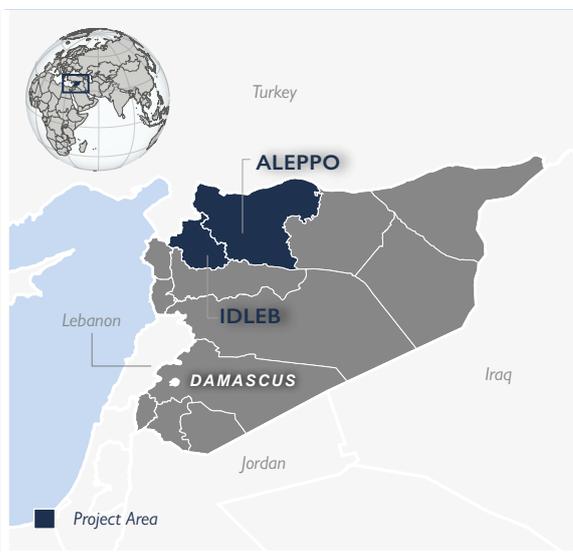


CASE STUDY

SYRIAN ARAB REP. 2018–2020 / SYRIAN CRISIS

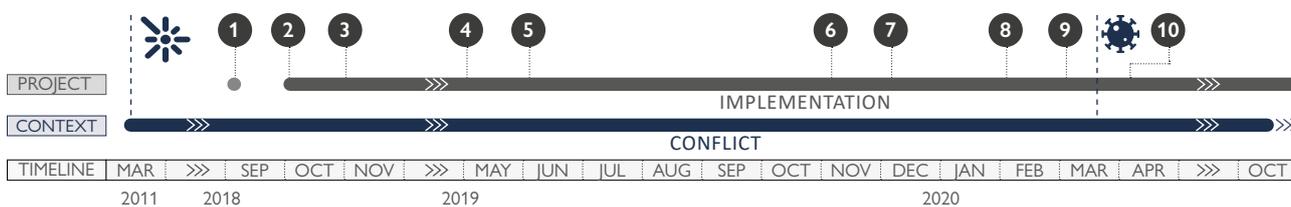
KEYWORDS: Collective center upgrades, Housing rehabilitation, Site improvements

CRISIS	Syrian Crisis, 2011 onwards
PEOPLE AFFECTED	4.3 million people affected by conflict in Northwest Syria of whom 2.8 million are IDPs*
PEOPLE DISPLACED	2.7 million IDPs living in Northwest Syria*
PROJECT LOCATION	Northwest Syria
PEOPLE SUPPORTED BY THE PROJECT	33,893 HHs (169,466 individuals, comprised of 158,944 IDPs and 10,522 non-IDPs)
PROJECT OUTPUTS	<p>2,000 HHs: shelter repair/sealing off kits 1,962 housing units and 22 collective centers rehabilitated 2,000 HHs: comprehensive shelter kits 14,983 HHs: household NFIs (for newly displaced) 8,159 HHs: winterization support 1,953 HHs across 10 sites supported through site improvements</p>
SHELTER SIZE	50.7m² per HH on average for rehabilitated houses
SHELTER DENSITY	7.6m² per person on average
DIRECT COST	USD 733 per HH
PROJECT COST	USD 900 per HH
*Source: North-West Syria: Shelter & NFI Emergency Overview (Dec 2020)	



PROJECT SUMMARY

The goal of the program was to respond to critical emergency, survival and protection needs of the most vulnerable communities in Northwest Syria by delivering a timely and at-scale multisectoral humanitarian program, which included increasing access to safe, comprehensive and gender-integrated WASH and shelter. This involved improving shelter and living conditions, and increasing access to safe, secure, comprehensive and gender-sensitive shelter solutions, including repair and rehabilitation of housing units and collective centers, improving camps through infrastructure rehabilitation, and providing a range of standardized shelter kits. This case study mostly focuses on the rehabilitation of houses inhabited by IDPs.



Mar 2011: Syrian Crisis began.

