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SYRIAN ARAB REPUBLIC

CONSOLIDATED EMERGENCY REPORT 2022



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Expression of Thanks

UNICEF's work for children is funded entirely through individual donations and the voluntary support of our partners in government, civil society, and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

Table of Contents

Expression of Thanks.....	2
Table of Contents.....	2
Abbreviations and Acronyms.....	4
Executive Summary.....	5
Humanitarian Context.....	6
Health.....	7
Nutrition.....	8
Child Protection	8
Education-in-Emergencies	9
Water Sanitation and Hygiene (WASH)	9
Social Protection and Cash Transfer	10
Adolescent Development and Participation (ADAP).....	10
Humanitarian Results.....	11
Health.....	11
Nutrition.....	12
Child Protection	13
Education-in-Emergencies	15
WASH	16
Social Protection and Cash Transfers.....	18
Adolescent Development and Participation (ADAP).....	18
Risk Communication and Community Engagement and Accountability to Affected Populations ...	19
Lessons learned, emerging opportunities and innovations.....	20
Cluster/Sector Leadership.....	22
Nutrition Sector and Cluster Coordination	22
Child Protection Area of Responsibility (AOR).....	23
Education Sector and Cluster Coordination.....	24
WASH Sector and Cluster Coordination.....	24
Case Studies	26

Results Achieved from Humanitarian Thematic Funding	28
Health and Nutrition	28
Child Protection	29
Education-in-Emergencies	30
WASH	31
Thematic Funding Case Studies	31
Assessment, Monitoring and Evaluation	33
Financial Analysis	34
Future Work plan	40
Annexes.....	41
Donor Feedback Form.....	41

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Caption: Aya 14, looks at her old school, damaged by the conflict, in Dara'a Al-balad, South Syria, 7 February 2022.

Abbreviations and Acronyms

ADAP	Adolescent Development and Participation
AOR	Area of Responsibility
BCG	Bacillus Calmette–Guérin
CCC	Core Commitments for Children
DPT3	diphtheria, pertussis and tetanus (third dose)
ENAP	Every Newborn Action Plan
EORE	explosive ordnance risk education
FSP	Financial Service Provider
GAM	global acute malnutrition
GBV	gender-based violence
HAC	Humanitarian Action for Children
HCT	Humanitarian Coordination Team
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IDP	internally displaced person
IYCF	infant and young feeding
JAN-FSA	Joint Nutrition and Food Security Assessment
MAM	moderate acute malnutrition
MHPSS	mental health and psychosocial support services
MoC	Ministry of Culture
MoE	Ministry of Education
MoH	Ministry of Health
MoSAL	Ministry of Social Affairs and Labour
NE Syria	north-east Syria
NFE	non-formal education
NW Syria	north-west Syria
OCV	oral cholera vaccine
OoSC	Out of school children
PLW	pregnant and lactating women
PSEA	protection from sexual exploitation and abuse
RCCE	Risk Communication and Community Engagement
SAM	severe acute malnutrition
SCFAP	Syrian Commission for Family Affairs and Population
SCI	Save the Children International
SLP	Self-Learning Programme
SLM	Self-Learning Material
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SOP	standard operating procedure
SYP	Syrian Pound
TPTF	third-party technical facilitator
TPM	third-party monitoring
TVET	technical and vocational education and training
WASH	water, sanitation and hygiene
WoS	Whole of Syria

Executive Summary

Children across Syria continue to face one of the most complex emergencies in the world. There are 14.6 million people in need of humanitarian assistance, including 6.9 million children, 4.2 million people with disabilities and 5.3 million internally displaced persons (IDPs). This means that two-thirds of the population are now in need of humanitarian assistance, driven by the worsening economic crisis, disease outbreaks, localized hostilities, mass displacement and a devastated public infrastructure. Forty-one per cent of Syria's 7,266 communities have low to medium levels of accessibility due to insecurity and/or control, further complicating humanitarian assistance efforts.

UNICEF Syria reached over 12.5 million people in 2022, including 3.9 million boys and 4.3 million girls. Families living in the most severely affected and inaccessible areas were prioritized, with 220,000 people reached in difficult to access areas (45 per cent of this population) and 4.4 million in moderately accessible areas (63 per cent of this population). UNICEF is working to strengthen the linkages between the emergency response and essential service restoration, resilience and social cohesion.

UNICEF provided over 4.4 million people with health and nutrition assistance in 2022, including the provision of 2,104,506 medical consultations (847,216 girls, 836,788 boys, 368,730 women and 51,772 men) through NGO partners and support including technical training and supplies, such as cold chain equipment, to revitalize the district-level primary health care system. A key partnership with GAVI allowed UNICEF to procure all childhood vaccines for Syria through financing 75 per cent of these vaccines. UNICEF and partners reached 2,923,301 children under five and pregnant and lactating women (PLW) with essential nutrition services in 2022. An advocacy breakthrough saw primary nutrition indicators integrated into the annual WFP Food Security Assessment. This Joint Approach for Nutrition and Food Security Assessment provided updated acute malnutrition prevalence rates, as well as linkages between food security and nutrition, as an evidence base for programming.

UNICEF together with its implementing partners and in coordination with relevant line ministries, worked towards an environment free from violence and abuse, providing quality child protection services to 1.2 million girls, boys, women and caregivers. Key steps were completed to leverage capacities built during the protracted humanitarian response to improve the national child protection system. A National Mental Health Psychosocial Support Manual was finalized and adopted nationally in coordination with protection partners.

Meanwhile, 1,368,879 conflict-affected children (685,946 females) participated in safe, inclusive learning opportunities. This was accomplished through school rehabilitation, including kindergartens facilities, and the provision of non-formal education (NFE) services for out-of-school children and children at risk of dropping out. This was complemented by the distribution of Curriculum B and Self-Learning Programme (SLP) textbooks, the latter of which was emphasized to support students in North-east Syria (NE Syria) and North-west Syria (NW Syria). A critical achievement was the alignment of Curriculum B and Self-Learning Materials with the national curriculum. The improved Curriculum B (CB) was piloted and rolled out, reaching over 70,000 students. Through the Adolescent Development and Participation Programme, learning, skills, participation and engagement were supported for 466,967 young people (252,163 females) with skills development and social engagement opportunities.

With UNICEF's support, 4,752,572 people (1,295,984 girls, 1,223,446 boys, 1,233,238 women and 999,904 men) including 388,839 in NW Syria were provided with safe water in 64 communities across Syria through rehabilitation of water networks, pumping stations and wells in addition to the provision operation and maintenance equipment. To further improve sustainability, while simultaneously considering climate change and the fuel crisis, seven water pumping stations and two wells in Aleppo and Quneitra were equipped with solar power systems.

UNICEF expanded access to integrated social protection for 11,350 children with disabilities (4,628 girls) who received regular quarterly cash assistance and case management services. Through the Basic Needs Support Programme, 41,000 highly vulnerable families were supported with humanitarian cash assistance to cope with economic hardship and meet the essential needs of their children during the harsh winter months.

Humanitarian Context

Children across Syria continue to face one of the most complex emergencies in the world. Twelve years of crisis and continued multi-faceted hardships, exacerbated by COVID-19, a cholera outbreak and years of worsening economic conditions, devastated public infrastructure and a weakened social services system, localized hostilities and mass displacement have left two-thirds of the population in Syria majority of them are children in need of humanitarian assistance and many children continue to be subjected to systematic violations of international humanitarian and child rights laws and in grave need of support. The scale of children in need of humanitarian assistance continues to increase, from 13.4 million people and 6.1 million children in 2021 up to 14.6 million people and 6.9 million children in 2022¹. This includes 4.2 people with disabilities and 5.3 million IDPs. The economic downturn, which saw the value of the Syrian Pound (SYP) decrease 3,015 against the US dollar², deepens the devastating effects of the 12-year long crisis on a population that still endures conflict, displacement, widely disabled civilian infrastructure and the simultaneous health threats of COVID-19 and cholera. In this context, vulnerable populations take up negative coping mechanisms, such as child labour, child marriage and withdrawal of children from learning. Armed hostilities restrict the freedoms of women and girl, decreasing their freedom of movement and their ability to seek employment, protection services, health care, information and assistance, trapping them in cycles of vulnerability and abuse.

The SYP exchange rate has undergone a 70-fold depreciation since the onset of hostilities in 2011 and the Syrian economy has shrunk by more than 50 per cent since 2011³. Currency depreciation and soaring food, fuel and basic goods prices have dragged more of the population into humanitarian need, even in areas historically less affected by hostilities and displacement.

Of the 14.6 million people in need, 61,100 are considered to be in 'catastrophic' need. An additional 4.51 million are in extreme need and 6.76 million in severe need, respectively 390,000 and 2.84 million more than in 2021⁴. Around 3.4 million people in NW Syria, including 2.8 million IDPs are in need of regular humanitarian aid to meet their basic needs. Ninety-seven per cent of the population lives below the poverty line and over 80 per cent of the population is assessed to be food insecure. Syria's internally displaced population is highly vulnerable. Of the 5.3 million IDPs, over two million reside in 1,760 'last resort' sites such as informal settlements and camps, planned camps and collective centres, the vast majority in the north-western Idlib (69 per cent) and Aleppo (22 per cent) governorates⁵.

Humanitarian access in Syria continues to be challenged by active conflict, geopolitical dynamics, interference by parties in control and armed groups, and in some parts the periodic closures of border crossings and crossing points related to COVID-19 preventative measures and armed hostilities or airstrikes⁶.

Serious child protection concerns remain. Over 2,400 grave violations against children were verified, including recruitment by armed groups and conflict-related deaths and injuries⁷. An estimated one third of populated communities are contaminated with explosive ordnance, further endangering children and affecting their ability to play and move freely. The economic crisis is worsening negative coping mechanisms, especially affecting female-headed households, and contributing to the normalization of gender-based violence (GBV), which predominantly affects girls.⁸ Seventy-one per cent of communities surveyed reported child marriage (often affecting girls) and 84 per cent that children are working (often affecting boys).⁹

Climatic and human-caused disturbances that affect Syria's natural resources, particularly water, have increased and intensified. Historically, low water levels in the Euphrates River, combined with

¹ Syria: 2022 Humanitarian Needs Overview (HNO).

² WFP Syria Market Price Watch Bulletin, October 2022 posted: 30 November 2022.

³ Ibid

⁴ Ibid

⁵ Ibid

⁶ Ibid

⁷ UN Monitoring and Reporting Mechanism.

⁸ Syria: 2022 Humanitarian Needs Overview (HNO).

⁹ Ibid

insufficient rainfall levels, have not just reduced access to water for drinking and domestic use for over five million people, but also contributed to significant harvest and income losses and increases in waterborne diseases, and protection risks.

Some 53,000 IDPs are living in Al-Hol (64 per cent children) and 2,500 in Al-Roj (66 per cent children) Camps. Of the 35,000 children living in these detention-like camps, 12,000 are Syrian, 16,200 are Iraqi and 6,800 are from 60 other nationalities. In 2022, there were 37 incidents of murder or attempted murder in the camp¹⁰. An estimated 8,000 people still live in Rukban on the Syrian-Jordanian border. Despite on-going advocacy efforts, the last crossline mission to Rukban was in 2019¹¹.

Ninety-seven per cent of the population lives below the poverty line and over 80 per cent of the population is assessed to be food insecure¹². The national average price of WFP's standard reference food basket in October 2022 was SYP 357,593 (US\$119 at the official exchange rate of SYP 3,015), which is 91 per cent higher than October 2021¹³. Out of the participants in the UNICEF Child Well-Being monitoring, 75 per cent were not able to provide their children with daily meals and 87 per cent were not able to provide minimum dietary diversity.¹⁴

Health

Forty-one per cent of public hospitals and 43 per cent of primary healthcare facilities are partially or non-functional¹⁵. The devastated health system in Syria has been further disrupted by the COVID-19 and cholera outbreaks. This has been worsened by human resource shortages and supply chain disruption. Increasing poverty in the country also prevents people from being able to afford health care for themselves and their children.

Political uncertainty and regional instability affect fuel supplies and availability of essential medicines, including cross-line and cross-border efforts. Resource constraints have hindered ongoing emergency health response activities, particularly for COVID-19 interventions in 'last resort' sites, and threaten continuity of established interventions, such as primary care networks, referrals and supply chains, upon which vulnerable persons increasingly rely¹⁶. The COVID-19 continues to disrupt the already-fragile health services and systems due to low levels of COVID-19 vaccination, lack of adherence to preventive measures, and emerging variants which, together, strain attempts to stabilize and restart services affected by the pandemic, including gaps in routine childhood immunization services.

Since the beginning of the outbreak, Syria has had 200,776 confirmed cases of COVID-19¹⁷, including 7,246 deaths. Of these cases, 104,160 cases were reported from NW Syria and 39,258 from NE Syria¹⁸. A cholera/acute watery diarrhoea outbreak was declared on 10 September, and quickly spread across the country, threatening children, especially in crowded informal settlements¹⁹. Across Syria, 70,220 cases were reported by the end of the year (including 98 deaths)²⁰. The outbreak is associated with the large-scale destruction of water and sanitation infrastructure, electricity outages and prolonged drought, as well as population movements. According to initial reports, children under-five account for about 24 per cent of all acute watery diarrhoea/suspected cholera cases. While both adults and children are at risk of contracting the disease, children often bear the brunt of severe illness and death. The country also experienced measles outbreaks with 80 per cent affected children below five due to continued decline in immunization coverage as a consequence of weak health systems.

A total of 12.23 million people are in need of health services in 2022, including 4.4 million displaced persons, 1.33 million children under five years – including an estimated 503,000 live births expected

¹⁰ UNICEF Whole of Syria Humanitarian Situation Report, End of Year 2022.

¹¹ Ibid.

¹² Syria: 2022 Humanitarian Needs Overview (HNO).

¹³ WFP Syria Market Price Watch Bulletin, October 2022 posted: 30 November 2022.

¹⁴ Minimum meal frequency is at least three meals a day and minimum dietary diversity is at least four food groups.

¹⁵ WHO, Whole of Syria Health Resources and Services Availability Monitoring System, 2022 Q2.

¹⁶ Syria: 2022 Humanitarian Needs Overview (HNO).

¹⁷ The actual number of cases is assumed to be far higher due to limited testing capacity.

¹⁸ UNICEF Whole of Syria Humanitarian Situation Report, End of Year 2022.

¹⁹ UN News, Syria: Cholera outbreak is 'serious threat' to whole Middle East, 13 September 2022.

²⁰ Humanitarian Country Team Update.

2021²¹, and 3.38 million women of reproductive age (15-49 years). Just over 500,000 older people will require inclusive health services, as well as those with early onset non-communicable diseases, which are estimated to account for 45 per cent of mortality in Syria.

Nutrition

Malnutrition prevalence in Syria is a significant public health concern, where an estimated 5.5 million children under five and PLW were in need of nutrition interventions in 2021. In the case of the whole of Syria, compared to 2020, there has been a rising trend in acute and chronic malnutrition.

The increase in the burden of severe acute malnutrition (SAM) cases among children aged 6-59 months across Syria is concerning, from 51,013 recorded in 2021 to 75,726 (48 per cent increase) recorded in 2022 nutrition surveys. Of the 363,556 children, about 287,830 are suffering from moderate acute malnutrition (MAM)– an increase of 55 percent compared to 185,371 recorded in 2021. An estimated 609,979 children below five years of age are stunted in Syria, with stunting prevalence ranging from 25 per cent to 28 per cent across different geographical areas. One in four Syrian children were stunted and at serious risk of irreversible damage to their physical and cognitive development, repeated infections, developmental delays, disabilities and death. UNICEF also supported an iodine study; which preliminary results showed that 55.6 per cent of households are using iodized salt, down from 63 per cent in 2019.

