Allocation Strategy Paper
Syria Cross Border Humanitarian Fund (SCHF)
2020 1st Standard Allocation

Project Proposal Deadline: 26 May 2020 at 17:00hrs (Turkey time) on GMS only

Partners training will be organized as part of the allocation process to support the submission of good quality proposals in line with this allocation strategy.

ALLOCATION OVERVIEW

A) HUMANITARIAN SITUATION OVERVIEW

- Immense humanitarian needs remain for people in northwest Syria (NWS) despite a relatively calm security situation under the current ceasefire since 6 March. Short-term emergency needs of the people who have been displaced since December are increasingly compounded by longer-term needs across host and IDP communities, such as access to food, shelter and education;

- The worsening global economic situation is having a knock-on effect inside northwest Syria. The weakened informal exchange rate has had a serious toll on the prices of basic goods, for which northwest Syria is heavily dependent on imports, including rice, wheat, vegetable oil, medicines and petrol. Lack of employment opportunities, destroyed infrastructure, depleted savings further contribute to increasing economic stress on families to extremely worrying levels worsening an already dire situation amplifying disturbing trends such as increase in malnutrition rates;

- Of the nearly 1 million people who fled their homes to escape from hostilities between December and early March, some 840,000 people reportedly remain in displacement in the northern parts of Idlib governorate and in northern Aleppo governorate. This population comprises many vulnerable groups such as the elderly, persons with disabilities, and female or child-headed households. Though displacement has largely stopped, the humanitarian needs of the people who have been displaced and the pre-existing needs of the wider community remain extremely high;

- Some 141,000 people displaced in northwest Syria have returned to areas in Idlib and western Aleppo governorates from which they were displaced since 1 December 2019. This includes some 120,000 people who have voluntarily returned to their areas of origin and some 2,000 people who arrived back to areas to which they were previously displaced prior to the latest displacement. Nearly three quarters went back in the first half of April. Atareb in western Aleppo governorate and Ariha in Idlib governorate each received around a quarter of all who returned, with most others returning to Darat Azza in western Aleppo governorate and Sarmin, Ehsem, Jisr-Ash-Shugur and Mhambal in Idlib governorate. Many of their homes and much of the essential infrastructure was destroyed in these areas that people are returning to. There are few functioning basic services available and humanitarian needs in these areas are therefore very high, with delivery of assistance complicated as humanitarian partners were displaced away from these areas limiting the provision of essential services;

- The most urgent needs of the recently displaced individuals continue to be shelter, water, sanitation and hygiene, food and protection including all AORs. About one third of the IDPs who are identified as needing shelter support are accommodated in IDP settlements while another 150,000 people would benefit from similar accommodation. Another 157,000 people who are identified as needing support for shelter rehabilitation have not been reached yet.

- In terms of the COVID-19 pandemic, WHO classifies Syria as being at high risk. Although there have so far been no confirmed cases in NW Syria, there have been some confirmed cases in other parts of Syria and a surge of cases in neighboring countries such as Turkey. Infections in Syria are almost certain to rise, with a potentially catastrophic impact in the crowded IDP camps in northwest Syria and amongst a population that has suffered through more than nine years of conflict. This risk is heightened by its extremely fragile healthcare system. Already, the humanitarian response has been impacted with the precautionary measures taken by communities and partners, especially in
sectors such as Education and Protection. **Precautions introduced by local authorities include the closure of schools and some markets and reducing operations of businesses including restaurants and grocery stores.** Efforts continue to focus on preparedness and response planning to minimise potential impact of COVID-19 on communities and on humanitarian partners are ongoing and alternative modalities of delivery are being implemented.

### B) HUMANITARIAN RESPONSE PLAN

- **This allocation strategy was developed based on the most recent information from humanitarian partners and cluster consultations.** It also uses information from a number of sources including the draft 2020 HNO, weekly situation reports, HRP COVID-19 annex and various rapid assessments and tracking tools;
- The 2020 HRP is still in draft, however the objectives remain the same as last year and this allocation will align with these three 2020 HRP objectives;
  1. Provide life-saving and life-sustaining humanitarian assistance to the most vulnerable people with an emphasis on those in areas with high severity of needs;
  2. Enhance the prevention and mitigation of protection risks and respond to protection needs through supporting the protective environment in Syria, by promoting international law, IHL, IHRL and though quality, principled assistance;
  3. Increase the resilience of affected communities by improving access to livelihood opportunities and basic services, especially among the most vulnerable households and communities.
- During the allocation process, final decisions will take into consideration ongoing work related to the latest population figures and severity of needs.

### ALLOCATION STRATEGY

While displacement becomes more protracted, needs with longer term impacts are increasing in prominence; this standard allocation aims to **address both these sets of needs through immediate and slightly longer-term interventions to respond to high vulnerability level of a large part of the population living in northwest Syria.** In doing so, it will also focus on strengthening elements of the preparedness and response to the COVID-19 pandemic as well as to adapt the response modalities to ensure the continuation and expansion of the humanitarian response.

The allocation will focus on the **continuity of essential life-saving services and efforts to ensure dignified living conditions for the most vulnerable people** in northwest Syria in both place of displacement, and in places of origin in cases where people have returned. Interventions will be prioritized based on the most recent needs assessments while ensuring the integration of do no harm principles to mitigate vulnerabilities and build some element of sustainability into certain services such as WASH and Education. This allocation is also forward thinking with the inclusion of **winterization plans.** These will start in August given the lead times on the administrative and procurement processes.

The latest HNAP assessment conducted in March 2020 reported the **priority needs are shelter (63%), basic services (59%) and food (55%).** Accordingly, this allocation will align its response to meet these needs and ensure continuation of basic services prioritizing most vulnerable people and have a strong emphasis on **women and girls, people with disabilities and older persons and protection.**

**The allocation supports integration across all the clusters** to better address needs and provide a comprehensive response. It strives to enhance coordination and collaboration between clusters and partners, and aspires to be more than just the simple inclusion of multiple cluster elements within a project, but rather support an integrated approach that combines mutually supportive programme elements, either within a single cluster or a multi-cluster, to achieve a common result. For example, for the establishment of new camps, WASH, CCM and S/NFI clusters will coordinate form very early planning stages to ensure that comprehensive services are provided.