- 1 Sep 2018:** Identification of local partners and remote management set up.
- 2 Oct 2018:** Launch of the project.
- 3 Nov 2018:** Initiated the shelter rehabilitation activity in four communities and in collective centers (CCs).
- 4 May 2019:** Distribution of new arrival and kitchen sets to newly displaced IDPs.
- 5 Jun 2019:** The donor approved the rehabilitation of 919 houses and 12 CCs and implementation started.

- 6 Nov 2019:** Distribution of cash for winterization.
- 7 Dec 2019:** 8,000 extra new arrival and kitchen sets requested to respond to increase in displacements.
- 8 Feb 2020:** Shelter rehabilitation initiated in another five communities and in 7 CCs.
- 9 Mar 2020:** Adaption of the project to meet the escalated need for settlement rehabilitation.
- 11 Mar 2020:** WHO declared the novel COVID-19 outbreak a global pandemic.
- 10 Apr 2020:** The donor approved the rehabilitation of 1,043 houses and 7 CCs and implementation started.

CONTEXT

For more background information on the crisis and response in the Northwest of the Syrian Arab Republic (Syria) [see A.22](#).

PROJECT APPROACH

As a result of the continued Syrian crisis, the availability of safe, adequate shelter for IDPs by 2020 had been significantly reduced. The program started as a Rapid Response Mechanism (RRM) through a consortium supporting shelter/WASH and health needs in Northwest Syria (NWS). The project was launched almost immediately following the renewal in violence and displacement of families in 2019. More flexible shelter assistance was needed, using a range of interventions including NFI assistance, shelter repairs, and winterization support via cash distributions to meet the diverse needs. The shelter/NFI component of this program supported both displaced and host communities to improve their privacy, safety and dignity.

The main objectives of the project were to:

- Improve protection against harsh weather;
- Improve privacy and security, especially for women and girls;
- Improve hygiene and access to water and sanitation facilities;
- Reduce basic health and safety hazards;
- Promote good mental health and psychosocial well-being, not only through the services, but also through how the services were provided;
- Improve basic electrical amenities such as lighting and power sockets and access to sustainably sourced electricity, where possible;
- Address the differing and specific needs of families (e.g. size, culture) as well as those of, for example, elderly people and Persons with Disabilities; and
- Create additional space to reduce overcrowding (contributing to mitigating GBV risks).

The shelter component was reactive to the changing needs of the situation and continuously planned, re-planned and

redesigned the shelter activities. Shelter kits were found to be less popular with households than shelter rehabilitation through a contractor. The shelter NFIs were challenging to utilize in an urban context with concrete buildings. In more stable locations the organization promoted the use of rehabilitation of housing and collective centers. However, when further displacement occurred in December 2019, NWS had a further 1 million IDPs forced to settle in spontaneous camps. It was clear that settlement upgrading would be vital to ensure good access to IDPs, connecting them to services and other actors. For those IDPs in a protracted scenario the teams looked to add further shelter options to their projects in NWS, building upon learning from this project, and looking for more sustainable, robust shelter solutions.

The organization worked with a local implementing partner (IP) in NWS to distribute shelter NFIs, repair kits, rehabilitate housing units and collective centers and provide cash for winterization (fuel, heating, blankets etc.).

The project was run remotely with the field team based in Syria and the coordination done remotely from Gaziantep, Turkey. This was a learning curve, and remote management proved challenging at times, but a framework of monitoring and communication via phone with technical teams proved successful. Donor compliance was set to a high level and the organization had three independent ways of carrying out monitoring and verification to ensure high quality programming. Donor technical standards were also developed in tandem with the teams to assure contextual suitability and timely sign-offs to speed up implementation.

The shelter activities were part of a multi-sector program which was consortia led, covering shelter, WASH, protection and health. The overall program was guided by the health interventions as they were the primary activity. Supporting health centers and hospitals provided an entry point into communities, and shelter and WASH rehabilitations were done in the same areas where the project was supporting these health services. Technical assessments of housing and collective center's also prioritized health and protection risks.



The organization worked with local Implementing Partners (IPs) in all parts of the project including for the distribution of NFIs.



Housing rehabilitation was one of a range of interventions designed to support the different shelter needs of different households.