For PLW, iron-deficiency anaemia levels have increased with one in three women affected, increasing to 54 per cent of PLW in NW Syria (severity classification 5)²². Approximately 544,752 PLW suffer from moderate acute malnutrition with 460,124 of them suffering from anaemia. In 44 subdistricts, 46 per cent of children (6-59 months) were suffering from iron-deficiency anaemia (severity classification 4).

Child Protection

Multiple and complex child protection risks continue to shape the lives of girls and boys throughout Syria. Ongoing hostilities specifically in NE and NW Syria, economic hardships, breakdown of community support structure and lack of services continue to take a huge toll on children. Complex and interconnected protection issues in this protracted crisis are worsening in an overall context of limited access to humanitarian services, rights, justice, and accountability. The deteriorating economy and widespread poverty, lack and loss of livelihoods, destruction and loss of housing, protracted and multiple cycles of displacement, substandard living conditions, damaged and decreased natural resources and continuing disease outbreak, exacerbate protection needs and increase reliance on negative coping mechanisms, such as child labour, child recruitment, child marriage and different forms of exploitation and violence. Psychosocial distress among children is reported in 26 per cent of surveyed households, demonstrating the increasing cumulative toll on mental well-being with immediate and if not addressed, lifelong consequences²³.

Children and adolescents face violence, abuse and exploitation in many life situations, including exposure to new forms of violence due to harmful coping mechanisms within the family. Adolescent boys are more likely to be killed and injured, separated from family, detained and recruited or to be involved in child labour, while adolescent girls are particularly at risk of child marriage, online harassment and other forms of GBV, including sexual violence. Boys are also at risk of sexual violence, as are men, primarily in the context of detention. Women and girls continue to be disproportionately affected by GBV and lacking functional institutions that guarantee women's and girls' rights and safety.

Explosive ordnance contamination will continue to present a significant risk for populations living in areas that experienced hostilities, and increasingly for individuals returning to their communities and will remain the top access constraint for safe delivery of humanitarian aid and assistance to people in need.

Grave violations against children remain a significant concern, including risk of being killed, injured, recruited, used in hostilities, tortured, detained, abducted and sexually abused. Between January and September 2022, 1,895 grave violations were verified by the Syria UN Monitoring and Reporting

²¹ UNFPA November 2021, via MISP calculator <https://iawg.net/resources/misp-calculator>.

²² Syria: 2022 Humanitarian Needs Overview (HNO)

²³ 2021 Household MSNA.

Mechanism, in 9 out of 14 governorates, with NW Syria and NE Syria impacted the most.²⁴ Girls and boys continue to experience persisting violence, including physical, emotional, sexual and domestic violence. Insecurity, economic hardship and COVID-19 exacerbate child protection concerns. Child Protection issues are spread across all 14 governorates at generally increased levels. Kidnapping/abduction was reported as occurring in 26 per cent of communities²⁵; child labour in 84 per cent of communities; child marriage is an issue for adolescent girls²⁶ in 71 per cent of communities. More than 800 children with perceived affiliation to armed groups are detained without due legal process in NE Syria²⁷, many awaiting repatriation to Iraq and other countries. In 2022, there were 13 verified attacks on schools and education personnel and 48 verified cases of military use of schools²⁸. Attacks on education also have secondary effect of making children, their families and education personnel fearful of returning to school; and reducing the number of functioning classrooms/schools.

Education-in-Emergencies

Barriers to education in Syria continue to affect children across Syria. The economic crisis, widespread displacement, increasing poverty, damaged and destroyed school buildings, lack of affordable transportation and school supplies, the ongoing cholera outbreak, irregular/low teacher salaries and underqualified teachers all contribute to 2.4 million children remaining out of school and 1.6 million children being at risk of dropping out²⁹. Younger children, adolescents and children with disabilities face major barriers including the limited availability of early childhood education, disability-adapted supplies, secondary education and vocational training³⁰. Hostilities, the use of schools for non-educational purposes and other safety concerns continue to impact the safe use and availability of education services.

In NW Syria, education services are disrupted due to irregular payment of teachers in public schools leading to teacher strikes and at times teachers having to leave the education system in search for paid employment. School buildings and schools in camp sites have limited gender and disability-inclusive WASH facilities, electricity, fuel tanks and heaters, school furniture, playgrounds and recreational materials for children. The number of out of school children (OoSC) has increased by 40 per cent³¹, due to the overall collapse of the public system, but also poverty-related factors.

Schools in Syria continue to have limited absorption and retention capacity as well as flexibility to accommodate learners of different ability across learning levels. Dilapidated learning environments are un conducive to learning due to overcrowding, lack of school furniture/school supplies, and inadequate heating, lighting and operational WASH facilities. A WASH assessment conducted identified that 56 per cent of children attending school were dissatisfied with WASH in schools³².

Spending in education continues to fall dramatically, with allocations to education by the Government of Syria have decreased by 78 per cent in real terms compared to 2011 and allocations declined by 15 per cent between 2021 and 2022³³.

Water Sanitation and Hygiene (WASH)

Water, sanitation and hygiene (WASH) systems have suffered damage owing to hostilities, strain from years of functioning at high capacity, limited or no maintenance, continuous drain of technical staff and poor water resource management, exaggerated by climate change, economic crisis, and an electricity and fuel supply crisis³⁴. In addition, imposed coercive measures present a huge burden on ease of

²⁴ Syria Monitoring and Reporting Mechanism.

²⁵ Ibid

²⁶ 2021 Community level MSNA

²⁷ Syria Monitoring and Reporting Mechanism.

²⁸ MRM4Syria, January to December 2022

²⁹ Syria: 2022 Humanitarian Needs Overview (HNO)

³⁰ Syria: 2021 Humanitarian Needs Overview (HNO)

³¹ Ibid

³² The H NAP-WOS- WASH household survey: It is important to note that adults were asked and not the children themselves. The top three reasons cited included lack of cleanliness of toilets (87 per cent), lack of soap (over 50 per cent) and inadequate facilities/overcrowding (29 per cent).

³³ Budget Brief, the 2022 State Budget in Syria, UNICEF Syria (July 2022). The report is available at:

<https://www.unicef.org/syria/reports/2022-budget-brief>

³⁴ Ibid

access to WASH consumables and equipment, with negative implications on the WASH humanitarian response. Centralized distribution systems are the most equitable, accessible, and safe way to provide water to the maximum number of people. Despite higher initial cost of investment, activities supporting WASH systems are economically sound and critical to mitigating public health risks.

Depreciation of the Syrian currency, combined with the effects of other crises, erodes household purchasing power, forcing households to spend spare household funds on purchasing water, which subsequently impairs household's ability to meet other basic needs, risking food security, health, nutritional status and access to education. Reported coping mechanisms such as modifying hygiene practices, not being able to wash hands with sufficient frequency, or drinking water intended for other than drinking purposes adopted by the population will continue to undermine efforts to curb the COVID-19 transmission and to minimize the prevalence of waterborne diseases.

For people living in IDP sites, insufficient WASH infrastructure or services delivery exacerbates public health risks and affects other basic needs. Household-level or shared family WASH facilities is currently available to only about 40 per cent of households³⁵ in internally displaced person sites, exposing women and girls to GBV risks. With the COVID-19 and cholera outbreaks, increased prevalence of waterborne diseases and severe malnutrition in certain areas, appropriate WASH conditions and medical waste management in healthcare facilities are critical, however, they remain insufficient in many facilities, including in public hospitals³⁶ and are further negatively affected by ongoing water and energy crises. School-aged children are another group of focus for the WASH sector, as poor WASH conditions in schools are widespread, and a potential reason for children dropping out of school.

Erratic rainfall, in combination with historically low water levels in the Euphrates River, have reduced access to water for drinking and domestic use for over 5 million people³⁷, decreased hydroelectricity generation, and been linked to an increase in waterborne diseases and protection risks.

Social Protection and Cash Transfer

Twelve years into the crisis and in the midst of economic crisis, children living with severe mental and/or physical disabilities are among the most socially and economically vulnerable group of children in the country. They and their families are facing significant contractions in government social spending and a complete breakdown of critical national social protection programmes, including the pre-conflict programme for people with disabilities. UNICEF monitoring surveys also identify multiple deprivations and hardships that children with severe disabilities face, including discrimination and a greater risk of abuse, harassment and violence. For example, UNICEF post-distribution monitoring surveys indicate that over 70 per cent of children with disabilities are out of school³⁸.

The worsening economic situation has left many families, including those without children with disabilities, unable to provide for the basic needs of their children, particularly at specific times during the year when families face higher costs of living (for example, before the start of the school year or before winter). They are often unable to cope with external shocks (for example the COVID-19 pandemic). This is particularly true for families who have been displaced several times and have recently returned to urban and peri-urban slums where they continue to live in dire conditions.

Adolescent Development and Participation (ADAP)

Adolescents and young people (10 and 24 years old) in Syria have missed out on opportunities to develop and learn. They have limited access to skills development and basic services, including those supporting a safe transition from school to work. While youth aged 15 to 24 years make up 20.9 per cent of the total labour force, they are struggling with high unemployment rates; a mismatch between their skills and the labour market needs due to dramatic changes in the economy; lack of access to formal education and poor quality of education including technical and vocational education and training and a lack of alternative and flexible learning pathways, especially for the most marginalized.

An evaluability assessment conducted by an independent youth specialist consultant along with NGOs, line ministries, young people, UNICEF sections and UN agencies, and Syrian youth researchers

³⁵ Ibid

³⁶ HeRAMS Annual Report 2020. Public Hospitals in the Syrian Arab Republic

³⁷ Syria: 2022 Humanitarian Needs Overview (HNO)

³⁸ UNICEF, Post-Distribution Monitoring Surveys, 2022.

identified the clear relevance of the ADAP programme in terms of participation and social cohesion but also constraints to scalability such as declining funds and resource-intensive activities and need to linkages with available systems and accreditation. A separate survey of 450 Technical and Vocational Education and Training graduates (258 females) recommended increasing connections with community activities to enable graduates to apply their training; increasing the number and duration of the courses to learn on a deeper scale; promoting hands-on training; and providing equipment for users to train at home.

Humanitarian Results

Health

The devastated health system in Syria has been further disrupted by the COVID-19 and cholera outbreaks. Forty-one per cent of public hospitals and 43 per cent of primary healthcare facilities are either partially or not functional. This has been worsened by human resource shortages, supply chain disruption and socioeconomic decline. Of the 4,788 UNICEF beneficiaries interviewed as part of a Child Well-Being Monitoring exercise, 39 per cent could not afford health care for their children when they needed it.

UNICEF was a key actor in the cholera response along with WHO and participated in eight of the nine response pillars³⁹. This included procuring 2 million doses of oral cholera vaccine (OCV) and providing supplies to 52 cholera treatment centres to treat 11,700 severe cholera cases. The OCV reached 1.9 million people (95 per cent of the target) in Aleppo, Ar-Raqqa, Al-Hasakeh and Deir-ez-Zor. In NW Syria, UNICEF supported partners to establish a tool to monitor the vaccine arrival and temperature and provided health supplies to support 45,000 people.

UNICEF and its 15 NGO partners operated 86 fixed clinics and 62 mobile teams providing 9.5 per cent of community-level health across the 14 governorates of Syria. Specifically, UNICEF partners provided 2,104,506 free consultations (847,216 for girls, 836,788 for boys, 368,730 for women and 51,772 for men) in 2022. This is 116 per cent of the annual target, with fewer COVID-19 restrictions and the worsening socioeconomic situation driving families from private clinics to free, NGO-operated health care. Of these consultations, 466,780 were in NE Syria and 284,600 in NW Syria. Satisfaction was measured through third-party monitoring of all clinics and teams on a quarterly basis. Results in November-December showed that 96 per cent of beneficiaries were satisfied with the fixed centres and 92 per cent with the mobile teams. To increase the uptake of services, 3,159,066 caregivers and children (33,301 girls, 31,107 boys, 1,773,183 women and 1,321,475 men) were reached with health promotion messages, 110 per cent of the annual target.

Newborn care training was extended to 2,028 health workers and community volunteers (1,836 females), 101 per cent of the annual target. Newborn care at home continued in 125 villages in 13 governorates through 936 volunteers trained by UNICEF. These volunteers conducted 117,532 visits to 6,360 pregnant women and 2,776 newborns (1,380 girls). The Every Newborn Action Plan (ENAP) was extended from five to eight hospitals (new hospitals joined in Aleppo, As-Sweida and Rural Damascus). A survey of 2,213 mothers in ENAP hospitals showed immediate skin-to-skin contact in 75 per cent of births and breastfeeding initiated in the first hour in 59 per cent. ENAP training was also provided in NW Syria for 50 health workers (27 women) and 170 staff and community volunteers (119 women).

In partnership with NGO partners delivering health services and in coordination with the Ministry of Health (MoH), UNICEF launched the child-friendly health centres initiative in Lattakia to integrate child development services at health facility and community levels. The pilot was launched in April 2022 and includes immunization, integrated management of child illness, nutrition surveillance and detection of disabilities. The pilot reached 15,198 children under 5 (7,405 girls) with integrated primary health care including nurturing care and 26,071 caregivers (20,203 mothers) with sessions on responsive care and has trained 611 health workers (567 females) on care for child development. In addition, 290 children (123 girls) were detected as having developmental delays; out of them 50 children (23 girls) were referred to the specialized health centres.

³⁹ Coordination and Leadership; Disease Surveillance; Case Management; OCV; WASH; Risk Communication and Community Engagement; Operational Research and Knowledge Management; and Logistics and Supplies

Seventy-seven per cent of children under age 1 (199,402 girls) received their third dose of diphtheria, pertussis and tetanus (DTP3) vaccine, compared to 67 per cent of children who received DTP3 in 2021 and 80 per cent in 2020. To address the high number of unvaccinated children, UNICEF and WHO supported MoH defaulter campaigns (712,260 children screened for their vaccination status, and 180,202 children vaccinated). UNICEF procures three GAVI-funded childhood vaccines⁴⁰ for Syria, while procuring and also financing six traditional vaccines⁴¹ (48 per cent of all vaccines costs); 17.8 million doses were procured in total in 2022. There was a measles vaccine stock in the last quarter of 2022 due to financing challenges. UNICEF successfully advocated with GAVI to waive the 2022 and 2023 co-financing and prepone 2023 doses to mitigate the stockout. Separately, in NW Syria, 124,508 children under 5 (62,044 girls) received DTP3, 93 per cent of the annual target of 133,500.

UNICEF and WHO supported vaccination campaigns with GAVI funding, which vaccinated 2.3 million children (73 per cent of the target) against polio and 1.9 million children (87 per cent) against measles and rubella. This was 32 per cent lower than in 2021 when 3.4 million children were vaccinated against polio as the inclusion of measles and rubella – requiring injection – meant that house-to-house vaccination was not possible.

UNICEF and WHO supported the monthly MoH COVID-19 vaccination acceleration campaigns, and UNICEF provided 173 pieces of cold chain equipment and generated evidence to improve the cold chain for current and future outbreaks. This allowed 1.8 million people to be fully vaccinated against COVID-19 (11 per cent of the adult population) and 2.6 million were vaccinated with one dose (16 per cent of the adult population). Low risk perception due to the decline in reported COVID-19 cases and relaxing of control measures are affecting demand. Community engagement and social listening are being implemented to identify and address these challenges.

Table 1: Summary of Health Programme Results

Health	Cluster/Sector Response		UNICEF and IPs Response	
	2022 Target	Total Results 2022	2022 Target	Total Results 2022
Number of children aged 6 to 59 months vaccinated against polio	-	-	3,200,000	2,337,945 ⁴²
Number of children and women accessing primary health care in UNICEF-supported facilities	-	-	1,820,000	2,104,506 ⁴³
Number of health care facility staff trained on infection prevention and control	-	-	550	760 ⁴⁴
<i>Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.</i>				

Nutrition

UNICEF strong advocacy efforts has succeeded in 2022 in integrating the nutrition indicators into the annual Food Security Assessment and development of the Joint Nutrition and Food Security Assessment (JAN-FSA) 2022. This Joint Approach with WFP for Nutrition and JAN-FSA provided updated acute malnutrition prevalence rates, as well as linkages between food security and nutrition, as an evidence for programming. According to this assessment, the nutritional status of children under 5 and pregnant and lactating women is deteriorating. Global acute malnutrition (GAM) is now 4.5 per cent with a SAM rate of 0.9 per cent in assessed areas, while the 2022 SMART survey showed a five per cent GAM rate in NW Syria and a 12 per cent rate in NE Syria. The latter is classified as a critical situation.