**Information on the humanitarian situation in northwest Syria is difficult to obtain and access to affected communities remains the main challenge.** The frequency and quality of current information flow are not consistent, while there are
many sources of information are only accessible from the ground. This allocation will also support relevant common service that supports the wider humanitarian community.

In this context of increased uncertainty caused by several factors, the allocation will prioritize interventions factoring in flexible and responsible programming to rapidly adapt to changes to continue the provision of adequate basic services. The OCHA Humanitarian Financing team will continue working closely with partners to reprogramme should the need arise. Prioritized projects will propose a suitable risk management plan, with a clear identification of internal and external risks and mitigation measures.

Interventions will be implemented according to cluster guidance and international humanitarian standards. New working modalities that include remote services and adjusted activities due to COVID-19 are supported and encouraged. Proposed interventions will be complementary to other SCHF ongoing projects (from reserve, standard and COVID-19 allocations) and CERF grants, including the SCHF funding allocated in the beginning of the year to support the emergency response through the funding of the Preparedness and Response Plan for North West Syria issued in October 2019.

Geographical locations will be prioritised according to the most recent needs assessments and vulnerability and severity mapping. During project reviews, the cluster coordinators and the OCHA HFU will ensure complementarity and avoid overlaps based on the mapping on SCHF ongoing projects and cluster databases and other sources.

To the extent possible, priority locations have been identified by clusters. The allocation decision-making process will look at locations prioritized in each and across cluster to ensure complementarity and avoid duplications. Interventions targeting high level of vulnerability and complementarity with other activities on the ground will be prioritized.

The maximum duration possible is 12 months for all projects funded under this allocation. Partners should ensure that the proposed timeframe matches with the project design and associated budget. All submitted project proposals should fit into the allocation strategic objectives.

### ALLOCATION BREAKDOWN

The DRHC, in consultation with the SCHF Advisory Board, has allocated **US$ 75 million** for this allocation and is allocated as follows:

<table>
<thead>
<tr>
<th>Cluster</th>
<th>(US$ million)</th>
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<tbody>
<tr>
<td>S/NFI</td>
<td>18</td>
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<tr>
<td>FSL</td>
<td>15</td>
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<tr>
<td>HEA</td>
<td>10</td>
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<tr>
<td>WASH</td>
<td>9</td>
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<tr>
<td>EDU</td>
<td>6</td>
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<td>CCCM</td>
<td>5</td>
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<td>PRO</td>
<td>5</td>
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<tr>
<td>ERL</td>
<td>4</td>
</tr>
<tr>
<td>NUT</td>
<td>2.5</td>
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<tr>
<td>CCS</td>
<td>0.5</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$75 million</strong></td>
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</table>

The funding allocated per cluster is indicative. While the situation on the ground remains very fluid, the SCHF will continue to monitor the situation on the ground to possibly readjust should the need arise, and new contributions are confirmed and project quality is obtained. Due to the high context volatility, partners are required to develop their project with a strong risk management strategy.
### CLUSTER STRATEGIES

#### CLUSTER | CCCM
---|---
**Objective** | 1. Improving camp management quality and accountability of IDP sites  
2. Strengthening basic infrastructure support in IDP sites including COVID-19 preparedness

**Main activities** |  
| a. **Establish new sites**
| 1. Land identification and verification;  
| 2. HLP due-diligence in coordination with Protection cluster;  
| 3. Engage in site planning in coordination with respective clusters for provision of relevant services;  
| 4. Set up camp management system (see below).  
| b. **Set up and improving camp management system: (existing and new sites)**
| 1. Set-up efficient and accountable camp governance and control system to facilitate provision of services;  
| 2. Set up of the camp management office and provision of tools, spare parts and support for the maintenance committees (i.e. office utilities, furniture, electrical energy, stationery, communications devices);  
| 3. Capacity building, including CCCM, information management, and on-job trainings courses for the camp management and information management teams;  
| 4. Set up IDP registration, monitoring services, information sharing, contingency planning and communication systems;  
| 5. Needs/gaps identified and shared with cluster and service providers (partners) to advocate to address all issues.  
| 6. Coordinate the response through provision of the necessary guidance for the best utilization and rationalization of the limited resources available and avoid overlapping.  
| c. **Maintain camp management activities in the reception centres in Idleb and Aleppo**

**Cluster-specific Guidance** |  
| • Be an active member of CCCM Cluster as per agreed standards, and preferably one of the land identification task force members;  
| • Ensure all in-site activities are carried out in coordination with CCCM cluster and fully in line with international standards;  
| • Ensure proposal are developed based using available sites information from the CCCM database. Further/specific information can be provided by the CCCM cluster and any new data collection to be in coordination with CCCM cluster;  
| • CCCM cluster is providing guidance, e.g. what is needed and where, moreover the estimation of numbers is determined and calculated based on the actual needs and based on the international standards.

#### CLUSTER | CCS (Coordination and Common Services)
---|---
**Objective** | Support cross-border coordination and follow on the quality of delivery through existing initiatives

**Main activities** | Engage with humanitarian responders, the affected population and key informants in NWS to gather information and support humanitarian coordination efforts to ensure people’s needs are being met in a timely manner;  
| • Gather and share information on humanitarian needs, response, and gaps and issues from the perspective of the affected population;  
| • Support the two-way information flow between humanitarian responders and other relevant stakeholders in the field on people’s needs, response plans, needs assessments, and efforts to address humanitarian access constraints.  
| • Support trainings of humanitarian responders by organizing and facilitating SAFFE training activities in English, Turkish and Arabic.

