommodation, 26% live in their own homes, and 1% live with family members or friends; by comparison, 88% of returnee families are home-owners and live in their own homes.

Housing conditions are inadequate.

In 2017, the international community responded to the UN's calls for aid by providing 87% of the USD 984.6 million required. In 2018, the UN Humanitarian Response Plan for Iraq requires USD 569 million to meet the needs of 3.4 million vulnerable people. For its part, the ICRC has asked for EUR 111.86 million to meet humanitarian needs in Iraq.

### STRATEGIC POSITIONING

In recent years, the crisis in Syria—and subsequently that in Iraq—has been the priority humanitarian situation for AECID. Both are treated as a single humanitarian crisis, as conflicts that generate constant movements of people within the same territorial area.

Despite budgetary constraints, this prioritization is reflected in the humanitarian action budget earmarked for this situation. Lebanon and Jordan also have a development cooperation budget that enables compliance with the international commitments assumed at conferences on the regional crisis in Syria.

In the 2018-2019 period, AECID's Humanitarian Action Office plans to allocate at least 20% of its total preliminary annual budget to respond to this humanitarian crisis. This percentage may be revised depending on humanitarian needs and budgetary availability.

### I. Strategic objectives for this context

The Syrian conflict continues to generate mass displacements, a high number of wounded people and terrible suffering among the civil population, with frequent violations of IHL and non-compliance with the resolutions of the UNSC.

Moreover, the response to humanitarian needs in Syria and Iraq represents a major challenge for humanitarian organizations due to insecurity and restrictions on access, especially in besieged and hard-to-reach areas.

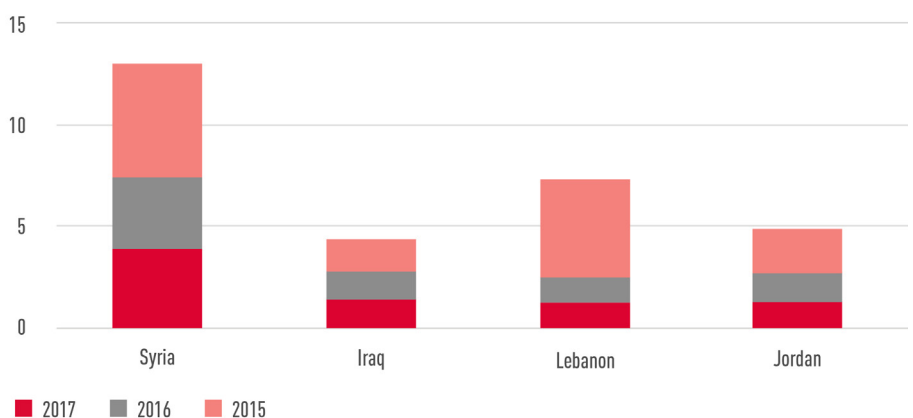
Humanitarian assistance in Syria is provided, on the one hand, through direct routes by means of front-line operations and, on the other hand, through cross-border operations from the neighbouring countries (Turkey, Jordan and Iraq), undertaken pursuant to UNSC resolutions, such as resolution 2165 (2014) and subsequent renewals

thereof, in particular the recently approved resolution 2393 (2017). This cross-border access is occasionally limited, among other causes, by sporadic closures of the designated border points, the seizure of medical supplies from the convoys, or refusal of the necessary permits. Administrative obstacles and the interference of armed actors continue to be a challenge.

For this reason, AECID will continue its humanitarian advocacy in international forums, to achieve advances in terms of obtaining access and providing assistance to the populations in need, upholding respect for IHL, protecting civilians and maintaining in force resolution UNSC 2286 (2016)<sup>26</sup> as regards medical care in armed conflicts.

Moreover, in keeping with the Grand Bargain and with the EU's position of providing humanitarian assistance through cash transfers, AECID's Humanitarian Action Office will try, wherever possible,

Graphic1. Distribution of HA funds: country/year



Source: AECID

<sup>26</sup> United Nations Security Council, 27 April 2016. <http://www.spainun.org/en/2016/05/security-council-adopts-resolution-2286-on-healthcare-in-arm-conflicts/>

to promote cash transfers and/or the use of vouchers, as it considers that such assistance, in addition to being more efficient, facilitates empowerment and respects human dignity.

Consequently, AECID has defined four strategic objectives for these crises:

SO1. Contribute to increasing the respect and application of **International Humanitarian Law**, particularly in besieged and hard-to-reach areas, and of **UNSC Resolution 2286** as regards medical care in armed conflicts, through humanitarian diplomacy actions.