UNICEF and partners reached 2,923,301 children under 5 and pregnant and lactating women with essential nutrition services in 2022, including 647,797 in NW Syria. This includes 1,718,944 children

⁴⁰ This includes diphtheria, pertussis (whooping cough), and tetanus; measles and rubella; and inactivated poliovirus vaccine.

⁴¹ Bacillus Calmette–Guérin (BCG); hepatitis B; mumps; oral polio vaccine; tetanus and diphtheria.

⁴² Under-reach as the inclusion of the measles and rubella vaccine required injection, so the more effective door-to-door modality could not be used

⁴³ Fewer COVID-19 restrictions and the worsening socioeconomic situation driving families from private clinics to free, NGO-operated health care

⁴⁴ Over-reach due to the need for similar training for the cholera outbreak

under 5 (870,540 girls; including 460,073 children in NW Syria) and 1,205,301 pregnant and lactating women (including 171,425 in NW Syria) screened for acute malnutrition. This screening identified 14,674 children 6-59 months (8,435 girls) who were then admitted and treated for SAM, including 7,173 children in NW Syria, 80 per cent of the annual target.

To prevent malnutrition, UNICEF provided 546,244 children (274,140 girls) and 235,505 pregnant and lactating women with multiple micronutrient supplementation, including 99,396 children and 74,556 women in NW Syria. This was only 27 per cent of the annual target due to delays in the delivery of nutrition supplies caused by disruptions in the global supply chain, increased worldwide demand and concurrent emergencies. As this is likely to create disruption into 2023, UNICEF Syria is working closely with its global Supply Division for needs-based prioritization. Through the routine immunization programme, 554,147 children 6-23 months of age were reached with vitamin A and, in NW Syria, 58,306 children (28,878 girls) received supplementary foods. UNICEF exceeded its target for infant and young child feeding (IYCF) counselling, reaching 1,542,906 caregivers (1,288,472 females), including 163,559 in NW Syria.

Table 2: Summary of Nutrition Programme Results

Nutrition	Cluster/Sector Response ⁴⁵		UNICEF and IPs Response	
	2022 Target	Total Results 2022	2022Target	Total Results 2022
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	17,447	25,064	18,400	14,674 ⁴⁶
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	915,063	2,176,391	1,245,000	1,542,906
Number of children and pregnant and lactating women receiving micronutrients	2,563,000	992,352	1,970,000	781,749 ⁴⁷

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

Child Protection

Protection concerns remain significant. The economic crisis is worsening negative coping mechanisms, especially affecting female-headed households⁴⁸. Seventy-one per cent of communities surveyed reported child marriage (often affecting girls) and 84 per cent that children are working (often affecting boys)⁴⁹. Over 2,400 grave violations against children were verified, including recruitment by armed groups and conflict-related deaths and injuries⁵⁰.

Case management was initiated for 14,706 children (6,806 girls) at risk of or experiencing exploitation, abuse, neglect and/or GBV by 709 frontline workers (466 females) trained with the support of UNICEF. This work was guided by a standard operating procedure and tools to assess children and follow up with relevant service providers as required. In parallel, UNICEF concluded the piloting of a standardized case management system in Rural Damascus with the commitment of the key government authorities to scale it up in other governorates in 2023. This includes 3,148 affected individuals (including 1,449 girls, 1,423 boys and 276 women) entered into case management in NW Syria. Finally, 44 separated and unaccompanied children (14 girls) in the Al-Hol Camp Interim Care Centres received child protection services and were supported with case management and family tracing throughout the year.

UNICEF reached 127,108 children (67,170 girls) with community-based mental health and psychosocial support (MHPSS). This includes 39,807 children reached in NW Syria in line with the Child Protection Area of Responsibility (AOR) curriculum. To ensure the standardized, quality delivery of services, a national MHPSS Manual was developed with UNICEF support and endorsed by partners. Following this, 140 frontline staff (116 females) from implementing and sector partners in all governorates were trained. In the first six months of implementation, 60 per cent of participating children showed an

⁴⁵ The cluster/sector data is as of December 2022

⁴⁶ Under-reach due to logistical delays for curative nutrition supplies, as well as funding constraints

⁴⁷ Under-achievement due to funding delays and in-country logistical issues.

⁴⁸ OCHA, HNO 2022.

⁴⁹ OCHA, HNO 2022.

⁵⁰ UN Monitoring and Reporting Mechanism.

increase in their psychosocial well-being, including better relations with their parents and being able to better cope with anger and everyday frustrations.

UNICEF continued explosive ordnance risk education (EORE) activities through partners, reaching 1,242,102 people (504,660 girls, 497,188 boys, 139,225 women and 101,029 men) while also revising all EORE materials to ensure quality implementation and alignment with the latest global guidance. This includes 49,667 girls, 47,822 boys, 12,488 women and 8,843 men in NW Syria. According to partners, children were engaged better with the new materials, especially the use of videos and animations.

The GBV prevention and empowerment activities reached 149,235 people (87,196 females), including 10,283 people (7,459 females) in NW Syria. Core child protection awareness messages focused on reducing negative coping mechanisms such as child marriage and child recruitment as well as the prevention of family separation and violence against children were provided to 299,960 people, including 121,937 girls, 115,263 boys, 39,259 women and 23,501 men.

The pilot of the new case management system in two districts in Rural Damascus was completed, testing the new standard operating protocols and assessment tools. It has been endorsed as the national case management system by the Ministry of Social Affairs and Labour (MoSAL) and National Steering Committee on Case Management and should be rolled out across the country in 2023.

In 2022, high-level advocacy continued with member states for the repatriation of children in NE Syria. The Monitoring and Reporting Mechanism (MRM) documented the situation of children and armed conflict. UNICEF's co-chairing of the UN Country Task Force on Monitoring and Reporting, together with the UN Resident Coordinator, enabled mutual engagement with the Government of Syria to co-develop a framework for strengthening child rights and the protection of children affected by armed conflict. It enabled also the engagement with parties to the conflict for the implementation of the Action Plan.

During 2022, progress was made to ensure that all UNICEF partners adhere to protection from sexual exploitation and abuse (PSEA) standards; 772 implementing partner staff (50 women) were trained on PSEA and raised awareness among 91,772 children and adults. Through assessments and extensive follow-up, implementing partners developed action points to address outstanding issues. By the end of June, all UNICEF partners were rated as low risk. In NW Syria, 20 implementing partners were trained on PSEA and reporting channels. All partners provided affected populations with information and IEC materials on the UN-supported reporting mechanism operated by the PSEA interagency network in cross border. By the end of November 2022, over 500,000 children and adults assisted by UNICEF programmes received awareness sessions on PSEA. One million affected population served by UNICEF programmes have been reported as having access to UNICEF supported PSEA reporting mechanism. UNICEF supports the PSEA interagency network with UNHCR and other partners, including local NGOs, on the ground, and all its implementing partners are active members.

Table 3: Summary of Child Protection Programme Results

Child Protection	Cluster/Sector Response ⁵¹		UNICEF and IPs Response	
	2022 Target	Total Results 2022	2022Target	Total Results 2022
Number of children accessing mental health and psychosocial support	880,000	769,838	384,000	127,108 ⁵²
Number of girls, boys and women benefiting from case management for child protection and/or GBV	-	-	24,300	14,706 ⁵³
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	-	-	120,000	149,235
Number of children and caregivers accessing explosive weapons-related risk education and survivor assistance interventions	-	-	1,947,300	1,242,102 ⁵⁴

⁵¹ The cluster/sector data is as of December 2022

⁵² Under-reach due to funding constraints

⁵³ Under-reach due to funding constraints

⁵⁴ Under-reach due to funding constraints

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

Education-in-Emergencies

There are 6.1 million children and education personnel in need of education assistance. This includes more than 2.4 million children estimated to be out of school and 1.6 million at risk of dropping out⁵⁵. The risk of children dropping out, including for poverty-related reasons and child marriage, is on the rise. Economic pressures push children out of school to support their families and limit teachers' ability to afford transportation to work.⁵⁶ Children with disabilities are particularly likely to be deprived of their education.⁵⁷ Supply-side barriers include damaged and destroyed schools. It is estimated that one in three schools have been damaged or destroyed.⁵⁸ Overcrowded classrooms is prevalent. It is estimated that there is one classroom for every 54 children nationally, going as low as one for every 101 children in Damascus. Other barriers also exist such as shortages of textbooks, stationery and learning equipment; and limited teacher training. More and more teachers are forced to leave the profession as their salaries no longer meet the basic needs of their families. Meanwhile, the fragmented education system is depriving children of an accredited education and future educational pathways.

Spending in education continues to fall dramatically with allocations to education by the Government of Syria have decreased by 78 per cent in real terms compared to 2011 and allocations declined by 15 per cent between 2021 and 2022. Meanwhile, only 15 per cent of \$350 million appealed for in the Humanitarian Response Plan was met in 2022⁵⁹.

In 2022, UNICEF supported 1,601,421 children (800,719 girls) with learning opportunities in formal and non-formal settings, including 12,227 children (5,329 girls) with disabilities and 232,542 children in NW Syria. The NFE Programme reached 749,311 children (369,794 girls) which includes 130,520 children in NW Syria. This was twice the annual target of 300,000 as high levels of demand drove NFE centres to use more than one shift to reach more children. The SLP is flexible and is designed to meet the needs of OoSC. UNICEF uses the Child-Level Monitoring System to monitor attendance, retention and learning of the 40,465 SLP students (21,393 girls). In 2022, seven per cent of SLP students transitioned to formal education, 48 per cent were newly enrolled, seven per cent repeated a grade; 13 per cent dropped out; and 25 per cent moved up to the next SLP grade.

Self-Learning Materials (SLMs) were distributed to 449,956 (217,441 girls) children in NE Syria, including those enrolled in SLP. UNICEF piloted SLMs online to reach children in camps and crossline locations. Tablets were distributed to learning centres supporting 1,727 children (900 girls). In 2023, UNICEF will scale up digital learning to other areas. In response to the widespread electricity shortages, UNICEF provided a solar energy system to an Integrated Learning Centre in Deir-ez-Zor attended by 2,500 children and youth (1,375 girls). In 2023, UNICEF will also be scaling up this climate-resilient response in Syria.

A learning assessment of children attending NFE in NW Syria showed high levels of progress in Arabic, English and Math. In interviews conducted in 25 centres with 258 children (152 girls), 99 per cent confirmed that they benefit from attending the services. Separately, 72 per cent of parents of children attending SLP expressed satisfaction, and 86 per cent felt their children had improved in at least three aspects of their learning (e.g., reading and writing, math, and English).

In terms of formal education, out of an annual target of 2,250,000 UNICEF reached 656,042 children (330,833 girls) including 45,517 children in NW Syria. This is below the annual target due to limited funds for this purpose, as well as rising costs of commodities and school rehabilitation. UNICEF distributed 1,331,000 national textbooks to 446,872 children and rehabilitated 55 schools, including gender-sensitive WASH facilities benefitting 24,447 children (12,794 girls). To link humanitarian education services with upstream efforts, CB was aligned with the national curriculum while using a research-based quality review tool to make the curriculum more socially progressive by promoting child rights and human rights, gender equality, social cohesion and child psychosocial well-being as well as

⁵⁵ OCHA, HNO, 2023.

⁵⁶ OCHA, HNO, 2022.

⁵⁷ UNICEF, Post-Distribution Monitoring Surveys, 2002.

⁵⁸ OCHA, HNO, 2020 (latest available data).

⁵⁹ UNICEF Budget Brief, 2022.

being free from political and ideological content, which may be unacceptable for some parts of the population. The improved CB was piloted and rolled out for 67,286 students.

In response to the lack of available teachers, the Ministry of Education (MoE) began contracting teachers in 2020. Many of these teachers are under-qualified (75 per cent had only a high school education). UNICEF trained the newly recruited teachers on basic pedagogical skills in two rounds in 2021-2022, with 1,521 teachers trained in 2022. In a follow up survey, 92 per cent of the teachers confirmed using the skills they learned in their daily teaching practices. An additional 1,085 teachers were trained in NW Syria.

In NW Syria, 4,389 displaced children were reached through innovative mobile teacher services targeting OoSC and 2,500 children received cash assistance to support their education. Considering their frequent exposure to violence and displacement, 49,962 children (23,670 girls) participated in school-based psychosocial support and 12,238 (5,797 girls) children and youth received life skills and citizenship education.

Table 4: Summary of Education Programme Results

Education	Cluster/Sector Response ⁶⁰		UNICEF and IPs Response	
	2022 Target	Total Results 2022	2022 Target	Total Results 2022
Number of children supported with educational services and supplies in formal settings	3,300,000	1,610,356	2,250,000	656,042 ⁶¹
Number of children in non-formal education benefiting from education services	1,256,530	639,072	430,000	749,311 ⁶²
Number of teachers and education personnel trained	76,524	17,045	44,000	2,606 ⁶³
<i>Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.</i>				

WASH

Water supply and sanitation systems and infrastructure in Syria have been devastated by 11 years of conflict as well as wear from long-term functioning at high capacity, limited or no maintenance, the brain drain of technical staff and poor natural resource management. This has been further exacerbated by the effects of climate change and the economic downturn, putting 13.5 million people in need of WASH assistance.

In 2022, 4,752,572 people (1,295,984 girls, 1,223,446 boys, 1,233,238 women and 999,904 men), including 388,839 in NW Syria, benefitted from access to safe water as UNICEF rehabilitated wells, pumping stations and water distribution networks. This was over the target of 3,600,000, as projects started in 2021 were finalized during 2022. In addition, 1,617,209 people (456,758 girls, 435,599 boys, 403,548 women and 321,305 men) out of the target of 1,950,000 benefitted from the rehabilitation of sewage lines. This includes 226,678 people in NW Syria, where the concern over lack of treatment of wastewater before its reuse continues, especially with the cholera outbreak.

The change from water trucking to water network rehabilitation increases the effectiveness of safe water access. Previously, UNICEF spent \$810,000 per year on water trucking for 90,000 people in Rural Damascus. UNICEF, ICRC and other partners have now restored Jobber Water Station in Rural Damascus, which is serving 300,000 people for \$4 million (the UNICEF contribution was \$1.8 million). This restoration is expected to support the population for 25 years after this initial investment.

UNICEF incorporated climate resilience including renewable energy approaches into its WASH programming, installing solar power systems at seven pumping stations and five wells used by 730,130 people in Aleppo, Quneitra and Dar'a. The stations were selected based on severity rating, frequency of electricity outage and shortage of fuel to run the stations. Water Safety Planning was also

⁶⁰ The cluster/sector data is as of December 2022

⁶¹ This is below the annual target due to rising costs of commodities and school rehabilitation

⁶² High levels of demand drove NFE centres to use more than one shift to reach more children.

⁶³ Funding for this activity was highly constrained

mainstreamed, including capacity building, identification of bottlenecks, developing plans to eliminate risk factors and then implementing the plans. One Plan was completed for Salhab water station in Hama, covering 81,526 people (14,137 girls, 14,137 boys, 30,670 women and 23,137 men) while preparations are ongoing for Dar'a, As-Sweida and Quneitra.