#### CLUSTER | EDUCATION
---|---
**Objective** | 1. Provide access for girls/boys to informal life-sustaining equitable education and learning opportunities before, during and after COVID-19;  
2. Improve quality and relevance of education settings with a protective environment

**Main activities** | During COVID-19:  
| • PSS (Psychosocial Support) and SEL (Social and Emotional Learning) activities (through PSS facilitators online communicating with families, providing online tools and reporting to school management and field workers and if there is no online system, children to be provided with some recreational materials such as short stories and paintings);
• Provision of distance Learning including internet package coverage based on cluster guidance
• Provision of teacher incentives as and when required and justified, and in line with cluster’s standards and SCHF budget guidance;

After COVID-19:
• Provision of additional temporary learning spaces and furniture (for overcrowding and facilitate social distancing)
• Implement comprehensive health and hygiene protocols and awareness raising
• Back to school campaigns
• Provision of school operation cost and school furniture
• Rehabilitate, expand and establish new temporary learning facilities along with WASH facilities
• Provision of formal and non-formal education (both for primary and secondary school level)
• Provision of teacher and student kits
• Provision of winterization needs in school (heaters and distribution of fuel)
• Provision of school staff incentives (both for primary and secondary school)
• Provision of PSS activities
• Provision of remedial and catch-up classes to assist children getting back to the level of their grades after such challenging period of studying
• Train teachers and other school staff on signs of distress to enable them to identify and refer children who may have specific child protection needs
• Supporting school exams for all grade children (in particular 9th and 12th grade)
• Provision of teacher and school staff training for who have never previously received or need refreshment (INEE, PSS and Safety trainings)

Cluster specific Guidance
Refer to the Education Cluster guidance for:
2. Teacher incentives guidance - https://drive.google.com/open?id=10fkCEKzaOogInSKWDlp582zYDWqZi2gPd
3. Integration of CP and PSS into Education programmes in camp and non-camp settings of NW Syria - https://app.box.com/s/p90ke46zzk691nl3z7wh8xe6twjpn8
5. WASH in Schools - https://app.box.com/s/p90ke46zzk691nl3z7wh8xe6twjpn8
6. Education in Camps - https://app.box.com/s/p90ke46zzk691nl3z7wh8xe6twjpn8

CLUSTER Early Recovery and Livelihoods

Objective
To address both pre-existing challenges due to the ongoing emergency and mitigate the impact of Covid-19 crisis on most vulnerable IDPs, host communities and returnees:
• Strengthen access to livelihoods by creating inclusive income generating opportunities and by improving access to production and market infrastructure to restore local economy recovery;
• Promote social cohesion through working for and with communities.

Main activities
Access to livelihoods
• Creation of short-term work opportunities, particularly through Cash for Work modality, possibly, but not exclusively, linked to rehabilitation works improving access to basic and social services;
• Support to businesses both in urban and rural environments through:
  o Start-up support through grants or micro-credit
  o Support micro-businesses/business, including shop keepers, to contain the impact of the Covid-19 on their activities;
• Market-based modalities assistance to vulnerable HHs;
• Provision, until preventive social distance measures are in place and where technical conditions allow for, of online tools for consultations, training, orientation and knowledge transfer aiming at both vocational and skills training to favor access to livelihoods opportunities

Social Cohesion
• Provision of online support addressing social cohesion and conflict-sensitivity initiatives to the benefit of IDPs, host communities, and returnees (until preventive social distance measures are in place and where technical
conditions allow for), including through assessment of social “connectors” and “dividers”, PSS, and providing information on containment, prevention and response to COVID-19.

<table>
<thead>
<tr>
<th>Cluster-specific Guidance</th>
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<tbody>
<tr>
<td>• Focus on the interventions should be on female households, adults with disabilities, vulnerable HHs where early marriage and children labour are most likely to occur;</td>
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<tr>
<td>• <strong>Ensure synergies with other Clusters:</strong></td>
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<tr>
<td><strong>Child Protection Sub-Cluster</strong></td>
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<tr>
<td>• In close and articulated coordination with Child Protection sub-cluster/actors, design livelihoods activities that target, among others, the most economically vulnerable IDPs, returnees, and host communities’ households where cases of children vulnerability are being managed by child protection case management actors (for example children working or at high risk of child labour, children associated with armed forces and groups – CAAFAG -, amongst others);</td>
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<tr>
<td><strong>Food Security and Agriculture</strong></td>
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<tr>
<td>• Building on the successful integration exercise and best practices following the 2019 2nd Standard Allocation, it is encouraged, in close coordination with FSA cluster/actors, to:</td>
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<tr>
<td>o Design livelihoods activities that target, among others, the most economically vulnerable IDPs, returnees, and host communities’ households that are currently targeted or have previously targeted with food assistance to enhance linkages between food assistance and livelihoods;</td>
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<tr>
<td><strong>Shelter</strong></td>
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<td>• In close and articulated coordination with Shelter cluster/actors, promote access to livelihoods activities that would contribute to the supply of shelter-related material/services (e.g. welding/carpentry made material, blocks, electricity, etc.) including through start-up/support to businesses and related employment opportunities.</td>
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<thead>
<tr>
<th>CLUSTER</th>
<th>FSL</th>
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<tr>
<td><strong>Objective</strong></td>
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<tr>
<td>• Improve the food security status of assessed food insecure people through lifesaving and life-sustaining food assistance;</td>
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<tr>
<td>• Support self-reliance of affected households by protecting and building productive assets and restoring or creating income generating opportunities to save and sustain lives.</td>
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<tr>
<td><strong>Main activities</strong></td>
<td></td>
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<tr>
<td><strong>Food Assistance:</strong></td>
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<tr>
<td>a. Cash based transfer modalities: i) Multipurpose cash, ii) food voucher, iii) cash for food in the areas where markets are functional;</td>
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<tr>
<td>b. Food basket and Ready to Eat Rations (RTERs)</td>
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<tr>
<td>c. Consideration of the following measures related to COVID-19:</td>
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<tr>
<td>• Addition of soap to the food baskets and RTERs (175 grams of soap per family per week according to WASH cluster’s recommendations);</td>
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<tr>
<td>• Increased value of voucher and cash to cover the soap cost according to the number of family members;</td>
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<td>• Address food assistance to those people who are in quarantine because of COVID-19;</td>
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<tr>
<td>• Sticking brochures on the food basket or RTERs instead of distributing the brochures separately.</td>
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<tr>
<td><strong>Agriculture:</strong></td>
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<tr>
<td>a. Supporting the value chains (wheat, olive, legumes, and vegetables) throughout three phases:</td>
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<tr>
<td>• Inputs: Distribution of agriculture inputs including irrigation and harvesting costs, provision of technical extension sessions;</td>
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<tr>
<td>• Processing: Rehabilitation of bakeries, flour mills, and silos for storages;</td>
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<tr>
<td>• Marketing: To locally purchase wheat from farmers and use the purchased wheat either in bread production (through a contract with flour mills and bakeries) or in wheat cultivation for next season by contracting new farmers.</td>
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<tr>
<td>b. Supporting inter-cropping agriculture system that includes small-medium farming activities.</td>
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<td><strong>Livestock:</strong></td>
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<tr>
<td>a. Addressing availability and affordability of animal feed and support for local feed and fodder production,</td>
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<tr>
<td>b. Livestock value chains with priority on smallholder dairy and poultry value chains</td>
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<tr>
<td>c. Animal health with priority on livestock vaccinations (PPR, Enterotoxaemia, Lumpy Skin Disease, FMD, Sheep Pox, Pasteurellosis, Brucellosis), training and support for veterinary service providers.</td>
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<tr>
<td><strong>Irrigation:</strong></td>
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<tr>
<td>a. Rehabilitation of canals, wells, and pumps to sustain farming through cash for work and service providers,</td>
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</tr>
</tbody>
</table>
b. Supporting the participatory irrigation.

