Syria Protection Cluster (Turkey)

Gender-Based Violence (GBV), Child Protection (CP) and Mine Action (MA) Sub-Clusters

EMERGENCY RESPONSE MODEL

1. INTRODUCTION

Throughout the Syrian conflict, certain areas of the country have experienced "emergencies within the emergency," including large scale displacement, besiegement, etc. In 2016, the Syria Protection Cluster (Turkey), together with its GBV, CP and MA Sub-Clusters, felt the need to have a standardized emergency response model to respond quickly to these events, and to organize resources on the ground in a more coordinated, effective and efficient way. The coordinators and members therefore participated in the development of the Emergency Response Model explained below, which has evolved over time and been refined based on lessons learnt. This model is activated at the discretion of the PC and SC coordinators, based on identified needs and gaps in Protection, GBV, CP and MA service provision.

2. EMERGENCY RESPONSE PACKAGE

The Cluster's emergency response model is an integrated and phased approach that relies on expanding the capacity of static service points (community centers, child-friendly spaces, and women and girls safe spaces) and mobile outreach teams. In the first three weeks to two months, Protection Cluster members prioritize the following response activities:

- Mobile outreach teams: within 48 hours, integrated mobile teams will visit communities or sites that have received IDPs[1]. The provided services include the provision of psychological first aid (PFA), information sharing/awareness raising on key protection considerations and available services, referrals and accompaniment of persons of concern to services, and identification of unaccompanied and separated children and those without appropriate care.
- Static service points: existing protection facilities, including women and girls' safe spaces, child-friendly spaces, community centers, and safe spaces within health centers, where individuals can receive specialized Psychosocial Support Services (PSS), information and advice, case management (for children who have experienced violations or are at risk as well as GBV survivors), and referrals to other services as needed. Individual protection assistance may also include cash or in-kind assistance to mitigate protection risks and support access to services for persons with specific needs, including persons with disabilities, older persons, returnees, and survivors of torture and GBV. Individuals or families identified through mobile outreach teams or by other actors will be referred to these locations; should teams identify cases that cannot be received by the static service point in the immediate vicinity, referral focal points and pathways are already in place.
- Dignity kit distributions: providing dignity kits[2] to women and girls of reproductive age.
- Risk Education: providing explosive hazards risk education with a specific focus on IDPs, including children and their caregivers, with the deployment of mobile risk education teams and the distribution of risk education materials, including through the overall humanitarian response.

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[1] Sites are identified according to the Camp Coordination Camp Management (CCCM) dashboard, updated weekly or monthly; location of CCCM reception centres in Maaret al-Ikhwan, Meznaz, Maaret Misreen, and Azaz; community referrals from Protection Monitoring Task Force; and other field knowledge and experience within emergency focal points' districts.

[2] Dignity Kits Guidance Note of Syria GBV Sub-Cluster (Turkey) is available at https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/dignity_kits _guidance_note_en.pdf. Dignity kits include sanitary pads, underwear, hand soap, toothbrushes and toothpaste, headscarf, washing powder/laundry soap, flashlight (torch), and whistle.

- Rapid protection monitoring: identify protection risks, as well as other urgent needs to inform the overall response and any related advocacy.

Once IDPs settle into communities, the Cluster and Sub-Clusters reassess gaps at a sub-district level, using a methodology that captures existing Cluster and Sub-Cluster presence and reach, as well the increase in population upon the latest displacement. In the second and third month, if resources are available, the Cluster works with members to open or further expand static service points in identified locations. These will also support host communities affected by conflict, based on need and population changes.

3. TOOLS SUPPORTING THE EMERGENCY RESPONSE MODEL

In order to ensure a fast and coordinated response, the PC and SCs developed an **Emergency Response Tool**. A single Excel document (with multiple worksheets) serves information, coordination, and reporting purposes. When an emergency occurs, the PC and SC coordinators review the tool to populate it with information and data that are relevant to the specific context. The **Emergency Response Tool** includes:

a. **Flowchart** clarifying roles, responsibilities, and timelines for each of the identified activities.
   - As soon as PC receives information from OCHA of an emergency situation, the PC coordination team immediately shares this with the PC members, led by the Emergency Focal Points.
   - PC and SC Coordinators revise and activate within 12 hours the Emergency Tool.
   - Throughout the emergency, PC members identify and immediately share with PC and SCs coordinators needs, gaps and challenges.
   - PC and SC members report on the provision of services and number of people-in-need reached, after 48 hours, one week, and one month. Compiled information is shared with all PC members one day after it is received.