SO2. Provide a **humanitarian response that incorporates gender mainstreaming** and includes **humanitarian protection** as a principal or cross-cutting objective.

SO3. Support the **medical services** provided to populations in need, pursuant to humanitarian principles and **Resolution 2286**.

SO4. Promote the use of **cash transfers** in humanitarian assistance.

## 2. Target countries for intervention

The priority countries for intervention in this crisis are **Syria**<sup>27</sup> and **Iraq** and, to a lesser extent, **Lebanon** and **Jordan**, in line with a comprehensive and resilient regional approach, and with the comprehensive approach of the UN and the host countries.

If the situation does not change drastically within the next two years, it is expected that over half of the humanitarian action

budget for this crisis will be allocated to Syria, where the greatest humanitarian needs exist. In Iraq, the humanitarian assistance commitment is lower, and relates to reconstruction and development needs, which will be covered with other budgetary instruments. Moreover, there are also plans to intervene in Lebanon and Jordan, prioritizing the former, due to the number of Syrian refugees, as well as internal tensions.

## 3. Sectors of intervention

Strategic planning for the crisis in Syria and Iraq will be focused on two key sectors of intervention—**protection and health—together with a third, multisector dimension**, which will prioritize the response to rapid movements of people, and will include the response to emergencies in Syria and will be based on responding through humanitarian actions by NGOs. Moreover, the use of cash transfers will be promoted in those sectors where this is appropriate and the minimum pre-requisites are met.

## 4. Main partners in the intervention

The humanitarian effort will be channelled primarily through the network of specialized humanitarian partners from the UN system, the ICRC and humanitarian NGOs. The selection thereof will follow criteria based on sector specialization, geographical presence and capacity for implementation, as mentioned in the 2015 Development Assistance Committee “Peer Review” and pursuant to Grand Bargain commitments. Transparency and competitiveness criteria are also crucial.














Five main multilateral partners have been considered for this period, in addition to humanitarian NGOs:

- **Protection.** The International Red Cross and Red Crescent Movement is specialized in this area. In particular, the **ICRC** is specialized in protection, **UNFPA** in the provision of psychosocial services to survivors of sexual and gender violence, and **UNICEF** in child protection. **UNHCR**, as the agency responsible for guaranteeing the rights and well-being of refugees, is also a strategic partner with experience in protection and cash transfers. Additionally, there are **NGOs** with the capacity to support humanitarian protection with a “Linking Relief, Rehabilitation and Development” approach (LRRD).
- **Health.** Spain has humanitarian NGOs with the capacity to provide an efficient response to healthcare needs on the ground. **UNFPA** is also a strategic partner in sexual and reproductive health.
- **Multisector.** The United Nations **Office for the Coordination of Humanitarian Affairs (OCHA)**, which manages the Common Humanitarian Fund for Syria, is a strategic partner as funds of this nature enable a rapid and flexible multisector response to emergencies and, in line with the Grand Bargain, this fund enables the financing of local organizations. In this regard, **Spanish humanitarian NGOs** could also respond to multisector needs to offer a multisector response.

<sup>27</sup> This could include cross-border actions.



## ACCOUNTABILITY MATRIX

GENERAL <sup>28</sup>	
Indicators	
Final annual budget disbursed in relation to Syria and Iraq	
Final annual budget disbursed by sector	
Annual no. of beneficiaries from interventions in these countries	
Annual budget for these countries allocated to cash transfers (cash and coupons)	
Annual budget disbursed on interventions with gender marker codes 2a and 2b (IASC) or Gender-Age Marker code 2 (ECHO) in these countries	
No. of local/national organizations financed in these countries	
SECTOR	
PROTECTION	
Indicators	Partners
No. of victims of GBV that have received assistance	 
No. of children that have received psycho-social assistance	
No. of unaccompanied children under alternative care and protection	 <b>CICR</b>
No. of beneficiaries of support in documentation and/or repatriation processes	 
No. of people made aware or informed of and/or trained in IHL	  <b>UNHCR ACNUR</b> <small>La Agencia de la ONU para los Refugiados</small>
No. of people at risk of forced displacement who have received support/assistance	  <b>NGOs</b>
HEALTH	
Indicators	Partners
No. of people receiving assistance in these countries	
No. of healthcare centres put into operation	 <b>NGOs</b>
No. of healthcare professionals and/or community workers trained	

<sup>28</sup> The indicators will be disaggregated by sex, and shall only be provided if such data is available.