Livelihood (related to agriculture, livestock, and irrigation):

a. Income-generating activities such as:
   - Cash for work activities that create linkages and synergies among irrigation, harvesting, rehabilitation of the canal, flour mills, bakeries, and silos.
   - Small business grants,
   - Food processing activities targeting mainly female headed households.

b. These livelihood activities should support the host communities, IDPs and newly IDPs (since December 2019) who have been living in the IDPs sites, in coordination with the CCCM cluster.

### Cluster-specific Guidance

<table>
<thead>
<tr>
<th>FSL partners must follow the below guidance:</th>
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<tbody>
<tr>
<td>1. FSL partners shall put in place the prevention and mitigation measures related to COVID-19 in the field work and programs, including the provision of soap (family quantity) to food baskets;</td>
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<tr>
<td>2. Priority to target those IDPs that have been assisted with one-off food distribution only, and they currently need regular food assistance;</td>
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<tr>
<td>3. Keep supporting IDPs on regular food assistance programs for 12 months;</td>
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<tr>
<td>4. Target returnees that were able to return to their areas of origin and in need of food/assets support;</td>
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<tr>
<td>5. Target HHs that are prioritized for livelihood support activities, while shifting from food assistance;</td>
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<tr>
<td>6. Target the host communities who have already eroded their assets and resources due to the influx of displaced people and due to challenging economic situation;</td>
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<tr>
<td>7. Apply Protection recommendation in the programs implementation and consider the GBV referral cases in the distribution criteria.</td>
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<tr>
<td>8. Coordinate with the ERL Cluster to</td>
</tr>
<tr>
<td>a. Target beneficiaries who shifted to livelihood activities (non-agriculture, livestock, irrigation ones) to enhance the integration between food security and early recovery:</td>
</tr>
<tr>
<td>b. Design livelihoods activities that target, among others, the most economically vulnerable IDPs, returnees, and host communities’ households that are currently targeted or have previously targeted with food assistance to enhance linkages between food assistance and livelihoods;</td>
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### CLUSTER HEALTH

Objective

- Maintaining essential health services during an outbreak (Pillar 9 of COVID 19 Preparedness and Response Plan):
  Continuation of essential and lifesaving’ interventions including: critical inpatient therapies; management of emergency health conditions; reproductive health services including care during pregnancy and childbirth; vaccination activities, care of older adults and people with disabilities; management of mental health conditions as well as non-communicable diseases and infectious diseases like TB; and auxiliary services like basic diagnostic imaging, laboratory services, and blood bank services, among others.
- Maintain availability of essential medications, equipment and supplies.
- Capacity Building aimed to improve the quality and effectiveness of emergency preparedness and response by improving field-level capacity, collaborating with other partners and organizations and enhancing resources for field set-up, improved accountability and trainings toward building resilience to crises.

Main activities

- To continue the provision of essential and lifesaving’ interventions to all, with attention to vulnerable groups by filling the gaps in service delivery by supporting health facilities and health care workers.
- To maintain availability of essential medications, equipment and supplies.
- To support capacity building of humanitarian partners and healthcare workers to strengthening the skills, resources, and abilities that allow an organization and its workers to grow and thrive.
- Alternative models for delivery of healthcare could be promoted, including identification of simple high-impact interventions, for e.g. process reengineering such as to facilitate safe task sharing within the scope of practice (human resources are not going to increase in the near-future with travel bans), or delivery through other platforms to ensure treatment continuity for chronic patients or modalities ensuring a continuum of care approach etc.

Cluster-specific Guidance

Partners must ensure the below is included in submissions:

- No new health facilities, unless justified by population (est. ca. 20,000) and humanitarian needs.
- Facilities must have a facility ID code (HeRAMS) established and must be included in proposal.
- 4Ws and HeRAMS must be up to date with at least 3 months in 2020 reporting.
- Turkey-based staff must be only direct project support.
<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>NUTRITION</th>
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| **Objective** | • Ensure continuity and increased coverage of services for treatment of acute malnutrition (SAM and MAM) among children aged 6-59 months;  
• Ensure continuity and increased coverage of services for management of acute malnutrition among pregnant and lactating women (PLW);  
• Increased delivery of life-saving nutrition services in high needs and remote locations through Rapid Response Teams (RRT) including screening and referral, micronutrient supplementation and infant and young child feeding in emergencies (IYCF-E);  
• Support partners to implement nutrition programmatic adjustments in the context of COVID-19 aimed at mitigating the risk of infection while ensuring continuity of life-saving nutrition services. |
| **Main activities** | • Nutrition response alterations, and introduction of new activities to mitigate the risk of COVID-19 infection;  
  o Roll-out of a family MUAC approach in which caregivers, PLW and family members are trained on MUAC screening and referral;  
  o Use of additional platforms such as mobile text messages, radio, TV, and social media to protect, promote and support IYCF-E;  
  o Strengthen household follow ups by CHWs for SAM and MAM cases receiving a monthly Ready-to-Use Food (RUF) ration;  
  o Frontline activities including structural adjustments in the nutrition sites to ensure recommended distancing and other IPC measures.  
• Scale up of static activities for improved maternal and child nutrition particularly in unreached or less covered sub-districts focusing on treatment of acute malnutrition among children 6-59 months and PLW, and multiple micronutrient supplementation (MMS);  
• Procurement and prepositioning of at least 2-3 months’ stocks of essential nutrition commodities in NWS (e.g. RUF, LNS, MMS, iron and folic acid, etc.);  
• Enhanced synergies between Nutrition, Health, WASH and FSL clusters on implementing an integrated response that addresses the immediate and underlying causes of acute and chronic malnutrition;  
• Capacity building of partners and frontline staff on IYCF-E and CMAM programming in the context of COVID-19. |
| **Cluster-specific Guidance** | • The nutrition response is being implemented under an operational guidance that stipulates adaptations in the context of COVID-19 in order to mitigate the risk of infection while ensuring continuity of life saving nutrition services particularly services for treatment and prevention of acute malnutrition, micronutrient supplementation, and IYCF-E.  
• A taskforce within the nutrition cluster was also formulated to provide a forum for coordination, technical oversight and streamlining of the nutrition cluster response adaptations during the COVID-19 outbreak. The taskforce represents the nutrition cluster to Pillar 2 (RCCE) and 7 (IPC) under the Health Cluster Preparedness and Response Plan.  
• The nutrition cluster is working closely with UNICEF and WFP to enhance upstream and downstream core pipeline for nutrition supplies and pre-positioning within NWS.  
• The cluster has also reactivated three technical working groups (CMAM, IYCF-E, and Assessments & Information Management) to provide technical oversight and ensure improvements in the quality of service delivery.  
• The cluster is currently working closely with FSL and WASH clusters to explore opportunities for integration in line with the HRP strategies and enhance response synergies in the context of COVID-19.  
• The coverage of life saving nutrition services is particularly low in the districts of Ariha, Jisr-Ash-Shugur and Al Bab. The sub-districts of Jarablus, Qourqueena, Maaret Tamsrin, Armanaz, Maaret Tamsrin, Jisr-Ash-Shugur, Salqin, and Dana have very high rates of acute malnutrition and therefore require urgent scale-up.  
• The sub-districts of Ar-Ra’ee, A’rima, Tadaf, and Sheikh El-Hadid don’t have services for treatment of MAM while 5 sub-districts are covered by UNICEF as the Provider of Last Resort (POLR) and 20 sub-districts have mixed UNICEF (POLR)/WFP. |