Emergency WASH services focused on IDP camps and collective shelters in NE Syria, Homs, Rural Damascus and Aleppo. Out of 804,000 targeted, 911,093 IDPs (263,296 girls, 249,306 boys, 213,284 women and 185,207 men) received emergency services such as the installation of new toilets, operation and maintenance of WASH facilities and water trucking. The over-reach was due to the prioritization of funds to the cholera response. As part of cholera response, UNICEF expanded water trucking to provide 200m³ /day of safe drinking water for families in southern rural Aleppo who rely on alternative, unsafe water sources. Moreover, 1,074,851 IDPs (311,733 girls, 283,694 boys, 256,194 women men 223,231) received hygiene supplies which were critical to prevent and respond to the cholera outbreak. The close planning and coordination of WASH cholera response interventions with Health Sector to target affected and hot spot areas played an important role in protecting the health of camp residents. In addition, in NW Syria, 792,099 IDPs in informal settlements and camps were supported with water trucking, solid waste management, construction and maintenance of community latrines and WASH supplies.

Since the start of the cholera outbreak in August 2022, UNICEF has been providing safe drinking water to areas affected, supporting chlorine residual monitoring and providing the sodium hypochlorite needed to chlorinate drinking water in all governorates for 13,800,000 people (2,819,143 girls, 3,262,714 boys, 4,149,857 women and 3,568,286 men) to access to safe drinking water. UNICEF provided the Deir-ez-Zor and Lattakia Water Establishments with equipment to test the safety of drinking water and delivered chlorination pumps to a water establishment in Al-Hasakeh as part of an effort to support the process of water chlorination throughout major supply stations. This will provide access to safe drinking water for around 14,000 individuals.

UNICEF supported 195,909 students (101,458 girls) out of a target of 155,000 by rehabilitating WASH facilities as well as water trucking and hygiene awareness-raising campaigns in their schools. This over-reach is in part linked to the cholera outbreak, which saw UNICEF increasing awareness campaigns and providing water trucking (225m³ /day) to 56,783 students (30,290 girls) in 104 schools in affected areas such as Deir-ez-Zor and Rural Damascus. The total includes 114 schools with 67,854 students (34,545 girls) provided with accessible, gender-responsive WASH facilities. In addition, 27,577 students in NW Syria were supported with WASH-in-schools interventions.

In collaboration with ADAP and Social and Behaviour Change sections, UNICEF reached 1,504,917 people (453,412 girls, 422,737 boys, 329,549 women and 299,219 men) in 13 governorates through awareness-raising campaigns. This was over the target of 600,000 due to the need to increase cholera awareness across the country. Menstrual hygiene health sessions were provided to 15,793 women and girls (11,974 under 18) during which dignity kits were distributed. Based on third-party monitor interviews with 421 female participants, 92 per cent reported learning more about puberty and its physical and psychological effects.

Table 5: Summary of WASH Programme Results

WASH	Cluster/Sector Response ⁶⁴		UNICEF and IPs Response	
	2022 Target	Total Results 2022	2022Target	Total Results 2022
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	8,000,000	7,966,319	3,600,000	4,752,572 ⁶⁵
Number of people reached with handwashing behaviour change programmes	5,500,000	2,943,080	600,000	1,504,917 ⁶⁶
Number of people have improved access to sanitation services	4,000,000	2,705,764	1,950,000	1,617,209 ⁶⁷
<i>Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.</i>				

⁶⁴ The cluster/sector data is as of December 2022

⁶⁵ Over-reach as projects started in 2021 were finalized during 2022

⁶⁶ Over-reach due to urgent need for hygiene promotion to prevent the spread of cholera

⁶⁷ Under-reach due to funding constraints

Social Protection and Cash Transfers

Over 273,000 vulnerable people have benefitted from two integrated social protection interventions in six governorates.

Through the Integrated Social Protection Programme for Children with Disabilities, 11,350 children with severe mental and/or physical disabilities (4,628 girls) were provided with regular quarterly cash assistance (SYP equivalent to \$120 per quarter) and case management services in Al-Hasakeh, Aleppo, Deir-ez-Zor, Hama, Homs and Rural Damascus. This is 87 per cent of the annual target. Findings from household monitoring surveys confirm high levels of poverty and exclusion among beneficiaries. They also provide evidence about the importance of the integrated approach. For example, in Rural Damascus, following five months of enrolment in the programme, 24 per cent of children had received rehabilitation services and physiotherapy for the first time and another 22 per cent had received specialized health care for the first time. Several challenges have impeded the effective delivery of the programme including the limited availability of Financial Service Providers (FSPs) to deliver cash to beneficiaries; a lack funding leaving over 4,000 children with disabilities on the wait list; and the loss of value for money due to the high difference between formal and informal exchange rate.

Through the Basic Needs Support Programme for Winter, over 41,000 highly vulnerable families were supported with humanitarian cash assistance to help them cope with the economic hardship and meet the essential needs of their children during the harsh winter months.

In the 2021-2022 winter response, 20,941 families including 56,561 children (27,583 girls) were provided with a one-off cash transfer (SYP equivalent to \$60). As a result of lessons learned, the 2022/2023 winter response was redesigned, with more focus on the most vulnerable families, in particular female-headed families, and an increased amount and frequency of cash assistance (from one to three transfers). So far in winter 2022/2023, 20,748 families have received their first transfer, supporting 52,529 children (25,766 girls). The rapid post-distribution monitoring conducted in December in Rural Damascus shows that over 90 per cent of the cash was used for energy, food, health and clothes. The use of cash was also extremely quick: on average, it took families 3.3 days to use the cash they received. Delivering cash in a timely manner remains a critical challenge: limited progress was made to diversify the UNICEF network of FSPs due to operational restrictions.

Table 6: Summary of Social Protection Programme Results

Social Policy	Cluster/Sector Response		UNICEF and IPs Response	
	2022 Target	Total Results 2022	2022 Target	Total Results 2022
Number of households reached with humanitarian cash transfers across sectors	-	-	86,000	41,689 ⁶⁸
Number of girls and boys protected from extreme weather through the provision of non-food items	-	-	14,000	11,350 ⁶⁹
<i>Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.</i>				

Adolescent Development and Participation (ADAP)

In 2022, UNICEF supported 466,967 youth and adolescents (252,163 females) in 14 governorates with skills building and engagement opportunities through 59 youth-friendly spaces with local NGOs, 90 spaces in coordination with the Ministry of Culture (MoC), six technical and vocational education and training centres in coordination with MoSAL and 75 youth mobile teams. This includes 12 Integrated Learning Centres operated with the UNICEF Education Team in coordination with the MoC in 11 governorates to provide children (6-9 years old) and young people (10-24 years) with multiple pathways to learn, connect, play and develop in a safe place.

Out of the total reach, 241,532 young people (117,339 females) including 15,084 with disabilities (9,173 females) participated in life skills and citizenship education, learning important skills such as communication and problem solving. In a survey of 289 life skills graduates, 80 per cent reported that

⁶⁸ Under-reach due to funding constraints

⁶⁹ Under-reach due to funding constraints

the training enhanced their active engagement in the community. Additionally, 27,265 youth (16,371 females) including 2,013 with disabilities (1,256 females) received community-based vocational training and 6,339 (4,002 females) received entrepreneurship training to prepare them for a better future and access to decent job opportunities.

Community engagement activities reached 360,310 young people (189,813 females) including planning and implementing social initiatives and activities, Sports for Development and cultural activities. Technical support was provided for adolescents and youth to design and implement their own initiatives on the issues that affect them, such as employability, climate change, and gender equality. Through this support, 61,179 young people (16,752 females) including 2,926 with disabilities (1,545 females) led 810 initiatives and awareness-raising campaigns, including celebrations for International Women's Day and Youth Skills Day. UNICEF also supported 84,543 young people (39,112 females) including 8,206 with disabilities (3,640 females) to participate in Sports for Development programmes, which tackled issues related to gender equality, abuse, drugs and violence.

UNICEF and UNDP launched the imaGen Ventures Youth Challenge in Syria as part of a global initiative to equip young people with entrepreneurial skills to tackle issues facing them and their communities. Twenty ideas (77 participants including 42 females and 10 young people with disabilities) were selected out of 373 eligible submissions to participate in a four-day bootcamp on human-centred design, prototyping and pitching. Based on the pitches, five teams moved to the two-month incubation phase and received technical and financial support. UNICEF and UNDP then selected two projects to participate in the global competition. With submissions from 37 countries, 12 teams were selected, including Techno Blind Team from Syria, to receive \$15,000 as seed funding in addition to a one-year incubation and mentorship in 2023 to transform their idea into a sustainable project.

Table 7: Summary of ADAP Programme Results

ADAP	Cluster/Sector Response		UNICEF and IPs Response	
	2022 Target	Total Results 2022	2022 Target	Total Results 2022
Number of adolescents and youth aged 10 to 24 years promoting social cohesion and civic engagement at the community level	-	-	300,000	360,310 ⁷⁰
Number of affected adolescents and youth aged 10 to 24 years receiving life-skills and citizenship education and employability skills	-	-	200,000	241,532 ⁷¹
<i>Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.</i>				

Risk Communication and Community Engagement and Accountability to Affected Populations

Collected data in health centres, schools and mosques in 14 governorates in March-April 2022 revealed low COVID-19 risk perception, contributing to only half of those surveyed being interested in the COVID-19 vaccine. In pockets of very low coverage, UNICEF monitoring data showed that key reasons include availability, accessibility and affordability; fear of side effects; and the feeling that it is no longer necessary.

To promote vaccine uptake, UNICEF engaged with 4,782,928 people (2,358,547 females), 50 per cent of the annual target. This underachievement is attributed to the identified need for frequent, repeated communication with the same priority communities. An analysis of vaccination trends identified best practices to increase vaccination uptake: availability of preferred vaccines and mobile vaccination teams, and a localized approach. UNICEF, MoH and partners identified person-types: vaccine hesitant, vaccinated and non-vaccinated by gender, age, education, employment and governorate based on which a national media campaign was launched in December. UNICEF also engaged with 3,163,488

⁷⁰ Over-reach despite funding levels due to integration in Ministry of Culture spaces and with Child Protection programming

⁷¹ Over-reach despite funding levels due to integration in Ministry of Culture spaces and with Child Protection programming

individuals (1,809,018 females) parents and caregivers during vaccination campaigns, 126 per cent of the 2022 target⁷².

At the onset of the cholera outbreak, UNICEF supported MoH, MoE and partners at the technical level as part of its leading role in Risk Communication and Community Engagement (RCCE) to engage 1,940,699 individuals (1,066,864 females) through community dialogues, advocacy meetings, school-based interventions and house-to-house visits. Support for the OCV campaign saw healthcare workers accompanying vaccination teams to explain the vaccine and answer questions; the campaign reached 98 per cent of its target. There was a significant reduction in cholera cases toward the end of November, which may be partly attributed to UNICEF and others' interventions. To prepare for a potential resurgence in 2023, UNICEF is working on a training package and updated communication materials.

The annual Back to Learning campaign reached 3,421,584 people (1,847,655 females) and engaged 59,552 parents, caregivers, teachers and children (32,158 females) through door-to-door visits and community dialogues. According to the post-campaign assessment, 98 per cent of respondents understood the importance of education and felt encouraged to send their kids to school. Three per cent reported that their economic situation prevents them from sending their children to school, despite understanding its benefits.

Table 8: Summary Programme of Social and Behaviour Change Results

Indicators	Cluster/Sector Response		UNICEF and IPs Response	
	2022 Target	Total Results 2022	2022 Target	Total Results 2022
Number of people reached through messaging on prevention and access to services	-	-	25,611,884	14,676,796 ⁷³
Number of people participating in engagement actions for social and behavioural change	-	-	8,725,728	4,782,928 ⁷⁴
<i>UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.</i>				

Lessons learned, emerging opportunities and innovations

In 2022, UNICEF Syria released a [series of think pieces](#) under the theme of Every Day Counts which outlined how UNICEF – along with other UN agencies - seeks to shift its programming towards early recovery while maintaining the delivery of humanitarian assistance based on needs on the ground. The pieces covered child protection, education, health, nutrition and WASH and reviewed the impact and lessons taken from staying and delivering during the 11 years of conflict in Syria. Based on these lessons and considering the immense humanitarian needs facing children in 2022, the pieces then laid out a way forward, including the strategic shifts and investments required to support children at scale focus on resilience and early recovery. The way forward also aligned with the formative evaluation on the Strategic Shift of UNICEF Programme from supply driven to resilience completed in 2022.

As one example of this shift, UNICEF is accelerating its shift from a primarily emergency WASH response to a continuum of rapid, sustained and equitable response with longer-term solutions that build the resilience of communities and sector systems to endure shocks and crises, including in response to the changing climate. The solarization of water systems is an important example of this shift: Two systems were solarized in 2021, increasing to nine systems in 2022. UNICEF will continue to scale up these investments moving into its new country programme.

A significant achievement on evidence generation was the successful advocacy to include nutrition indicators in the WFP Food Security Assessment. The inclusion of nutrition indicators is a major win as

⁷² Overachievement may be attributed to the difficulty in removing double counting over several campaigns conducted throughout the year

⁷³ Under-reach in part due to incorrect targeting, which is corrected in the subsequent HAC

⁷⁴ Under-reach due to the identified need for frequent communication with the same priority-targeted community versus reaching new populations

the Joint Approach of Nutrition and JAN-FSA is conducted annually by the Central Bureau of Statistics so this achievement will ensure nutrition data is generated every year to inform programming. UNICEF also supported MoH to assess the iodine status of children 6-12 years old. As of December 2022, the final report has been drafted for technical review before MoH endorsement, where preliminary results showed that the median of urinary iodine concentration among children 6-12 years is 138.89 (the cut-off is 100) and only 55.6 per cent of households are using iodized salt, down from 63 per cent in the 2019 SMART.

The shift towards standardized curricula for Mental Health and Psychosocial Support demonstrates another key step in systematizing quality services for children throughout Syria which has been adopted by MoSAL. Lessons learned from the development of this manual – including the early and genuine involvement of all relevant stakeholders – are now being applied to the development of a national manual for parenting programmes. These efforts, combined with emerging office-wide inter-sectoral Violence against Children programming, will support a ‘universal prevention’ pillar of UNICEF Child Protection programming by tackling the behavioural, social and cultural determinants of child protection violations at scale with the aim of addressing harmful social and gender norms. The successful case management pilot, started in Rural Damascus and to be expanded across the country, is also a key pillar of this work.

On ADAP programming, evidence generated in 2022 has helped in identifying steps for a similar shift. An evaluability assessment was conducted by an independent youth specialist consultant along with NGOs, line ministries, young people, UNICEF sections and UN agencies, and six Syrian youth researchers (three females). The assessment identified the clear relevance of the ADAP programme in terms of participation and social cohesion but also constraints to scalability such as declining funds and resource-intensive activities and need to linkages with available systems and accreditation. A separate survey of 450 technical and vocational education and training (TVET) graduates (258 females) recommended increasing connections with community activities to enable graduates to apply their training; increasing the number and duration of the courses to learn on a deeper scale; promoting hands-on training; and providing equipment for users to train at home. To date, UNICEF has delivered TVET courses through its partnerships with NGOs. However, this service delivery mechanism is costly and has limitations on the sustainability and scalability, as well as the types of improvement requested by the TVET graduate survey. Based on these findings, UNICEF will increase its systems-focus for TVET in the coming years. This shift will also be informed by the 2021 UNICEF TVET assessment, which concluded that reform is required at various levels – access, quality, governance, funding.

Children and young people in Syria are on the wrong side of the digital divide, limiting their access to the same learning opportunities as their connected peers in other countries. As education systems increasingly invest in innovative and resilient delivery methods in the wake of the COVID-19, the need for solutions to deliver digital learning to the most marginalized has never been more urgent. As part of transforming education, the Learning Passport⁷⁵ was adopted for digital learning in NFE activities supporting out of school children. A pilot project was initiated with first phase of digital material preparation, and the second phase started by reaching 500 children in two governorates (Aleppo and Hama) to be then expanded to five governorates (adding Al Hasakeh, Homs and Rural Damascus). Initial analysis of the project revealed that using the standardized and centralized content based on SLM was key factor to success. On the other hand, diversifying delivery platforms included using blended learning based on tablets, in computer labs and using their parents' mobiles helped provide required flexibility.