b. **Contact details for emergency focal points** at both the field and management levels. The PC has identified seven (previously eight) members as emergency response focal points; one for each district served by the Turkey hub in Idleb and Aleppo governorates. FPs are selected based on standard criteria, including physical presence and reach, technical expertise and capacity in all protection AORs, and active participation in the PC and SCs. FPs coordinate response among organizations in the field by:
   - Providing key protection services in line with the PC's emergency response package
   - Identifying and reducing gaps and duplications in protection services through coordination with Cluster members in their district at field level
   - Sharing information about needs and gaps, including lack of multisectoral services, received from PC members with the Coordinators and vice-versa
   - Coordinating referrals, especially for CP and GBV specialized services, using the online cluster service mapping and referral pathways
   - Liaising with management of CCCM-registered transit sites/settlements as needed.

c. **Reporting sheet**. Each organization populates this worksheet with data on:
   - type of services provided (GP, GBV, CP or MA),
   - activities implemented,
   - location (to community level),
   - number of people in need reached (age- and gender-disaggregated),
   - modality of service delivery (static facility or mobile outreach), and
   - any newly identified gaps, needs, or challenges.

   PC and SC members select activities from a drop-down list of 19 options that include specific emergency activities for each sub-sector, in line with the Emergency Response Package, e.g. PFA, PSS, and referrals to specialized protection and non-protection services.

d. **Referral pathways and GBV guidance for referrals**. This sheet includes contact information of organizations that provide protection services (with a focus on GBV and CP specialized services)

and accept referrals from other service providers. A separate sheet includes a reminder on how to do a referral for GBV cases in compliance with basic principles.

e. **Key messages**, including awareness-raising and information-sharing. During an emergency, information is an important protection measure. Coordinators have therefore developed key messages that members can immediately use. These target different population groups: entire community, leaders, women and girls, children, parents and caregivers, and community workers.

Communication among Protection Cluster coordinators, Emergency FPs, and other Protection Cluster members responding to the emergency is facilitated through **dedicated Whatsapp groups**.

In addition, the PC uses a customized link for **reporting suspension or relocation of activities** to the coordinators, focusing on the impact, location (community level), number of beneficiaries affected, and donor information in case advocacy is needed for a shift from routine to emergency programming.

4. ACHIEVEMENTS TO DATE
The emergency response model has been used in at least four major emergencies (Aleppo 2017, Idleb displacement 2018, East Ghouta displacement 2018, and Idleb displacement 2019), for all of which it facilitated a quick and coordinated response.

From January through 16 September 2019, 35 Protection Cluster members provided emergency response services for civilians that were displaced since the beginning of 2019. Cluster members provided 252,564 protection interventions to IDPs and affected host community members in 322 communities within 42 sub-districts in Idleb, Hama, and Aleppo reaching 94,211 individuals (30,453 girls, 28,397 boys, 25,230 women, and 10,131 men).

Cluster Members also provided specialized CP and GBV Service including case management. Cluster members also referred individuals to essential services, notably health. Moreover, the Protection Cluster had initiated Rapid Protection Assessment. You may find the link to the report here.

During 2019, five of the eight (now seven) focal points (in Harim, Jebel Saman, Idleb, Jisr as Shugor and Azaz districts) received funding via the first Reserve Allocation of the Syria Cross-border Humanitarian Fund to expand their services and teams. Funding for the first three of these, selected according to funding limitations and based on the number of IDP arrivals and severity of needs, was extended with the second Reserve Allocation in September 2019. The other Emergency FPs used their own financial, material and human resources to guarantee the timely provision of services (in Ariha, Afrin, and Maaret al-Nu'man [on frontline as of September 2019]). Organizations with more flexible funds were able to engage more quickly and with fewer restrictions. Meanwhile, those with more limited funds are forced to decide between emergency response and ongoing programming, jeopardizing the continuity of response.

5. WAY FORWARD
Donors' support is of paramount importance to ensure continuity of this model and a swift, coordinated, and quality response. This should include direct funding for Syrian NGOs working in protection, GBV, CP and MA; increased contribution to the Humanitarian Pooled Fund; and strong advocacy for the prioritization of protection issues (including CP, GBV, and MA) in large fora and discussions, including particularly in the HF allocations.