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>PROTECTION</th>
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<tbody>
<tr>
<td><strong>Objective</strong></td>
<td>Promote rights, resilience, and inclusion by strengthening community-based protection interventions and providing individually targeted, life-saving protection assistance for persons with specific needs.</td>
</tr>
</tbody>
</table>
| **Main activities** | **Continuation of protection activities with precautionary measures.**  
**General Protection:**  
1- Community-based approach: |
a. Community-based protection activities through already running community centres and mobile outreach teams. Both should be an essential entry point for the community and vulnerable people for access to information and services;

b. Conduct referrals and accompaniment of persons of concern to services and to specialized protection services;

c. PSS through mobile teams and static centres should be limited, in case of COVID-19 restrictions, to individual PSS as part of the case management support;

d. Service referrals though referral to specialized services for cases identified through protection monitoring, at community centres, through other forms of outreach, or established protection community committees;

e. Awareness-raising on civil documentation/registration, housing/land/property issues, and other legal concerns in community centres or through mobile outreach teams, in line with humanitarian principles, particularly neutrality, impartiality, and “do no harm”;

f. Awareness-raising targeting frontline humanitarian workers and key stakeholders on civil documentation and HLP issues;

g. Key messaging and awareness raising targeting beneficiaries in direct contact with humanitarian workers on the Prevention of Sexual Exploitation and Abuse.

2- Protection monitoring

a. Continue conducting protection monitoring activities in line with Protection Monitoring Task Force (PMTF) standards, focusing on areas to which the Protection Cluster has limited access;

b. Provide information sharing/awareness raising on key protection considerations and available services which are accessible for all;

3- Case management:

a. Conduct comprehensive case management for individuals that do not fall under GBV or CP case management, including people with specific needs such as persons with disabilities and older persons, in line with protection cluster Guide recommendation to implement Case management during COVID 19 situations.

4- Individual protection assistance:

a. Material or in-kind assistance, including cash for protection to mitigate protection risks and address Individual / family protection needs. Reduced access to assistance and services may heighten the risk of resort to negative coping mechanisms, as well as reduced economic opportunities due to COVID-19 situation, making this assistance especially relevant.

Gender-based Violence:

- Continuation of Women and Girl Safe Spaces (WGSS) and implementation of safety measures;
- Provision of GBV case management services; both in person and remotely according to the COVID-19 response stage outlined in the GBV SC guidance note on GBV service provision in time of COVID-19;
- Expand outreach services to cover groups of people who can be reached through the WGSS including older women, women and girls with disability and men and boys (with GBV prevention services);
- Engaging women and girls in making COVID-19 prevention IEC materials (e.g. masks);
- Integration of GBV risk mitigation actions in the interventions related to COVID-19 implemented by other clusters;
- Assisting women and girls through IPA service to be able to address their basic needs;
- Conducting trainings for staff on Psychological First Aid (PFA) and GBV referrals;
- Conducting trainings of first responders on how to handle disclosures of GBV and referral pathways. Health workers who are part of an outbreak response must have basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care;
- Increasing availability of remote staff well-being services.

Child Protection:

- Improving the quality of child protection services, to address the specific protection needs of children who are survivors or at risk of violence, abuse and exploitation through:

Case management services addressing children and caregivers’ vulnerabilities that are related to disability, physical/psychological injuries, severe neglect, and lack of appropriate care, family separation (Including expected separation due to COVID19) and immediate risks of worst forms of child labor, child recruitment and child marriage.

The intervention will:

i) Identify and address vulnerabilities including family separation or children left without their primary caregiver due to illness, hospitalization or bereavement/death of a parent or primary caregivers.
(ii) Continue to deliver integrated and coordinated services including referrals and conduct regular follow-up;
(iii) Continue to address pre-existing protection concerns including worst forms of child labor and those aggravated by COVID-19;

Case Management is to be delivered in a central and systematic way in line with existing guidance. Referrals to specialized services should include health, livelihoods, education, amongst other.

1. Raise the awareness of affected communities on CP concerns through mobile teams and child protection networks.
2. Contribution to Child protection situation monitoring activity led by child protection monitoring working group.
3. Capacity building to CP workers on communication and service delivery during the situation of COVID19.
4. PSS activities through distribution of PSS kits, Recreational kits, ECD and adolescent kits to children (door to door) module and PSS service delivery through online methods (Procurement only for PSS kits in limited locations- other materials available in UNICEF warehouses)
5. Create and Design set of videos (16-20 videos- 30 to 40 Min) contain the curriculum of PSS structured activities in friendly way and should be aligned with the Syrian context (This one will be used for all the Child protection sub-cluster members)
6. Establishment of Child Protection Emergency focal point system to provide support of child protection sub cluster materials distribution, referrals, utilization guidance and communication with emergency focal points.