The winterization response was redesigned based on the [lessons learned](#) from the 2021/2022 response. Post-distribution monitoring highlighted the need to increase the amount and frequency of cash assistance, leading to an increase from one-off payments to three rounds of \$60 in unconditional cash assistance for a total of US\$ 180 between October 2022 and February 2023. Results also

⁷⁵ Learning Passport brings together Cambridge's expertise in education with UNICEF's deep understanding of how to support children in need and Microsoft's substantial technological capability. Its aim is to help close the 'learning poverty gap' that sees many millions of primary-level children failing to achieve minimum proficiency levels in their education. Teachers around the globe will be given access to a technology platform hosting learning materials and providing support to deliver them in the most effective way.

highlighted the need to focus on the most vulnerable families, leading to targeting based on four eligibility criteria: female-headed families; families with a child and/or adult with a disability; families with a child and/or adult with a chronic illness; and families with orphan children. Finally, it was noted that cash was most needed before the onset of winter. Thanks to the early financial contributions of partners, the winter response was initiated in the summer of 2022. Between August and October 2022, a rigorous registration exercise was conducted through door-to-door visits in the communities identified for the winter response. As a result, 20,933 families meeting the eligibility criteria were identified and registered in Aleppo, Hama and Rural Damascus governorates. Due to lack of funding, the winter response in Homs could not take place this year.

Cluster/Sector Leadership

UNICEF's humanitarian action is guided by its Strategic Plan and its Core Commitments for Children (CCC), which outline what UNICEF commits to do across all sectors – health, nutrition, WASH, child protection, and education – as part of any humanitarian response. The CCCs are aligned to international standards and are guided by humanitarian principles.

UNICEF Syria was among the first agencies to respond to the humanitarian crisis, working across its mandated areas: child protection, education, health, nutrition, WASH and communication for development to provide humanitarian assistance to children and people in need. In light of UN Security Council Resolution 2165, and 2191 UNICEF has also been conducting cross-border operations and working with NGO partners to deliver life-saving humanitarian assistance and services. Through the Whole of Syria (WoS) approach, UNICEF strengthened coordination through joint planning for the Humanitarian Response Plan (HRP), joint mid-year review, as well joint contingency planning and preparedness.

As per its global mandate UNICEF co-leads WASH, nutrition, education (with Save the Children) clusters, as well as co-leads child protection area of responsibility and RCCE in Syria. Additionally, there are clusters leads in Damascus and Gaziantep for WASH, education, nutrition and the child protection area of responsibility. UNICEF is also a key member of the Humanitarian Coordination Task Team under the leadership of the Humanitarian Coordinator for Syria. Planning and implementation of the response is carried out through active leadership of WoS coordination underpinned by the principle of cluster approach. Data management and analysis is done across the three hubs (Damascus, Gaziantep and North-East Syria Forum and consolidated via WoS), and contingency planning is more flexible based on access conditions to maximize coverage.

Furthermore, UNICEF co-leads, together with World Vision International, the No Lost Generation Initiative, bringing together 39 UN and NGO partners to advocate for the protection, education and development of Syrian children, adolescents and young people. UNICEF also works closely with other UN agencies, in particular, WFP, WHO, UNRWA, in the areas of health, nutrition and education and with UNHCR, UNFPA and IOM in the area of protection and NFIs and with UNDP on the area of early recovery.

In terms of recovery and resilience, UNICEF has a Country Programme which is implemented complementary to the HRP to provide specific emphasis and focus on resilience interventions and on cost effective, durable projects. The new [Country Programme Document of Syria 2022-2024](#) was approved by the Executive Board in June 2022 emphasizing resilience programming in line with the UN Strategic Framework.

Nutrition Sector and Cluster Coordination

The 46 Nutrition Humanitarian Country Team (HCT) Sector partners reached 958,886 children under 5 (501,086 girls) and 1,432,689 pregnant and lactating women in 2022. This includes treating 25,853 children (14,493 girls) with MAM and 9,129 children (5,002 girls) with SAM and 13,597 women with MAM. 464,625 children under 5 (232,850 girls) and 150,758 pregnant and lactating women were provided with micronutrients; 404,918 children (240,980 girls) with supplementary foods; and 1,426,302 pregnant and lactating women with IYCF counselling.

The 41 Nutrition Cluster partners in NW Syria reached 1,438,723 people (364,157 girls, 344,581 boys, 729,985 pregnant and lactating women) including treating 14,031 children with SAM (8,358 girls) and 26,436 children (16,132 girls) and 28,454 women with MAM. Other key support included 658,523 children under five (339,193 girls) provided with blanket supplementary feeding and 225,606 children

(113,736 girls) and 251,804 women who received micronutrients. Cash/voucher assistance was provided for 118,093 pregnant and lactating women and mothers with children under two. To strengthen early detection and referral, 114,465 pregnant and lactating women and caregivers of children under two were trained to screen their children for malnutrition. Thirty-five partners were trained on Whole of Syria unified reporting tools and information management to improve the quality and accuracy of reporting.

Child Protection Area of Responsibility (AOR)

Child Protection AOR (CP AOR) continued to provide leadership in coordination and delivery of services. The AOR provided strategic guidance and technical support to over 120 child protection agencies operating in all 14 governorates. 1,750,921 girls, boys and parents/caregivers were reached through prevention and response services including 769,838 children with mental health and psychosocial support.

The CP AOR, Damascus under UNICEF leadership provided strategic guidance to its 48 member organizations, reaching 895,517 people, including 389,522 girls, 347,339 boys, 130,042 women and 31,729 men in 2022. These efforts reached 608,874 people (261,399 girls, 231,737 boys, 91,490 women and 24,248 men) with awareness activities on issues such as violence, child labour and separation; 214,606 children (114,306 girls) with structured psychosocial support; 29,022 children (13,763 girls) with case management; and 37,841 parents and caregivers (32,077 women) with parenting programmes. To improve the quality of services provided by CP AOR members, 696 staff were trained on case management, 1,861 staff on psychosocial support and 1,202 staff on foundations of child protection. In addition to this training of CP AOR members, the CP AOR trained 21 protection staff (14 females) on child protection minimum standards.

The CP AOR worked with the WASH and Health Sectors to respond to cholera. A guidance document was developed which considered risks such as psychosocial distress, as well as the potential for increased negative coping mechanisms, as families are affected by cholera. It also provided concrete actions for Child Protection actors, including reinforcing hygiene practices in child protection spaces, orientation of staff and provision of life-saving messages to attendees.

UNICEF in partnership with World Vision International, has continued to successfully lead the CP AOR for NW Syria in 2022. The CP AoR team has ensured the coordination in the child protection response of over 75 child protection agencies to ensure achieving maximum quality and impact. In 2022, a total of 415,396 children and parents/caregivers (189,032 girls, 187,509 boys, 24,279 women and 14,576 men) were reached with child protection services in NW Syria in priority areas ranked medium and high severity. Mental health and psychosocial support cycles were completed by 376,541 Case Management has been initiated for 19,946 children showing severe protection concerns c 38,855 parents and caregivers (24,279 females) completed parenting programmes.

Child protection awareness sessions have continued to be delivered in IDP camps/ settlements as well as in host communities reaching 335,090 children and parents/caregivers (113,319 girls, 117,034 boys, 65,526 women and 39,211 men). Funding shortages and delayed allocations had a direct impact on the continuity of services. Associating funding with the Security Council Resolution has led to a short-term cycle of aid that does not align with the community resilience building required for protection interventions. Significant results were achieved by the CPAOR in NW Syria in the areas of capacity building, guidance and norms setting, advocacy and evidence generation benefitting all CP AOR agency members and the overall sector.

A referrals dashboard was completed and launched in 2022, building on an earlier cross-cluster training on child protection identification and referrals for 400 field staff. The SOPs on Humanitarian Cash Transfers for Child Protection Outcomes have been completed and endorsed by members and are now being used. Community-based child protection training was provided for 368 frontline child protection staff (191 women) while case management training reached 165 staff (85 women). Monthly child protection situation monitoring continued with the support of a web of collaborators who undertook 4,017 key informant interviews in 129 communities. Additionally, the CP AOR, together with the Protection Cluster and other AORs, concluded the Protection Analysis Update for NW Syria.

The Whole of Syria WASH Cluster, led by UNICEF and co-led by ACTED, ensured overall coordination of the response among the three coordination hubs (Humanitarian Country Team, Humanitarian Liaison Group and NE Syria), including through the organization of regular meetings and in-person workshops

with the participation of all hubs. Other critical aspect of the WoS Coordination role were leading the Humanitarian Needs Overview and Humanitarian Response Plan process, ensuring overall information management and reporting and actively participating to the Inter-Sector Group and other intersectoral activities, including the Syria Water Scarcity Crisis Response Plan development. The WoS WASH Cluster also played a key role in the Incident Management system established in Amman for AWD/cholera response, contributing to the preparation of the AWD/cholera response plan, reporting products and donor briefings as well as leading the WASH Pillar. Finally, the WoS WASH Cluster, in collaboration with the Global WASH Cluster and UNICEF experts, reinforced the cholera response capacities among the Cluster members in NW Syria and NE Syria.

Education Sector and Cluster Coordination

UNICEF continues to co-lead the Whole of Syria Education Sector with Save the Children providing overall coordination throughout the year across the three coordination hubs through regular meetings. UNICEF together with its co-lead, led on the development of the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan . Following the cholera outbreak, WoS Education worked with Education Cannot Wait to mobilize funding for education. Across the three hubs, there are over 200 education members who commit to active participation, attending coordination meetings, submitting monthly 4Ws, and contributing to collective monitoring, readiness and response efforts.

UNICEF acted as Humanitarian Country Team Education Sector lead, coordinating 38 partners. Thirty-seven partner staff (25 females) were trained and equipped with tools to engage, formulate and implement a crisis-sensitive education response reaching 1.06 million children in 2022. This includes 913,149 children (443,476 girls) supported with formal education and 146,659 (71,266 girls) through NFE. The Education Sector led support for Grades 9 and 12 students from crossline and cross-border areas to sit their certified national exams, a requirement for pursuing higher education as well as many career opportunities. UNICEF, Education Sector partners, ministerial and intersectoral partners supported 57 accommodation centres, which hosted 17,414 crossline and cross-border students (7,655 girls) to sit for exams; of these, 8,010 passed and received a national exam certificate (46 per cent passing rate). The support included educational support (revision lessons and stationery) and providing students and accompanying persons with supplies, food and health services.

As Cluster co-lead agency, UNICEF provided technical support and coordination for 111 members (80 per cent national NGOs) in NW Syria. As of the end of November, 925,884 people (463,600 girls, 438,318 boys, 11,145 women and 12,822 men) were reached by Cluster members. Considering the short-term nature and lack of funding for education, the Cluster scaled up advocacy, which resulted in the Humanitarian Liaison Group making education a funding priority for 2022 and beyond. Following this, 13 Cluster partners received \$9.2 million from the Syria Cross-border Humanitarian Fund First Standard Allocation for 2022. A new pooled fund that has launched at the end of the year also prioritized integrated education and child protection in their first special allocation.

Political fragmentation with multiple education authorities creates a barrier to reliable enrolment data in NW Syria. To strengthen data collection and analysis, a first Joint Needs Assessment was conducted by the Education Cluster and the Child Protection AOR in September with the participation of children. The data is being analyzed and will be used for needs-based planning in 2023. The Cluster will build on this experience to continue to collect data in 2022.

During 2022, UNICEF advocated extensively with donors to address the challenges faced by the education sector, including the fragmentation of the current system and the need to improve access to and quality of education. These efforts led to the strong engagement of international education actors in collaboration with some key donors, the Global Partnership for Education and Education Cannot Wait. These actors aim to work together and address these challenges in a more effective, scalable, systematic and sustainable manner and prevent the types of project-based investments in education that have had limited outcomes. A meeting took place in Amman to discuss how to strengthen collective support for education in Syria and efforts are continuing for the development of a clearer vision to guide future investment and technical support facilitating humanitarian and early recovery of the Syrian Education system.

WASH Sector and Cluster Coordination

In 2022, 22 out of the 28 reporting WASH Sector (HCT) partners, co-led by UNICEF, reached 8,091,841 people (1,691,637 girls, 1,917,122 boys, 2,381,650 women and 2,029,932 men). This includes

7,148,527 people (1,510,367 girls, 1,703,142 boys, 2,113,469 women and 1,790,049 men) supported through the repair, rehabilitation and upgrade of water supply and sewerage systems. Humanitarian interventions were provided for 1,194,571 people (230,271 girls, 270,383 boys, 346,060 women and 307,857 men). The Sector also supported the rehabilitation of accessible gender-responsive WASH facilities for 103,056 students (50,347 girls) in 62 schools, and 109,254 people in 11 healthcare facilities.

In response to the crisis in Al-Hasakeh in January, WASH Sector partners supported 414 households (2,335 individuals) in six displacement centres and surrounding communities with 39 m3 of safe water each day; the distribution of buckets, garbage bins and 650 hygiene kits; 37 water storage tanks; and

latrine maintenance. Partners also continued water trucking to neighbourhoods affected by Alouk water station disruptions, not operational for almost five months, and to Al-Hol Camp. Water trucking is an expensive, unsustainable alternative and only provides a fraction of water needs. Twenty reverse osmosis units were established in Al-Hasakeh City as a backup system during Alouk disruptions, though they only have the capacity to cover 40,000 people. UNICEF, and in close coordination and collaboration with the Resident Coordinator's/Humanitarian Coordinator's Office, OCHA and ICRC continues to advocate for unhindered humanitarian access to Alouk station, and associated electricity infrastructure. WASH sector partners in coordination with the Ministry of Water Resources have been providing safe drinking water to 124,620 people in cholera-affected areas through light rehabilitation of water systems and emergency water trucking; conducting chlorine residual monitoring; and jointly with the RCCE team, conducting hygiene promotion on cholera prevention.

As part of skills development and transfer, the Sector, in collaboration with OXFAM and UNICEF, conducted a two-day training on Hygiene Promotion Design and Programming in Damascus for 18 sector participants. The objective of the training was to increase participants' knowledge and capacity in developing hygiene promotion programming and communication strategies based on context-specific public health risks and priority needs in Syria.

The 97 active members of the NW Syria WASH Cluster supported 4.3 million people (817,000 girls, 1,032,000 boys, 1,290,000 women and 1,161,000 men) including 200,000 children who were supported with improved WASH services in 621 schools and 183,000 people who live in the catchment area of 66 health facilities also supported with WASH services. WASH Cluster efforts have seen the percentage of camps with access to water networks increase from two per cent to 25 per cent from 2021 to 2022, meaning half a million people now have access. It should also be noted that 115 systems are now using solar power.

The WASH Cluster carried out field-level surveys and monitoring to identify critical gaps and enhance the quality of services. Eight field facilitators (two females) visited 41 per cent of all informal settlements and camps to assess the quality of WASH services and fed back to the Cluster members to enhance the quality of services. The field facilitators ensured appropriate corrective measures such as the rehabilitation of over half of public latrines and enhanced water quality management for the 80 per cent people dependent on water trucking. The WASH Cluster capacity building included 58 Cluster partners organizations, which participated in cholera response and WASH trainings.

The WoS WASH Cluster, led by UNICEF and co-led by ACTED, ensured overall coordination of the response among the three coordination hubs (Humanitarian Country Team, Humanitarian Liaison Group and NES), including through the organization of regular meetings and in-person workshops with the participation of all hubs. Other critical aspect of the WoS Coordination role were leading the Humanitarian Needs Overview and Humanitarian Response Plan processes, ensuring overall information management and reporting and actively participating to the Inter-Sector Group and other intersectoral activities, including the Syria Water Scarcity Crisis Response Plan development. The WoS WASH Cluster also played a key role in the Incident Management system established in Amman for AWD/cholera response, contributing to the preparation of the AWD/cholera response plan, reporting products and donor briefings as well as leading the WASH Pillar. Finally, the WoS WASH Cluster in collaboration with the Global WASH Cluster and UNICEF HQ and regional office experts, reinforced the cholera response capacities among the Cluster members in NW Syria and NE Syria via online and in-person training and technical support.