PROJECT IMPLEMENTATION

The project proposed a range of shelter solutions to meet different needs as part of a planned rapid response. **Shelter repair kits** (including tarpaulins, wood and tools for sealing off openings) were initially planned as it was assumed families would potentially be on the move and continuously displaced so the tarpaulins and other materials could potentially be carried with them. However, it was recognized that a range of options were needed so the program adapted to include, **comprehensive shelter kits, household NFIs for the recently displaced, collective center rehabilitation, housing rehabilitation, site improvements in camp settings and winterization distributions (cash and winterization kits)**. The majority of IDPs found accommodation in sub-standard housing blocks and it became clear that the shelter repair kits were not well suited to sealing off concrete structures. It also became clear that families were willing to stay longer in apartments and welcomed the rehabilitation option over a shelter NFI distribution. For those unable to find housing to rent, spontaneous camps were the only option. The project was able to adapt to the context with donor support, and site improvements were added as a project intervention.

Collective centers and housing units for rehabilitation were identified through the consortia approach and then checked through a verifications process. Using the Cluster due-diligence check list, landlords (or designated representatives in the case of remote landlords) signed the MoU for the completion of work, and the signatures were witnessed by three people from the community. The work was then carried out through contractors, with technical assessments and BoQs carried out by engineers from local partners on the ground. Upgrades prioritized works and items which aimed to improve health conditions (especially following the COVID-19 outbreak) by reducing damp, increasing ventilation and improving poor WASH facilities and enhancing access for people with limited mobility. Upgrades also prioritized reducing protection risks and supporting the needs of women and girls, through providing room partitions, doors on bedrooms and bathrooms, and locks where needed to increase safety, privacy and dignity. Accessibility was also improved, ensuring entrances to buildings were level, making it easier for those with mobility challenges, and upgrading sanitation provisions such as disabled toilets and ramps to bathrooms.

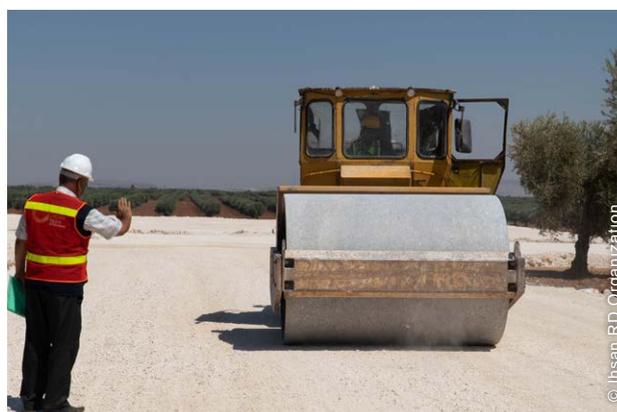
Site improvement works involved work in and around camps, such as road improvement, leveling sites, improving drainage, and adding plinths under tents to raise and insulate them. This was implemented through local partners and contractors.

Winter kits distribution was carried out through a mix of cash and NFI distributions using the Hawala agencies (networked money brokers) for cash transfers, and local partners undertook distributions of cash, shelter kits, household NFIs and winterization kits.

Type of intervention	Contents	Amount
Shelter repair kits/ sealing off kits	Tools, fixings, plywood, padlocks, hinges	2,000 kits
Housing and collective center rehabilitation	As per BoQs	1,962 housing units and 22 CCs
Comprehensive shelter kit	Tools, fixings, household NFIs, tarpaulin, padlocks, hinges	2,000 kits
Household NFIs	Kitchen sets, household NFIs, padlocks, hinges	14,983 kits
Winterization response	Unrestricted cash + winterization kits including heaters and blankets	8,159 HHs received distribution of USD 130
Site improvements	As per site BoQs	1,953 HHs in 10 settlements



22 collective centers were upgraded as part of the project. Upgrades prioritized reducing protection risks and improving health conditions.



Site improvements at IDP sites included improving accessibility and reducing flood risk.

TARGETING

Northwest Syria is a predominantly rural region, with only Idlib city as its urban center. The majority of the nine communities where implementation took place were small towns in the Idlib and Aleppo Governates. Before deciding on any location for either rehabilitation or shelter kit distribution a coordination meeting took place between the implementing partner and local councils to identify the needs, highlight the gaps and coordinate with different actors. It was also essential that the locations were not exposed to shelling and were relatively safe, not high-risk areas. Coordination with the Clusters was important to identify gaps and to follow the movement of IDPs. The organization aimed to reach IDPs at the end point in their journeys when they decided to settle for the time being.