Priority will be given to:

1. Continuity of ongoing activities and projects that include existing case management teams and CFS at the following districts (Afrin, Albab, Ariha, Azaz, Harim, Idleb, Jebel Seman, Jisr Ash shugur)
2. Expand the specialized services (Emergency case fund and CP Case management)
3. Establishment of CP services focusing on specialized service at the following locations:
   a. Jarablus District (Mainly the sub-district around Jarablus sub-district)
   b. Jisr Ash Shughour District
   c. Al-Bab Sub-district

Synergies with other clusters:
ERL: Referrals, follow up and care plans from case management to ERL for cases of child labor, children at risk of child labor and cases of children in most vulnerable households, including worst forms as well as CAAFAG cases It is mandatory to check and meet the CP technical criteria and requirements in the Annex.

Mine Action:
1. Conduct tailored risk education and risk awareness for at-risk groups, including IDPs.
2. Conduct risk awareness through alternative/alternative-online/indirect modalities (Videos, brochures, social media).
3. Provide specialized services (emergency and continuing medical care, physical rehabilitation, MHPSS) in coordination with the relevant working groups (physical rehabilitation and disability working group, trauma and rehabilitation working group and disability working group) and promote the inclusion of persons with disabilities, including survivors of explosive hazard accidents through livelihood opportunities and other services as applicable.
4. Conduct accident & incident data collection to ensure specialized VA services are provided to people most in need including referrals and case management.
5. Contamination impact survey to assess absence of explosive contamination in health facilities and camps and ensure safety of aid respondents and affected populations.

Cluster-specific Guidance

| 3- | Protection monitoring reports- Dashboard |
| 4- | Technical eligibility criteria and minimum standards |
|   | o Submitting organization(s) has/have been implementing related protection programming and reporting to the Cluster via the 4Ws for a minimum of the last three months |
|   | o Organization(s) planning to provide information or counselling related to civil status documentation and/or housing, land and property commit to (forthcoming) Cluster SOPs and participate in the HLP technical working group. Further, the organization(s) must commit to hiring individuals with legal qualifications to be in charge of such activities. |
|   | o Organization(s) planning to conduct protection monitoring must join the Protection Monitoring Task Force and adhere to the referral SOPs |
Organization(s) planning to provide individual protection assistance commit to (forthcoming) Cluster guidance and if providing cash and/or small business support, participate in the cash-based response technical working group and liaise with the Early Recovery Cluster. Organizations must have a plan for identification and mitigation/prevention of SEA risks in proposed activities. They must have membership in PSEA network with assigned focal point, or otherwise commit to active membership for the duration of the implementation. They must consult with PSEA Network on risk assessment and mitigation.

5. Child Protection Case Management SOPs
6. Child Protection Sub-Cluster Emergency Case Fund SOPs
8. Protection considerations for community Based Isolation Centres.
9. GBV SC guidance note on GBV service provision in the time of COVID-19
10. IASC Six Core Principles Relating to Sexual Exploitation and Abuse
11. IASC Interim Guidance on COVID-19 – Protection from Sexual Exploitation and Abuse

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>SHELTER/NFI</th>
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</thead>
<tbody>
<tr>
<td><strong>Objectives</strong></td>
<td>- Provide life-saving and life-sustaining shelter and NFI support; - Contribute towards the resilience and cohesion of communities and households by improving housing and related community/public infrastructure.</td>
</tr>
<tr>
<td><strong>Main activities</strong></td>
<td><strong>Shelter/NFI</strong></td>
</tr>
<tr>
<td></td>
<td>- Provision of core and essential NFIs; - Provision of core/ essential and seasonal/ supplementary NFIs; - Provision of seasonal and supplementary NFIs including heating fuel; - Provision of winter shelter kits, Sealing off Kits (SOKs) and materials; - Installation of tents or other suitable shelters (e.g. the “Refugee Housing Unit” or other transitional shelters that offer more dignified living conditions including greater privacy); - Emergency shelter upgrade (ground levelling, ramps, thermal insulation); - Distribution/installation of emergency shelter materials/kits; - Rehabilitation of collective centres; - Upgrading of unfinished buildings ensuring accessibility for people with disabilities in all buildings, privacy and safety for all vulnerable groups (wherever possible, link rehabilitation with free rental for IDPs); - Rehabilitation of damaged houses ensuring accessibility for people with disabilities in all buildings, privacy and safety for all vulnerable groups (wherever possible, link rehabilitation with free rental for IDPs); - Training of stakeholders on resilience and quality oriented NFI skills and capacities; Cash based transfer modalities: i) Multipurpose cash, ii) food voucher, iii) cash for NFI in the areas where markets are functional. - Construction/rehabilitation of community infrastructure in camps (drainage, roads, light, etc.)</td>
</tr>
<tr>
<td><strong>Multisectoral intervention</strong></td>
<td>- Establishment of new camps - Expansion of existing camps - HLP</td>
</tr>
<tr>
<td></td>
<td>- Undertake due diligence and achieve as much legal certainty about tenure as possible before all shelter interventions (installation of tents, gravelling, shelter rehabilitation/upgrade, etc.).</td>
</tr>
<tr>
<td><strong>Cluster-specific Guidance</strong></td>
<td><strong>Protection, GBV, and extremely vulnerable groups:</strong></td>
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<tr>
<td></td>
<td>- The project proposal should explain clearly the mitigation measures to prevent sexual exploitation and abuse including from construction workers/landlords, in camps, outside of camps, for the shelter rehabilitations or for free rental activities, etc. - The applicants should include in the proposal the name of the organization they would refer protection cases to. If the organization has a MoU with the protection agency, the MoU should be attached. - For projects targeting women headed households, or other groups at risk of GBV such as people with disability, the projects should mention how the projects will provide better protection for those groups and how people with specific communication needs such as those with hearing and/or intellectual impairment can report. - The project should prioritize the people with special needs, with disabilities and older people. It should also address their needs with specific solutions.</td>
</tr>
</tbody>
</table>
HLP Due Diligence:
Due diligence should be included in programme design and implementation in order to achieve as much legal certainty about tenure as possible (the “secure enough” approach), given the context and constraints. The objective is to ensure security of tenure by verifying the ownership of the land or shelter and get the authorization for the IDPs to stay for a suitable period of time.
- Explain for which interventions will you carry out HLP due diligence?
- Explain how your organization will practically carry out due diligence (please provide practical details such as practical steps taken, human resources involved, time frame, capacity (for example, ‘In line with the cluster guidance’ is not an acceptable answer).
- Which actors does your organization involve in your due diligence and to which extent?
- In case of absent owner or difficulties to identify the rightful owner, which step would your organization take to finalize the due diligence?