Table 9: Summary of coordination roles for WOS

	UNICEF ROLE			OTHER PARTNERS' ROLES			
	Syria CO	Gaziantep	Amman	Syria CO	Gaziantep	Amman	NES
WASH Sector	Lead and coordinator	Lead and coordinator	Lead coordinator (IM)	SARC co-lead	Humanitarian Relief Association (IYD Relief) co-coordinator and IM	ACTED co-coordinator	Solidarités International (Lead coordinator, IM)
Education Sector	Lead	Co-lead with Save the Children	Co-lead with Save the Children	Ministry of Education co-lead	Save the Children International (SCI) co-lead	SCI co-lead	
Nutrition Sector	Lead	Lead	Lead	Ministry of Health co-lead	Physician Across Continents co-lead	vacant	
Child Protection (AOR)	Lead and coordinator	Lead and coordinator	Lead and coordinator	None	World Vision International co-coordinator	none	

Case Studies

A cholera outbreak was declared on 10 September and remained the major public health concern in Syria through the end of the year. UNICEF helped lead the COVID-19 and multi-sectoral cholera responses. The outbreak spread to all governorates and by the end of 2022, 70,220 cases were reported (including 98 deaths) with the northern governorates (Deir-ez-Zor, Ar-Raqqa, Aleppo and Idlib) in Syria being the most affected. A total of 7,313 suspected cases and seven associated deaths were reported from IDPs camps in NE Syria and NW Syria. According to reports, children under-five accounted for about 24 per cent of all acute watery diarrhoea/suspected cholera cases. While both adults and children are at risk of contracting the disease, children often bear the brunt of severe illness and death.

As of 31 December 2022, UNICEF received US\$ 6.3 million out of the requested US\$11.64 million for targeted cholera response activities across Syria. With thanks to the support from the European Union, UNICEF Emergency Programme Fund, the United Kingdom, OCHA and Gavi, UNICEF was able to reach the affected children and families contributing to the decline of AWD/cholera cases.

Since the declaration of the outbreak, UNICEF actively coordinated the multi-sectoral cholera response. UNICEF led the WASH and RCCE pillars, contributed to the cholera patient care and treatment pillar and the cholera vaccine deployment in high-risk districts. UNICEF secured two million doses of oral cholera vaccine which reached 1,943,907 people (98 per cent of the target) in high-risk districts in Aleppo, Ar-Raqqa, Al-Hasakeh and Deir-ez-Zor Governorates. UNICEF provided supplies to 52 cholera treatment centres to treat 11,700 severe cholera cases. Finally, 884 health workers (663 females) were trained on cholera prevention and case management.

During the reporting period, UNICEF led the sub-national RCCE coordination, strengthening cholera prevention and response along with the MoH and the ministries of education and water resources. These efforts reached 1,784,145 people with messages to promote life-saving practices and engaged 1,398,564 people through community engagement activities and contributed to the decreased spread of cholera in northern Syria.



Picture 1: © UNICEF/UN0755741/Nader- A child was vaccinated against cholera by a UNICEF -supported Department of Health mobile team in As-Safira, south rural Aleppo, on 12 December 2022.

In response to the cholera outbreak, UNICEF trained 25 MoH nutrition managers on the management of children with wasting and acute watery diarrhoea. As a result, a national protocol was produced and endorsed at the national level which will support future emergency response to SAM treatment in the context of cholera.

In NW Syria, since the start of the outbreak, UNICEF reached more than 1.5 million people (446,362 girls and women) with critical and urgent access to WASH hygiene items and promotion. UNICEF and its partners provided 175,000 people in informal settlements with WASH life-saving emergency services. More than 350,000 people benefitted from rehabilitation of water systems and an additional 200,000 people from rehabilitated sewage networks in the host communities. UNICEF and its partners reached 50,100 people in health care facilities and 27,577 students in schools with enhanced access to WASH services. UNICEF trained 2,611 community health workers, social mobilizers, hygiene promoters, and camp managers on social mobilization for the cholera outbreak response. UNICEF reached 135,000 people with oral rehydration solutions as well as 45,000 people through the provision of AWD kits to health centres.



Picture 2: ©UNICEF/UN0720060/Al-Kheder-Amer, 9, learned how to wash his hands well during a session by a health and nutrition mobile team in Hawajj village, Deir-ez-Zor governorate, Syria, on 4 October 2022. "Now, I know how to wash my hands and protect myself from cholera," said Amer.

UNICEF provided 800 cholera kits to treat 12,000 cases and safe drinking water to 13,8 million people (7 million girls and women), supported the vaccination of 2 million people, and reached over 1.5 million people (780,000 girls and women) in 13 governorates with awareness-raising campaigns.

UNICEF expanded water trucking in the affected areas and reached 10,000 people relying on alternative, unsafe water sources in southern rural Aleppo, and 57,000 students (including 30,290 girls) in 104 schools in Deir-ez-Zor and Rural Damascus. In addition, UNICEF, in collaboration with partners and

authorities, is monitoring water quality in the affected areas and distributed 7 million tablets for households to treat water.

Grant conditionalities, limited funding and short time to scale response remains a challenge for health and WASH sectors across all response hubs. This affects the ability to address medium and long-term risks and forces a focus on short-term mitigation placing Syria at risk of becoming a cholera endemic country. In addition, multiple sources of surveillance data further constrain the ability of the government and partners to quickly detect, investigate and respond to public health emergencies. There is a significant need to strengthen surveillance systems through integration and use of technology. The constrained global supply of oral cholera vaccine prevented the vaccination of a larger population in the

high-risk governorates despite the high demand from the public. Despite these challenges, the establishment of incident management teams promoted synergy amongst partners, sharing of data and information and improved coordination of partner support to respond to the cholera outbreak.

UNICEF aims at contributing to the outbreak response mainly through the WASH, Health and RCCE Pillars, subject to availability of funds. To keep children and communities safe, UNICEF will continue to invest in preventive measures and efforts to implement a rapid response at scale to curb the spread of the epidemic and limit its negative impact. UNICEF will focus on procuring and delivering AWD/cholera supplies (medicine and non-medical supplies) to address the treatment needs of at least 19,000 patients, half of the total cases foreseen in the worst-case scenario. UNICEF will support the procurement and deployment of more than 1.7 million doses of oral cholera vaccine targeting high-risk governorates in NW Syria, and more doses depending on cholera epidemiology and global supply situation. UNICEF will also contribute to the establishment of oral rehydration corners in 100 primary health centres.

It is estimated that \$24 million will be required for preparedness and response to the cholera outbreak in 2023.

Results Achieved from Humanitarian Thematic Funding

Health and Nutrition

UNICEF piloted a comprehensive primary health care (PHC) approach of public health interventions with the integration of Early Childhood Development and nurturing care of children in the public health facilities in seven public health centres in Lattakia Governorate. This initiative enhanced available PHC services, improved health quality, and promoted community engagement and multisectoral coordination. This pilot intervention will contribute to commitments of broader PHC scale-up in other governorates. A network of community health volunteers, including young people, was established in the targeted area. The community volunteer network created a linkage between the local community, and the public health centres to advocate for the integrated package of child health care, including immunization, nutrition, newborn care, etc. In addition to this, UNICEF under the humanitarian thematic funds procured two million doses of oral polio vaccine and 500,000 syringes for the routine vaccination programme and vaccinated the total of 309,128 children under the age of two.

The Nutrition Thematic Fund also enabled UNICEF to expand the coverage and strengthen the quality of nutrition interventions in coordination with the MoH and health directorates at the technical level across Syria. UNICEF funded IYCF activities in the Homs, Hama, Lattakia, Tartous, and Idleb Governorates and NE Syria. In addition, 35 MoH nutrition coordinators and managers (24 females and 11 males) were trained in 2021 on IYCF programming and planning in all governorates. This capacity-building activity has helped these managers to set concrete annual nutrition plans, with indicators to track their progress to achieve results by the end of 2021. These plans aimed at expediting the progress towards achieving the nutrition 2030 targets.

UNICEF also worked with the Nutrition Department at the MoH to develop a comprehensive IYCF training package following the UNICEF-WHO IYCF global counselling package, and 30 trainers of MoH completed trainings-of-trainers, to cascade IYCF trainings. As a result, 32 capacity-building activities and trainings took place in and consequently, 800 nutrition workers (684 females and 116 males) were trained in eight governorates⁷⁶.

Along with the training package, UNICEF supported the MoH with the preparation, printing, and distribution of 4,346 IYCF counselling flipcharts for all MoH health centres, community volunteers, national partners health centres and mobile teams, as a counselling aide to improve the knowledge and practices for caregivers of optimal IYCF practices.

⁷⁶ Rural Damascus, Dara, Quneitra, Homs, Hama, Aleppo, Deir ez-Zor, and Latakia.

Child Protection

During 2022, UNICEF supported authorities at the technical level including (Ministry of Social Affairs and the Syrian Commission for Family Affairs and Planning in piloting a new case management system in two districts in Rural Damascus, to test the quality of the new standard operating protocols and assessment tools. The system has been endorsed by relevant line ministries at the technical level, MoSAL and the national steering committee on case management, as the national case management system, and is expected to be rolled out in all parts of the country in the coming year. In parallel, UNICEF implementing partners continued providing case management services to 9,838 (4,568 girls and 5,270 boys) exposed to child protection abuses.

During 2022, UNICEF supported the finalization of the National Mental Health Psychosocial Support Manual that was developed in coordination with MoSAL and SCFAP, with the participation of many other stakeholders, including ministries, local organizations, INGOs and United Nations agencies. The manual was officially endorsed in September 2022 and is currently going through the design and printing process before the official launching event, scheduled for early 2023. Capacity building efforts on the manual have already started and all UNICEF child protection partners are currently trained in the new curricula and implementing activities contained in the manual. The preliminary results of the first six months of implementation using the new manual show an increase in the wellbeing of participating children. Further, 60 per cent of children attending mental health and psychosocial support activities using the new manual showed an increase in psychosocial well-being on several parameters, including better relations with their parents and being better able to cope with anger and everyday frustrations. Moreover, and based on feedback from their parents, the children attending the sessions were less shy, more confident, had more friends, and were less likely to be bullied by their peers in school.

Moreover, work has started on a national parenting manual that will harmonize all parenting programmes in the country. The manual is being designed together with SCFAP, which has established an inter-ministerial committee that is currently reviewing the first draft of the manual. UNICEF has also organized several workshops with UNICEF-programme teams (health and nutrition, social policy, adolescent development and participation and education), partners and sector partners, including other UN agencies, to receive their feedback on the manual. The manual was planned to be finalized by the end of 2022, however due to programmatic considerations related to increasing the scope of the review process to ensure involvement of additional stakeholders, and in close coordination with SCFAP, the finalization of the manual was rescheduled to the first half of 2023.

During 2022, UNICEF continued the implementation of EORE activities for children through implementing partners, MoE and MoH. UNICEF managed to reach 1,193,081 children and adults (484,130 girls, 474,119 boys, 134,846 women and 99,986 men) with EORE activities during the course of the year. UNICEF also revised all EORE materials currently being used by UNICEF child protection partners, to ensure quality implementation of activities and to align with the latest global guidance. The activities seek to reduce the risk of injury from explosive ordnance by raising the awareness of girls, boys, women and men. The programme trained all UNICEF implementing partners in October and November 2022, in addition to conducting capacity building efforts with teams from MoE and MoH on the revised material. The impact of the revised material is expected to become clearer in early 2023, however initial indications show that children are engaging better with the new material, particularly due to the use of videos and animation.

UNICEF also continued the provision of child protection services, including case management, through implementing partners, mental health psychosocial support, parenting programmes, mine risk education and general awareness on child protection and GBV issues to ensure that children are safe from violence and exploitation.

Furthermore, the CP AoR, led by UNICEF in Syria's 14 governorates, also continued provision of child protection services, reaching 453,863 children (53 per cent girls) and 99,780 adults (82 per cent women) with awareness activities on child protection related issues, such as violence against children, child labour and family separation. In addition, child protection actors were able to reach 179,172 children (53 per cent girls) with structured psychosocial support activities. The CP AoR actors created 231 child protection committees/groups and engaged 32,552 parents and caregivers (85 per cent women) in parenting programmes. Finally, UNICEF reached 27,256 children (48 per cent girls) with case management. During the reporting year, the CP AoR trained 696 CP AoR implementing partner staff

on case management, 1,861 staff on psychosocial support and 1,202 staff on foundations of child protection.

In NW Syria, UNICEF reached over 232,558 people (91,494 girls, 86,487 boys, 32,086 women and 22,491 men) with child protection services that included psychosocial support, child protection, GBV, case management, parenting programmes, EORE and social behaviour change communication.

The thematic funds supported the delivery of child protection services to 34,645 children and parents/caregivers in NW Syria. Mental health and psychosocial support services reached 12,838 children (6,376 girls and 6,462 boys) strengthening their resilience and coping mechanisms. Similarly, parenting programmes have strengthened parents and primary caregivers' skills and resources to care and protect their children under severely overstretched communities' capacities. In 2022, structured curriculum centre based parenting programmes were delivered through child friendly spaces reaching 7,073 parents and caregivers.

Case Management continued to play a central role in facilitating individual child protection assessments, monitoring of cases and referring to specialized services. As a result, a total of 1,350 children and women (524 girls and 600 boys and 226 women) with severe protection needs were identified and benefitted from case management. Additionally, 225 children (115 girls and 110 boys) were supported with Emergency Case Fund ⁷⁸ and 1,000 children (503 girls and 497 boys) were referred to other services beyond protection.

Protection of girls and boys against harm, injury and disability has strategically continued to be strengthened by EORE delivered to IDPs and host populations in schools, IDP camps, sites and communities. With thematic funds, 10,104 children and parents/caregivers were reached of which 3,032 girls, 3,039 boys, 2,518 women and 1,515 men.

Education-in-Emergencies

An estimated 2.4 million children are out of school due to the cumulative effects of the conflict, worsening economic conditions and damaged learning facilities. The number of OoSC in NW Syria has reached over one million, or 40 per cent of school-age children. These children face elevated protection risks, including child marriage and engagement in child labour⁷⁹.

Of these children, those between 3-5 years often face difficulties in enrolling and adjusting in formal schooling as they grow older, impacting their long-term development and opportunities. The combination of displacement, lack of learning spaces, economic hardship and protection concerns remain obstacles for the fulfilment of the right to education for children in Syria. Quality pre-primary education is the foundation of a child's journey and failure to provide quality early childhood education limits reaching their full potential. Children enrolled in at least one year of pre-primary education are more likely to develop the critical skills they need to succeed in school and less likely to repeat grades or drop out, as well as to remain enrolled until at least the completion of the primary cycle. The past year has seen an overall deterioration in the access to livelihoods, the ability to meet basic needs, and in the availability and affordability of infrastructures and services, posing a detrimental threat to households' resilience capacity and community social cohesion, particularly among youth. Limited participation in community life and decision processes from females and youth is observed across the country. Worsening socio-economic conditions are expected to exacerbate needs in 2023.

Under the humanitarian thematic funding, UNICEF provided education opportunities to 109,470 conflict-affected children (52,370 girls). These OoSC and children at risk of dropping out of school were reached with services and supplies, including improving and sustaining school learning environments for continued enrolment and retention. UNICEF procured school supplies including computers, printers, science equipment, school furniture and audio-visual teaching and learning tools to provide a stimulating learning environment to these children. Education support also included ECE furniture, active play equipment and games to help create an effective learning environment. Inverters and

⁷⁸ An Emergency Case Fund (ECF) provides urgent help that is required in unique circumstances. The purpose of this fund is to solve specific needs or problems for vulnerable children (or their families) when no other options for help exist. This kind of assistance is defined through agreed eligibility/vulnerability criteria, to meet urgent needs and as last resort in the absence of other existing social support systems in NW Syria. For guidance notes on ECF generated by the CPAOR in NW Syria, Child Protection Emergency Case Fund (ECF) Guidance Note - Syrian Arab Republic | ReliefWeb

⁷⁹ Ibid

batteries were also provided due to the severe energy shortage in Syria and since electricity plays a significant role in improving learning outcomes at schools (by allowing for lighting, extending studying hours and facilitating ICT in the classroom, etc).