Vulnerable groups targeted in the response included IDPs, the affected host community and those who had recently returned to their own communities (returnee or host community). It was important to address the vulnerabilities associated with recent, short-term, protracted and multiple displacements that families had experienced but also to consider peoples' current shelter situation (in collective centers, camps, inadequate apartments or houses). Therefore, newly displaced persons were considered particularly vulnerable and were prioritized, especially those without hosts and access to basic NFI. Additional vulnerable groups included women, children, Persons with Disabilities and the elderly, especially those who were dependent on others and had no direct access to income.

After selecting locations for interventions, key informant interviews took place with community members and the local councils to explain the project, targeting, selection criteria and timeframe. The local councils provided lists of potential households that met the selection criteria and registered their names and information. A council is made up of elected representatives from the community who are the official authority in NWS and who are responsible for coordinating and liaising with NGOs. The activity and criteria were publicly displayed to ensure the information was shared with as many people as possible. The implementing partner (IP) verified and registered each applicant throughout the implementation process.

COMMUNITY ENGAGEMENT

The community engagement was done by working with local community leaders, the local council members, and the key informants who facilitated the fields teams to move around the areas, identify the needs, and locate collective centers in need of support. WhatsApp was used to communicate any challenges the families had with the works being carried out on their home – the most popular way to give feedback and lodge complaints. Throughout the implementation there were two complaint WhatsApp numbers; one for the organization and another for the IP, which were shared widely in the community to give feedback. The organization and IP categorized, verified and shared all complaints with the relevant program or department to respond to them.



© Ihsan RD Organization

Wall divisions were one of the priority rehabilitation interventions, in order to improve privacy and reduce protection risks.

MAIN CHALLENGES

Housing, land and property (HLP) rights challenges. In this context it was difficult to contact remote owners of buildings/apartments and to get permission to carry out rehabilitation works. The owners who had often been displaced abroad but would like to return eventually were hesitant to have work done on their property in their absence. The Cluster suggested to limit interventions in these situations to 'light works' only. Some donors suggested that occupants had to agree to leave any materials added to the property in place when they left and decline any ownership rights.

Managing expectations was difficult, due to what was achievable within structural limitations and budget. This was carefully managed by field staff and contractors through discussing with families their main priorities and highlighting the importance of improving safety issues over other needs.

Compliance with the donor's technical standards and expectations was sometimes difficult. The donor required the organization to share all BoQs for their sign-off. Delays in getting BoQs signed off by donor technical teams had significant impacts on the ground. The organization made an effort to ensure new proposed donor standards were informed by the context and Cluster partners so they were more realistic given the constraints on the ground, such as limited access to sites, making some follow up checks difficult.

Transferring cash in USD to NWS and gaining financial checks for the cash agent proved complicated. A suggested solution was to spread out support to the most vulnerable over a longer period of time which was easier to manage than a concentrated caseload.

Consulting more women and girls on their preference and need throughout the project implementation was needed to ensure the right upgrades were being implemented, however it was not always possible to speak to women and girls alone. Focus group discussions helped to a certain degree, but the organization endeavored to find more ways of getting direct input into BoQs from women and girls.

Often distributions carried out during the day attracted attention and created critical and risky security situations. IP's started to carry out distributions at night to avoid being targeted by armed forces, as the darkness of night provided suitable cover, but was not without other risks.

Distributing kits and rehabilitating houses while taking COVID-19 precaution measures, physical distancing and minimum contact was challenging in part due to the denial of COVID-19 locally. Many people felt they had other greater worries, such as shelling and bombing. This perception started to change as cases increased in NWS.

Finding options for people without any shelter options at all was a gap. HLP issues linked to finding land and getting permission to use free of charge/public or government land for camps was an on-going challenge to all Cluster actors.