Modalities:
The project proposal should explain which modality will be used (cash, voucher, in-kind, cash for work, contractor, etc.). Justification should be provided to explain how the chosen modality would have a better impact. In addition, the applying organisation must be able to demonstrate sufficient experience in the chosen cash modality.
Shelter projects should be coordinated with other WASH actors to ensure that people receiving shelter assistance such as tent would also receive other needed services.

Follow the SNFI Cluster recommendations regarding covid-19. Guidance is available on the SNFI Cluster website.

Priorities:
The SNFI Cluster prioritized the response of newly displaced people in the past year due to the ongoing displacement. The number of protracted IDPs in need of replenishing of based needs items (NFI) and tent replacement should be included in addition to the ongoing emergency response to newly displaced.
It is also important that the inclusion of host community for basic needs assistance and shelter activities that aim at improving the adequacy of shelter units is considered in order not to create tension between different groups of the population in NWS.

Emergency shelter and NFI: the targeted population is all newly displaced IDPs and/or arrived returnees with life-saving NFI needs, especially of marginalized and particularly vulnerable people, including people with disabilities and GBV cases as well as other emergency cases within the host communities. Where possible the ratio should be close to 70% IDP/returnee and 30% Host communities.

Shelter rehabilitation/upgrades: vulnerable HHs living in unfinished or damaged buildings, collective shelters and newly arrived IDPs or IDPs living in extreme overcrowded conditions moving to shelter extensions and newly rehabilitated or finished shelters. Particular attention to returnees, whether localized or not, to contribute to their resilience and reduce their dependency as well as targeting and considering special needs of marginalized and particularly vulnerable people, including people with disabilities and GBV cases as well as other emergency cases. Wherever possible, link rehabilitation with free rental for IDPs.

Capacity building: Increase the overall capacity of the cluster to respond to the Shelter/NFI needs according to humanitarian principles (including Protection, GBV, and extremely vulnerable groups and cross-cutting issues), the target is Syrian NGO shelter staff teams and\or individuals in both Turkey and NW Syria.

Target:
NFI / Winterization: 160,000 individuals
Shelter: 105,000 individuals
Infrastructures: 375,000 individuals

Locations:
- Sub-districts with the largest number of people in need of shelter assistance should be prioritized.
- Permanent infrastructures, rehabilitations should be first implemented in areas far away from the frontline.
<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>WASH</th>
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<tbody>
<tr>
<td><strong>Objectives</strong></td>
<td>Ensure continuous access of affected IDPs and host communities to essential and minimum quality WASH services in and off camps through provision of life-saving activities; Ensure safe access of IDPs, host communities and returnees to WASH services through rehabilitation and operational support to existing WASH infrastructure in key locations.</td>
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| **Main activities** | Ensuring continuous access of affected IDPs to essential and minimum quality WASH services in and off camps through provision of life-saving activities this in considering a proper shift towards more sustainable interventions, like connecting camps and informal settlements to existing nearby water and sanitation networks: |
| | Where feasible, provision of water by water trucking for a limited period of time while connecting camps and informal settlements to nearby existing water systems/networks and/or boreholes (If applicable, Include the installation of high elevated concrete water tanks if in a cluster of camps) while installing/connecting to nearby systems; |
| | Increasing the storage capacity at camp and household level as well as informal settlements; |
| | Operational support to existing water, sanitation and solid waste management systems; |
| | Distribution of Hygiene kits and jerry cans, ensuring that plans will cover both full and supplementary kits distribution for the total length of the project; |
| | Improving sanitation facilities in camps and informal settlements through latrines construction, rehabilitation and maintenance (20-25 people per latrine); |
| | Construction, rehabilitation and periodic desludging of septic tanks; |
| | Solid waste management including provision of communal garbage bins; |
| | Installing solar power systems either fully or as a part of a hybrid power system aiming to reduce the high cost of consumable support and better sustainable access to water services; |
| | Implementation of proper drainage and sewage lines. All locations should not have any open sewerage channels passing inside/close to the camp; |
| | WASH Cluster, through this allocation, would like to explore a pilot project of proper solid waste management both at household and landfill/dumpsite level in one of the formal camps in NWS, as follows: |
| | o Proper waste segregation at household level Including awareness campaigns and related activities and provision of different color communal waste bins |
| | o Segregated waste treatment with the idea to support small income initiatives |
| | Additional distribution of soap and cloth detergents in line with the WASH cluster recommendations. |

| **Ensure safe access of IDPs, host communities and returnees to WASH services through rehabilitation and operational support to existing WASH infrastructure in key locations:** |
| | Rehabilitation and operational support to water and sanitation systems, including expansion of water and sanitation networks; |
| | Connecting existing utilities such as schools, health facilities, nutrition centers, protection centers, etc. to existing water and sanitation networks; |
| | Establishment of tariff system if feasible; |
| | Distribution of communal garbage bins and supporting collection and disposal mechanisms; |
| | Participation to multi-purpose cash transfer projects with other sectors |

| **Ensure health facilities and isolation centers are equipped with proper adequate WASH facilities and proper medical waste management:** |
| | Increasing the water storage capacity of all health facilities to ensure proper hand washing and cleaning behavioral activities are adequate. |
| | Increasing/improving the sanitation facilities and hand washing points including constructing latrine blocks in the health facility premises outside the building. |
| | Connecting (new) health facilities to nearby water and sanitation systems. |
| | Risk communication and proper Hygiene promotion activities ensuring physical distancing and COVID related recommendations from the WASH Cluster, through mass media, social media, awareness sessions, etc. |

| **Cluster-specific Guidance** | All submitted projects need to be developed based on proper needs assessment, and findings to be attached to the project documents (requests for support from local councils and camp managers are not enough). |
• Water per capita share should be 35 L/p/d. As for the summer season, WASH Cluster recommends an increase to 40 L/p/d in camps and informal settlements. As for communities, WASH Cluster recommends a per capita share should be 40-45 L/p/d.