Due to the lack of education materials and the non-availability of Arabic textbooks in NE Syria, UNICEF and partners provided 7,000 crossline children (51 per cent girls) with SLM textbook sets to allow them to study Arabic and participate in national examination. The provision of these textbooks will help children bridge education inequalities.

The unavailability of qualified school teachers in Syria is a critical issue. Many teachers lack knowledge of and practice in stress management, emotional awareness and conflict resolution. In order to be effective role models to children, teachers would benefit greatly from learning tools to heal from their own stress; they would also benefit from learning adversity-informed teaching and classroom management skills and managing crowded classrooms. In response to the acute shortage of teachers, the Ministry of Education began a teacher contracting scheme in 2020 that covered some of the critical gap but with low qualified teachers. UNICEF collaborated with the MoE to provide newly recruited 2,606 teachers with capacity building on the basic pedagogical skills needed to perform their duties and get the qualification needed for becoming regular staff. Formal education support from the humanitarian thematic funding included procuring learning and teaching supplies to improve the learning environments for 1,000 teachers (600 females).

WASH

The economic crisis has made it challenging for vulnerable communities, particularly IDPs to access safe WASH services. Due to the economic conditions, many IDPs are facing difficulties in accessing WASH supplies and still living in overcrowded displacement sites. Poor sanitation conditions, hygiene practices, and deteriorating water quality have resulted in public health risks, leading to an AWD/cholera outbreak in 2022. Where it is not possible to provide sustainable solutions, UNICEF continued providing emergency WASH services in formal and informal settlements and camps.

As a result and through humanitarian thematic funding, hygiene items were distributed to 29,042 IDPs (10,732 girls, 8,081 boys, 6,684 women and 3,545 men) in Al-Hol and Areesha Camps in NE Syria. The distribution of hygiene supplies including soaps, washing liquid, washing powder, and shampoos for children and adults, is playing a vital role in preventing the outbreak of WASH related diseases from spreading to the Al-Hol and Areesha Camps residents.

Thematic Funding Case Studies

Millions of children around the world are exposed to violent and brutal events resulting from conflicts, wars, displacement and poverty. Such situations, including the situation in Syria, directly affect the lives of children, thus making it difficult to fulfil their protection and safety needs. With social values and systems changing, children's opportunities to learn new things decrease significantly. Children start taking on responsibilities that exceed their age and maturity level and face the challenge of adapting to difficult conditions as is the case for many children in Syria.

On top of the conflict, the deterioration of the economic conditions in Syria drives severity of needs and displacement up. The crippling economy characterized by high inflation, currency depreciation and increase in price commodities remain among the biggest drivers of needs. It drives more people towards poverty, makes them more reliant on humanitarian assistance and increases the cost of response. The economic decline creates a compounding impact on access to services, but also on the physical and mental well-being of children and adults across the whole country.

Physical and mental health research has often found that prolonged exposure to severe trauma, stress,



Picture 3: ©UNICEF/Syria/2022/Hasan Belal- Aminah, 11, looking at what is left of her conflict-damaged house in her hometown of Almleha, Rural Damascus, Syria, on 10 February 2022

and uncertainty ('toxic stress') especially during childhood and adolescence, can be associated with chronic physical illness including heart disease, a variety of cancers, stroke, and more severe mental health disorders such as schizophrenia and dysthymia later in life. Children and adolescents are particularly vulnerable to the long-term negative effects of toxic stress, which can disrupt their developing neuro-endocrine-immune response through prolonged stress and cortisol activation. Ultimately, this keeps the immune and neurological systems in a constantly inflamed state, with the inability to 'switch-off' – disrupting normal physiological development in some cases. Without

adequate care and resilience systems in place, this can lead to cognitive impairment and severe disruption to their normal brain development, as well as disruptions to all stress-related organ systems which places them at a higher risk for a variety of chronic physical and mental illnesses persistent in adult life. The exuberated situation in Syria calls for more mental health and psychosocial support interventions for both children and adults.

In order to respond to this reality that many children in Syria are facing after 12 years of conflict, and in order to build child-focused resilience building programmes and to harmonize the implementation of mental health and psychosocial support activities across Syria, UNICEF, together with technical ministry staff counterparts, UN agencies and child protection partners, designed a comprehensive national MHPSS manual targeting all children at risk of child protection concerns.

The national MHPSS manual, endorsed by MoSAL and the SCFAP, proposes an MHPSS programme in the context of emergency and recovery, targeting children, youth, parents and caregivers. It aims at implementing swift interventions to help children and their caregivers, identify difficult experiences to which they are exposed and learn how to build their resilience to reach better psychosocial well-being. And most importantly, it aims at harmonizing the approach across all partners implementing MHPSS activities to ensure high quality implementation of activities.



Picture 4: ©UNICEF/Syria/2022/Hasan Belal- Aminah, 11, doing handicrafts at a UNICEF-supported centre in Almleha, Rural Damascus, Syria, on 10 February 2022.

The national manual, which targets children according to specified age-groups, each with dedicated interventions, has proved to be very beneficial to children attending activities. Since the roll-out of the MHPSS manual in August 2022, more than 20,000 children (10,600 girls) have attended activities across all governorates. During the first six months of implementing the activities of the manual, more than 60 percent of children attending MHPSS activities have shown an increase in their overall wellbeing.

Through MHPSS activities, parents confirmed that children have the needed tools and approaches to solve conflicts through non-violent means, increased levels of confidence, compassion and are able to express their feelings and emotions when feeling distressed. The children are less shy, especially in public gatherings, and are better able at expressing themselves and have the basic knowledge related to their rights. Parents also mentioned that their children are less aggressive and have managed to establish new friendships, especially at school. Many children were reported to experience less or no bullying after attending the sessions.

UNICEF's Child Protection Programme will continue, through thematic funding, scaling up its mental health and psychosocial support activities to ensure that more children are reached with life-changing services that will alleviate some of the problems that they are facing. UNICEF is also working closely with sector partners to ensure their frontline staff is trained on the new manual to ensure a broader and harmonized MHPSS response to the situation of children in Syria.

Assessment, Monitoring and Evaluation

UNICEF leads the WASH, Education and Nutrition Sectors and Child Protection Area of Responsibility, and participates in the Health, Shelter and Non-food Item and Early Recovery and Livelihoods Sectors. The sectors, through the Whole of the Syria coordination structure, carry out assessments which contributed to the 2022 Humanitarian Needs Overview and Humanitarian Response Plan.

*Evaluation of the UNICEF Response to the Level 3 Humanitarian Crisis in Syria*⁸⁰ was conducted, covering the period of 2018-2021 and assessing whether UNICEF has found the right roles for itself in Syria given the evolving context, and how well it performed in those roles. It was a learning process, through which UNICEF initiated actions to address recommendations as they arose; for example, reviewing the accountability framework through a consultative process; developing an advocacy and communication strategy; and enhancing monitoring systems including those for Accountability to Affected Populations. *Formative Evaluation of Strategic Shift in Syrian Arab Republic*⁸¹ and *Evaluability Assessment of Adolescent Development and Participation Programme*⁸² have informed UNICEF programming and positioning to remain relevant in a changing context.

The evaluations led to improvements, including the introduction of Outcome+ to better track the results at outcome-level and assess the extent to which UNICEF is making positive changes. In 2022, Outcome+ revealed information on learning processes for children in non-formal education and employability related to technical training for youth. The latter, combined with the *ADAP Evaluability Assessment*, led to the office's reflection on the need to transition away from NGO-implemented technical training. This shift is also supported by the 2021 UNICEF TVET assessment, which concluded that reform is required at various levels – access, quality, governance and funding.

Regular post-distribution monitoring surveys continued with families provided with quarterly cash assistance and case management services. Results demonstrated the importance of this programme, for example, in increasing access to services. Also, given the continued decline in the coverage of routine immunization and building on the RCCE assessments started as part of Covid-19 response, UNICEF is researching the demand-side barriers to inform community engagement efforts while supporting a defaulter campaign in cooperation with WHO.

To fill the considerable data gap on the situation of children and women, the Syria Country Office continued to advocate for a Multiple Indicator Cluster Survey. The office also initiated child wellbeing monitoring, capitalizing on programme monitoring to gauge the rapidly changing situation on the ground.

UNICEF has four complementary and triangulated programme monitoring modalities. First, UNICEF implementing partners conduct their own monitoring and submit progress reports. Independent Third-Party Monitors then impartially verify implementation using agreed checklists. UNICEF staff and third-party technical facilitators (TPTFs) conduct programme monitoring visits to assess progress and quality of these results, and identify constraints and adaptations required. TPTFs extend this monitoring to hard-to-reach areas. Feedback mechanisms are the final pillar of monitoring, including a service line, suggestion boxes, beneficiary surveys, focus group discussions and post-distribution monitoring surveys. The monitoring coverage is adaptive; for example, in 2022, questionnaires integrated enquiries around cholera outbreak response, as well as the impact of economic and fuel crises on access to basic services.

⁸⁰ <https://evaluationreports.unicef.org/GetDocument?fileID=24683>

⁸¹ <https://eisi.unicef.org/api/Download/DownloadFile?name=7896ca01-af11-4173-92f6-a40a63533086.pdf&displayName=SCO%20Strategic%20Shift%20Evaluation.pdf>

⁸² <https://eisi.unicef.org/api/Download/DownloadFile?name=7e085b6f-3531-406b-aa2a-01481cc684ea.pdf&displayName=EA%20ADAP%20Final%20Report.pdf>

Following the relevant UN Security Council resolutions, UNICEF is providing humanitarian relief in the North-West from Türkiye (Gaziantep) through implementing partners. Monitoring for NW Syria cross border operations is constrained as UNICEF staff cannot travel into the area due to security and political situation; therefore, it is conducted by a Third-Party Monitoring (TPM) company to ensure that the delivery of programmes is in line with agreed deliverables as well as quality control, accountability to affected populations, prevention of aid diversion and compliance with humanitarian principles.

The company and the monitors it deploys have been equipped with a robust package of technical expertise on child protection as well as UNICEF approaches to implementation. The company also has active field networks and capacity to adjust or expand the geographical coverage should the need arise and depending on the security situation. TPMs' reports serve as an additional source of information that supports and complements cluster data collection mechanisms, partners' monthly reports to the clusters, and UNICEF programme sections. A mix of qualitative and quantitative methods are used, and information is collected through onsite verification, desk reviews, key informant interviews, focus group discussions, implementation and post implementation surveys and on-site warehouse monitoring.

The planning, implementing and reporting of TPM activities are digitalized and accessible by both UNICEF's relevant staff and the TPM company. Corrective action, action points and required adjustments, shared online, inform the program implementation, and the findings are also used at the time of implementing partnership development.

UNICEF has developed a Whole of Syria information management platform where data is consolidated and analyzed. Information is collected through 4Ws, and is cleaned, consolidated and uploaded onto the platform. There, it is verified, and calculations made for unique beneficiaries reached as well as on key gaps, including against severity scales.

UNICEF uses the Harmonized Approach to Cash Transfers, a risk-based management framework for cash transfers to implementing partners. This ensures partners are assessed for financial management capacity to determine the overall risk rating and assurance activities. Accordingly, UNICEF conducts assurance activities and ensures that recommended actions are taken to strengthen the partner's capacity and lead to management actions.

Financial Analysis

In 2022, UNICEF appealed for US\$334.4 million to meet the urgent humanitarian needs of over 5 million children across the Syrian Arab Republic. UNICEF prioritized focus on areas of the country with the highest severity of needs and provided multi-sectoral humanitarian and early recovery services, through a Whole of Syria approach in line with the Humanitarian Action for Children (HAC) and the strategic objectives of the Syria HRP.

As of 31 December 2022, the HAC was 51 per cent funded⁸³, with \$170.5 million available funds (\$114.8 million funds received in 2022 and \$55.7 million carry-forward from 2021). Public sector funding (including governments, humanitarian pooled funds, inter-organizational arrangements, and inter-governmental partnerships) accounted for about 95 per cent of the total funds received while the remaining 5 per cent are from UNICEF national committees and core resources (including Global Humanitarian Thematic Fund).

Funding for UNICEF in Syria remains highly earmarked (either geographically or programmatically). In 2022, out of the total funds received, about 85 per cent of funding (\$98 million) was earmarked compared to 74 per cent of earmarked funding in 2021 – an increase of about 11 per cent. Given the complex operating environment in Syria, the unearmarked funding (about \$16.7 million), was critical to deliver services to children, regardless of their location in Syria. Thematic humanitarian funds received remained at a similar level in 2022 with \$10 million compared to \$9.8 million in 2021.

Similar to 2021, while humanitarian needs, along with the necessary resources to respond, continue to increase in Syria, the downward trend of funding continued compared to previous years. This trend is

⁸³ Funds received refers to ORE funds or the portion of the agreement amount that received by UNICEF in 2022. Additional public sector contributions were received in 2022 with scheduled payment of contributions in 2023 and is not recorded in this figure and the Annex tables below. Including these additional contributions, UNICEF Whole of Syria was 65 per cent funded in 2022, including carry-forward.

experienced not only by UNICEF, but for the Syria response as a whole. For example, the 2022 \$4.44 billion HRP was 49 per cent funded compared to the \$2.27 billion 2021 HRP which was 54 per cent funded according to the UN Office for the Coordination of Humanitarian Affairs (OCHA)-managed Financial Tracking Service.

In 2022, the Governments of Australia, Bulgaria, Canada, Denmark, Finland, Germany, Greece, Italy, Japan, Republic of Korea, Kuwait, Luxembourg, Norway, Sweden, Switzerland, the United Kingdom and the United States as well as the EU Civil Protection and Humanitarian Aid Operations (ECHO), GAVI the Vaccine Alliance, Global Partnership for Education, Education Cannot Wait, humanitarian pooled funds and UNICEF national committees generously contributed to the UNICEF humanitarian response across Syria.

UNICEF expresses its sincere gratitude to all public and private sector partners for their support in 2022.