OUTCOMES AND WIDER IMPACTS

There is a huge shelter gap inside NWS. It was vital to improve the housing stock and increase potential housing which could be rented. The project made houses more adequate and had a huge impact for families living in the collective centers, especially in terms of dignity and privacy. Shelter rehabilitations also made it more convenient for individuals to isolate inside houses for COVID-19. Following the interventions, households were more settled, having solved their immediate shelter needs and able to move onto other priorities such as looking for work, working towards recovery and self-resilience.

Work on external elements of buildings such as walls and windows greatly improved winterization and protection for the inhabitants. The winterization support (un-restricted cash) provided freedom of choice, allowing families to select the most needed items. The site improvement works supported rehabilitation of old camps, adding extensions or planning new camps, upgrading the main roads, ground leveling and graveling – all this improved access for other actors/services. In total the program supported nearly 170,000 people (34,000 HHs/families) with shelter and settlements assistance.

High satisfaction levels were reported from families, especially those in rehabilitated collective centers and housing units of which 82% of respondents from a 123 household sample said that the works were of a high standard. Meeting emergency shelter needs provided a foundation from which they could start to rebuild their lives.



Upgrades of building elements such as doors and windows to ensure that buildings were better sealed off greatly improved winterization and protection.

STRENGTHS, WEAKNESSES AND LESSONS LEARNED

STRENGTHS

- √ **The organization always consulted women, girls, men and boys and Persons with Disabilities** on how interventions could meet their specific needs and take into consideration different protection risks.
- √ **A strong system for reviewing all documents ensured high program quality.** MOUs, HLP documents, BoQs, handover notes and the satisfaction surveys produced by the IPs were then reviewed by the organization, and BoQs sent to the donors. Once everything was signed off it was filed physically and digitally.
- √ **A strong process for monitoring implementation** was put in place, which included daily visits to sites from the organization's consultants and the IP's engineers, sharing of photos and videos, third-party monitor reports, and MEAL teams sending monthly reports attached to the partner's payment request.
- √ **The project had a strong feedback mechanism using WhatsApp and a Hotline.** Complaints were tracked and shared in daily flash reports with clear guidance developed on how to respond to issues.
- √ **Working through local partners** identified specifically for the program ensured a strong understanding and awareness of the changing context and challenges, this also allowed the project funds to stay within communities through use of local contractors and laborers, and sometimes also material vendors.
- √ **Providing a range of shelter support options** meant the project was flexible and could adapt to the context and changing emergency needs. What started as a Rapid Response Mechanism was adapted into a 2-year program with the donor topping up the funding for the shelter activities given the severity of the needs.

WEAKNESSES

- × **Suitability of some shelter interventions.** Shelter repair kits were not so suitable for families living in concrete framed buildings but were intended for families who may need to move again depending on the location of the front line. The scope of shelter support options was broadened to address the different situations of different IDPs.
- × **Long cycle of technical approvals consumed a lot of time causing delays** in responding to needs and losing access to locations.
- × **Some of the households' needs could not be met due to donor restrictions.** Plastering, tiling and painting were not permitted activities for household upgrades despite having important cultural and well-being impacts for Syrian society.
- × **Some donor standards were not suited to the context.** The types of housing units occupied by IDPs were concrete structures – this limited the organization from meeting 3.5m² of covered space per person – it was not possible to extend an already existing concrete structure.
- × **More durable shelter support needed.** Despite the project providing a wide range of shelter solutions, there was still need for more durable options which provide longer term security and protection and an ability to meet the evolving needs of those in long term displacement.

LESSONS LEARNED

- **Collaborate on donor's technical standards** in the planning phases and keep them as a live document which can be adapted over time. It is useful for standards to be developed with the Shelter/NFI Cluster and for donor technical staff to be encouraged to take part in Cluster Technical Working Groups.
- **There is a need to widen the scope of work** to provide more durable solutions and improved spaces for habitation, improved mental health and well-being, access and protection.
- **Remote implementation** was possible with strong communication mechanisms between project managers, field teams and contractors and having 2-way communication with households.
- **Framework agreements with service providers** could be put in place in different locations earlier on in the project to save time while still maintaining flexibility in when and where implementation could take place.
- **Working with donors to build in more flexibility in shelter options at proposal stage**, in order to be able to take solutions from the context itself and build on what IDPs are already doing, focusing more on process over product.