Table 10: Funding status against the appeal by sector

Sector	Requirements	Funds Available Against Appeal as of 31 December 2022*		% Funding Gap
		Funds Received in 2022	Carry-Over	
Water, Sanitation and Hygiene	87,438,477	36,962,865	13,535,781	42%
Health	44,030,777	13,414,744	3,906,065	61%
Nutrition	33,923,083	6,655,783	1,747,892	75%
Education	82,513,164	31,249,043	19,888,066	38%
Child Protection	31,472,313	4,948,499	8,719,155	57%
Social Protection and cash transfers	35,100,698	9,092,124	5,412,199	59%
Adolescents and youth	11,729,219	710,631	2,527,862	72%
C4D, community engagement, RCCE and AAP	1,246,154	1,235,714	0	1%
Cluster coordination	6,976,186	0	0	100%
Total	334,430,071	114,824,830	55,737,021	49%

Table 11: Funding received and available by donor and funding type

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2022		
a) Thematic Humanitarian Funds		
SM189910***	230,000	246,100
SM229930***	7,510,553	7,962,326
SM229910	1,000,000	1,070,000
SC229904	508,061	543,625
SC189906	108,430	115,598
SC189904	32,347	34,519
SC229935***	47,714	50,100
SC229934***	95,238	100,000
SC229933***	15,957	16,754
Total Thematic Humanitarian Funds	9,548,300	10,139,022
b) Non-Thematic Humanitarian Funds		

Japan	SM220022	806,000
Kuwait	SM210656	1,385,000
Switzerland c/o Swiss Agency for Development	SM210344	3,337,041
Luxembourg	SM210629	702,637
Switzerland c/o Swiss Agency for Development	SM210496	555,000
USA (State) BPRM US Bureau of Population, Refugees	SM210605	1,500,000
Global Partnership for Education	SC210297	7,028,376
KfW - Germany Kreditanstalt fur Wiederaufbau	SC210584	5,769,808
Finland	SC210587	450,897
Education Cannot Wait Fund	SC210294	13,375
Spanish Committee for UNICEF	SM210545	90,112
SIDA - Sweden	SM220155	1,221,940
AUSTRALIA	SM220259	1,502,630
SPANISH COMMITTEE FOR UNICEF	SM210545	10,045
Norway	SM220313	2,886,325
LUXEMBOURG COMMITTEE FOR UNICEF	SC220265	10,493
ITALY	SM220384	1,055,966
European Commission	SM220430	4,759,916
GAVI THE VACCINE ALLIANCE	SC210296	237,054
GAVI THE VACCINE ALLIANCE	SC220338	307,967
Luxembourg Committee for UNICEF	SM220460	180,806
GAVI The Vaccine Alliance	SM220532	1,334,877
Bulgaria	SM220551	65,923
Republic of Korea	SM220537	381,200
UNITED NATIONS JOINT PROGRAMME	SM220572	1,033,403
Education Cannot Wait Fund	SC210294	1,070,000
Education Cannot Wait Fund	SC210294	526,440
United States Fund for UNICEF	SM220627	49,000
GAVI THE VACCINE ALLIANCE	SC220474	2,937,512
United Nations Multi Partner Trust Fund	SC190830	735,000
Greece	SM220652	100,200
Turkish National Comm for UNICEF Bilkent Üniversitesi	SM220685	9,249
The United Kingdom of Great Britain and Northern Ireland	SM220749	1,273,730
United States Fund for UNICEF	SM220627	58,800
GAVI THE VACCINE ALLIANCE	SC210296	165,438
Italy	SM220780	997,009
JAPAN	SM220819	5,300,736
KfW - Germany Kreditanstalt fur Wiederaufbau	SC220779	15,199,814
KfW - Germany Kreditanstalt fur Wiederaufbau	SC220793	10,555,427
Canada	SM220868	1,107,829
Finland	SC210587	664,079
Japan	SM220022	1,194,000
Luxembourg	SM210629	680,080
Switzerland c/o Swiss Agency for Development	SM210496	32,299
SIDA - Sweden	SM220155	895,807
United States Fund for UNICEF	SC210715	99,900

KfW - Germany Kreditanstalt fur Wiederaufbau	SC200788	248,400
Norway	SM220313	1,683,537
GAVI The Vaccine Alliance	SC220222	1,828,772
Education Cannot Wait	SC210294	5,388,811
Republic of Korea	SM220537	118,800
GAVI The Vaccine Alliance	SC220470	161,710
European Commission / ECHO	SM220430	498,504
Global Partnership for Education	SC210297	856,000
The United Kingdom of Great Britain and Northern Ireland	SM220749	933,775
Total Non-Thematic Humanitarian Funds		91,997,447
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
UNOCHA UN Office for the Coordination of	SM220015	1,078,245
UNOCHA UN Office for the Coordination of	SM220285	2,901,029
UNOCHA UN Office for the Coordination of	SM220824	599,944
UNOCHA UN Office for the Coordination of	SM220827	500,002
UNOCHA UN Office for the Coordination of	SM220285	2,099,522
UNOCHA UN Office for the Coordination of	SM220760	5,500,872
d) Other types of humanitarian funds		
French Committee for UNICEF	KM220058	8,745
Total humanitarian funds received in 2022		114,824,830
II. Carry-over of humanitarian funds available in 2022		
e) Carry over Thematic Humanitarian Funds		
UNOCHA UN Office for the Coordination of	SM210705	28,353
USA (USAID) OFDA Office for Foreign Disa	SM210661	856,521
UNOCHA UN Office for the Coordination of	SM210705	91
Thematic Humanitarian Response THEMATIC FUND	SM189910	393,716
Norway	SM210838	696,191
USA (USAID) OFDA Office for Foreign Disa	SM210661	624,757
UNOCHA UN Office for the Coordination of	SM210705	197,244
Thematic Humanitarian Response THEMATIC FUND	SM189910	1,920
Norway	SM210178	50,000
Luxembourg	SM210629	513,742
Switzerland c/o Swiss Agency for Develop	SM210496	8,655
Germany	SM170622	15,938
Germany	SM180576	114,493
Global - Thematic Humanitarian Response THEMATIC FUND	SM189910	2,974,470
UNOCHA UN Office for the Coordination of	SM200666	12,290
Japan	SM210036	548,647
Japan	SM210079	629,162
Norway	SM210178	1,039,150

Republic of Korea	SM210206	61,865
Denmark	SM210262	360,069
Switzerland c/o Swiss Agency for Development	SM210344	1,711,408
Switzerland c/o Swiss Agency for Development	SM210496	164,269
UNOCHA UN Office for the Coordination of	SM210522	8,255
UNOCHA UN Office for the Coordination of	SM210542	104,839
UNOCHA UN Office for the Coordination of	SM210543	297,560
Spanish Committee for UNICEF	SM210545	195,185
Donor Pooled Fund (mixed donors)	SM210573	121,771
Luxembourg	SM210629	561,032
USA (USAID) OFDA Office for Foreign Disaster	SM210661	5,053,270
UNOCHA UN Office for the Coordination of	SM210705	2,185,690
Japan	SM210732	5,666,769
European Commission / ECHO	SM210808	1,551,970
Norway	SM210838	1,060,721
Austrian Committee for UNICEF	SM210941	104,270
Total carry-over non-Thematic Humanitarian Funds		27,914,298
f) Carry-over of non-Thematic Humanitarian Funds		
GAVI The Vaccine Alliance	SC200764	9,497
GAVI The Vaccine Alliance	SC210300	235
Canada	SC190181	59,546
Finland	SC210587	304,373
Global Partnership for Education	SC210297	9,539
KfW - Germany Kreditanstalt fur Wiederau	SC200788	1,214,065
Education Cannot Wait Fund	SC210294	1,509,471
Canada	SC190181	273,633
Sweden	SC180755	6,167
Global - Health THEMATIC FUND	SC189901	455,033
Global - Nutrition THEMATIC FUND	SC189903	140,026
Global - Education THEMATIC FUND	SC189904	226,968
Global - Child Protection THEMATIC FUND	SC189905	271,405
Canada	SC190181	703,347
UNDP - MDTF	SC190658	1,178,405
Germany	SC190725	1,378,883
PPD Brussels Office	SC190830	2,069,214
KfW - Germany Kreditanstalt fur Wiederaufbau	SC200788	6,819,336
KfW - Germany Kreditanstalt fur Wiederaufbau	SC200789	5,837,985
Swiss Committee for UNICEF	SC200926	40,716
GAVI The Vaccine Alliance	SC210296	293,943
Global Partnership for Education	SC210297	1,887,040
GAVI The Vaccine Alliance	SC210300	44,195
Finland	SC210587	2,959,300
KfW - Germany Kreditanstalt fur Wiederau	SC200788	130,390
Total carry-over non-Thematic Humanitarian Funds		27,822,723
Total carry-over humanitarian funds		55,737,021
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		

Total other resources		0
<i>* Programmable amounts of donor contributions, excluding recovery cost.</i>		
<i>** 2022 loans have not been waived; COs are liable to reimburse in 2022 as donor funds become available.</i>		

Table 12: Thematic Humanitarian contributions received in 2022

Thematic Humanitarian Contributions Received in 2022 (in USD): Donor	Grant Reference	Programmable Amount (in USD)	Total Contribution Amount (in USD)
Global - Water Sanitation and Hygiene THEMATIC FUND	SC189906	108,430	115,598
Global - Education THEMATIC FUND	SC189904	32,346	34,519
Global - Education THEMATIC FUND	SC229904	243,110	260,129
Global - Education THEMATIC FUND	SC229934	95,238	100,000
POLISH NATIONAL COMM FOR UNICEF	SC2299330009	15,956	16,754
Global - Education THEMATIC FUND	SC229904	264,949	283,496
GLOBAL - CHILD PROTECTION	SC2299350024	47,714	50,100
Netherlands Committee for UNICEF	SM1899100659	230,000	246,100
Global - Thematic Humanitarian Response THEMATIC FUND	SM229910	500,000	535,000
Global - Thematic Humanitarian Response THEMATIC FUND	SM229910	500,000	535,000
FINNISH COMMITTEE FOR UNICEF	SM2299300015	21,168	22,227
SPANISH COMMITTEE FOR UNICEF	SM2299300018	31,887	33,482
United States Fund for UNICEF	SM2299300031	9,536	10,013
GERMAN COMMITTEE FOR UNICEF	SM2299300043	390,093	409,598
GERMAN COMMITTEE FOR UNICEF	SM2299300043	321,027	337,079
DENMARK	SM2299300057	670,209	717,125
CANADIAN UNICEF COMMITTEE	SM2299300058	18,966	19,915
CANADIAN UNICEF COMMITTEE	SM2299300058	11,026	11,577
JAPAN COMMITTEE FOR UNICEF	SM2299300087	67,049	70,402
AUSTRIAN COMMITTEE FOR UNICEF	SM2299300094	12,268	12,882
United States Fund for UNICEF	SM2299300031	227,199	238,560
GERMAN COMMITTEE FOR UNICEF	SM2299300118	248,449	260,872
ICELAND NATIONAL COMM FOR UNICEF	SM2299300120	4,775	5,014
DANISH COMMITTEE FOR UNICEF	SM2299300127	14,250	14,963
SPANISH COMMITTEE FOR UNICEF	SM2299300018	16,445	17,267
NEW ZEALAND COMMITTEE FOR UNICEF	SM2299300137	3,769	3,958
NORWEGIAN COMMITTEE FOR UNICEF	SM2299300144	58,229	61,141
SPANISH COMMITTEE FOR UNICEF	SM2299300018	25,010	26,261
United States Fund for UNICEF	SM2299300031	90,476	95,000
DENMARK	SM2299300057	1,485,173	1,589,136
United States Fund for UNICEF	SM2299300031	452,380	475,000
UNITED KINGDOM COMMITTEE FOR UNICEF	SM2299300153	39,190	41,150
United States Fund for UNICEF	SM2299300031	97,166	102,025
UNITED KINGDOM COMMITTEE FOR UNICEF	SM2299300153	43,807	45,998
TURKISH NATIONAL COMM FOR UNICEF	SM2299300174	3,877	4,072
JAPAN COMMITTEE FOR UNICEF	SM2299300087	179,438	188,410
GERMAN COMMITTEE FOR UNICEF	SM2299300118	193,180	202,840

GERMAN COMMITTEE FOR UNICEF	SM2299300118	114,407	120,128
Norwegian Committee for UNICEF	SM2299300144	18,400	19,321
United Kingdom Committee for UNICEF	SM2299300202	232,028	243,629
JAPAN COMMITTEE FOR UNICEF	SM2299300087	34,146	35,853
NEW ZEALAND COMMITTEE FOR UNICEF	SM2299300137	23,376	24,545
FRENCH COMMITTEE FOR UNICEF	SM2299300203	391,926	411,523
GERMAN COMMITTEE FOR UNICEF	SM2299300118	182,760	191,898
ICELAND NATIONAL COMM FOR UNICEF	SM2299300120	4,197	4,407
United States Fund for UNICEF	SM2299300031	45,238	47,500
SWEDISH COMMITTEE FOR UNICEF	SM2299300220	22,592	23,721
United States Fund for UNICEF	SM2299300031	35,291	37,056
DENMARK	SM2299300057	1,339,131	1,432,870
UNITED KINGDOM COMMITTEE FOR UNICEF	SM2299300153	11,964	12,563
Global - Thematic Humanitarian Response THEMATIC FUND	SM229930	317,718	339,958
New Zealand Committee for UNICEF	SM2299300137	1,324	1,391
Total		9,548,300	10,139,022
[1] International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting. http://iatistandard.org/			

Future Work plan

UNICEF's core mandate and focus remains on child rights and protection –UNICEF will continue its multi-layers efforts and strong advocacy and engagement on child rights with all parties to the conflict and influential stakeholders to ensure that the extremely vulnerable children are protected and provided with access to quality services, with specific focus on prevention from grave violations, repatriation and family reunification, access to water and accredited education and related education pathways.

Strengthening evidence generation, monitoring and accountability to affected population will continue to be the focus for greater transparency and sharing of data by ensuring partnerships, shared analysis and insights and delivery of higher resilience dividends for beneficiaries.

UNICEF will continue its sustained support for early recovery activities, including rehabilitation of social service infrastructure such as water supply stations, schools and health facilities (in line with UN Security Council Resolution 2672) and capacity development of direct front line service providers to address the combined effects of the conflict, economic decline and cholera outbreak.

UNICEF will support integrated, multi-sectoral programming and improve sustained, equitable and safe access to critical basic social services in areas where the needs are the highest drawing on UNICEF strong presence on the ground and its partnerships with local communities, key actors and stakeholders and organizations across multiple sectors to reach more children and families. Leveraging UNICEF's leadership role within the humanitarian community, efforts will focus on greater collaboration and cost-sharing of mutually beneficial joint activities.

UNICEF remains strongly committed to enhance gender equality building on the recommendations of the "Gender Programmatic Review" that was concluded in August 2021 and based also on several opportunities for the identified gender agenda that started in 2022 to be furthered within on-going programming to improve gender empowerment and transformation. Foundations were already built in each programme towards expanding work on gender and GBV, including the recent scoping study on child marriage and its recommended strategy.

Building on the well-developed experience in Syria and the many lessons learned on risk management and risk mitigation measures as well as robust monitoring systems, efforts will continue in advancing this work through modalities of directly serving children and frontline service providers with increased due diligence approaches that can provide equitable support across the country.

UNICEF is preparing an office-wide, integrated initiative to prevent and respond to violence against children by transforming the social norms that underpin and perpetuate violence against children in schools, homes and communities. Following a series of consultations with parents, teachers, principals and students, a framework was developed jointly by the Child Protection, Social and Behaviour Change, ADAP and Education sections that integrates positive parenting and peer relationships alongside improved safety in schools. An in-service teacher training curriculum was piloted, equipping 200 education staff (120 teachers and 80 school administrators and counsellors) from 24 schools with skills for positive classroom management.

- For **WASH Programme**: UNICEF Syria will accelerate its shift from a primarily emergency WASH response to a continuum of rapid, sustained and equitable response with longer-term solutions that build the resilience of communities and sector systems to endure shocks;
- For **nutrition**, UNICEF will continue to strengthen health workers and community volunteers to reach caregivers with awareness on adequate IYCF practices for growth and development. For health, UNICEF will continue to build the capacity of health workers and community volunteers to provide an integrated package of primary health care;
- For **education**, UNICEF will shift to a longer-term integrated approach that will strengthen the resilience of learners, teachers, communities and the education system itself and allow a generation of children to develop the skills necessary to cope with a protracted post-conflict context;
- Within **child protection**, UNICEF aims at reaching children at scale and accelerating the development of a national child protection system to protect the most vulnerable children. This will include developing a specialized and multi-sectoral case management system for children, survivors of violence, abuse, and exploitation and building a strong social service workforce;
- For **Social Protection**, UNICEF will continue its investment for systematic scale up and focus on development of a robust beneficiary feedback mechanism.

UNICEF Syria's goal is to deliver for all children every day. The crisis in Syria is uniquely complex and continuously changing, and there are often no easy solutions. The needs of children in Syria have never been higher. The people of Syria have shown extraordinary resilience; UNICEF will continue to support their recovery.

Annexes

- a. Two-pagers – non-thematic funding contributions
- b. Donor Statement (As of 31 December 2022)

For all UNICEF stories from Syria, please refer to the below link

[UNICEF Stories from Syria](#)

Donor Feedback Form

[UNICEF Donor Feedback Form](#)