• Projects in camps and informal settlements that were connecting to nearby water systems is not applicable and must be discussed with the cluster coordination team prior to submission.

• Concerning sanitation, WASH Cluster recommends a ratio of 20-25 people per latrine as follows:
  1. Constructed latrine blocks to include a max of two cabins per block, to increase the ownership of the IDPs and to reduce the cleaning and regular maintenance of latrines.
  2. Separate latrine blocks for people with disabilities with proper access (ramp).
  3. Prefabricated latrines to be a maximum of four latrines per block.
  4. Protection measures to be in place for all types of latrines (proper lightning, door locks, gender separation, etc.). In addition, latrine blocks need to be discussed and agreed with targeted population prior to installation and must be close to the IDPs residence.

• All constructed/existing septic tanks need to address the following:
  1. Concrete cover and lid. Do not install metallic covers/lids
  2. Septic tanks need to be properly designed with proper walls (Blocks or concrete) to avoid collapsing of the pit walls.

• For establishment of tariff systems, follow the WASH cluster document on cost recovery and tariff systems setup including using the multi-purpose cash grant for vulnerable and in need families.

• WASH Cluster does not recommend drilling new boreholes. Any projects including drilling must be discussed and approved by the WASH Cluster prior to submission.

• WASH cluster recommends proper field staffing to monitor implemented activities. Implementing organizations are also accountable to maintain presence and properly monitor the projects in all their targeted locations throughout the entire project duration and improve the quality of all WASH services and constructed facilities.

• All relevant stakeholders need to be involved in the design, implementation and handover process of the project.

• For multi-sectoral projects, proposals need to present proper separation between activities related to different sectors.

• All constructed facilities need to be supported by designs and BoQs attached to the project documents. Projects including solar systems, need to be supported by a proper study.

• In the project summary, explain briefly how the project will be implemented and provide clear and brief explanation.

• Hygiene kit contents need to be supported by proper analysis and verified based on actual feedback from the field.

• All projects need to include soap and detergents distribution following the WASH Cluster recommended prevention measure for COVID 19.

• The link to cluster documents/guidance:
  https://www.dropbox.com/sh/frs4jca7cllp4my/AABzCu1poQA5QTPad7f8DYt-a?dl=0

A detailed gap analysis will be used during the selection process to narrow down the focus to the most in need area and beneficiaries.

**TIMELINE AND PROCEDURE FOR SUBMISSION**

- This allocation will follow the timeline detailed below.

<table>
<thead>
<tr>
<th>Step</th>
<th>Date</th>
<th>Responsible</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>Strategy</td>
<td>27 Apr – 12 May</td>
<td>SCHF, DRHC</td>
<td>Allocation Strategy Development In consultation with the clusters the SCHF drafts allocation strategy, shares with the advisory board for comments and approved by the DRHC</td>
</tr>
<tr>
<td>Development</td>
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<tr>
<td>Allocation</td>
<td>12 May</td>
<td>SCHF</td>
<td>Release of Allocation Paper and launch of the allocation SCHF disseminates allocation paper to the relevant partners. Partners to submit proposals aligned with the strategy</td>
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<tr>
<td>Launch</td>
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## Proposal Submission

<table>
<thead>
<tr>
<th>No.</th>
<th>Date (May 2020)</th>
<th>Parties</th>
<th>Description</th>
</tr>
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</table>
| 3   | 13 – 26 May     | Partners SCHF | **Partner Proposal Development**  
GMS is open for eligible partners to submit project proposals. SCHF and clusters support with drafting proposals |
| 4   | 26 May          | Partners | **Deadline for proposal submission**  
All projects must be submitted online via the GMS only. |

## Proposals Review

<table>
<thead>
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<th>No.</th>
<th>Date (May 2020)</th>
<th>Parties</th>
<th>Description</th>
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| 5   | 27 – 31 May     | SCHF SRCs | **SCHF Pre-Screening / Preparation for Review Committees**  
Pre-screening and preparation for review committees. Time for SRC and TRC members to read proposals and get prepared. |
| 6   | 1 – 5 Jun       | Cluster Leads SCHF | **Strategic Reviews**  
The relevant clusters and the SCHF review the proposals to ensure all technical, strategic and budget requirements are met in the proposals. Clusters are expected to be present and dedicated enough time for ensuring proper review. |
| 7   | 8 Jun           | SCHF DRHC | **DRHC Pre-approval**  
DRHC reviews SRC recommendations and pre-approves projects for technical review |
| 8   | 9 – 19 Jun      | SRCs TRCs Cluster Leads SCHF Partners | **Technical Reviews**  
TRCs, Cluster Leads and SCHF jointly review proposals, provide feedback to partners, ensure that proposals comply with Cluster Standards, SCHF Operational Manual and CBPF Global Guidelines. |

## Budget Clearance Disbursement

<table>
<thead>
<tr>
<th>No.</th>
<th>Date (Jun 2020)</th>
<th>Parties</th>
<th>Description</th>
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</thead>
</table>
| 9   | 22 – 30 Jun     | SCHF/OCHA Partners HC | **Clearance, Grant Agreements and Disbursement**  
SCHF submits budgets to HQ for Finance approval. Following HQ approval SCHF prepares Grant Agreements for signature by the DRHC. |

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A project can be rejected by the DRHC at any stage before the grant agreement is signed.  
Partners can ask for feedback in case their proposal is not selected but this will not trigger a revision of the funding decision.  
Due to the 10 July deadline and the potential for a non-renewal of the UNSC resolution, any delays in following these timelines will lead to a cancellation of the proposal.
ELIGIBILITY CRITERIA

PLEASE READ CAREFULLY AND ENSURE YOUR SUBMITTED PROPOSALS MEET THE FOLLOWING CRITERIA

- **All annexes and guidance:** To support proposal submissions (e.g., operational modalities, gender, protection mainstreaming and cash programming) have been combined into one Programme Manual and is available [here](#).

- **Number of projects per partner:** The ceiling limiting the number of projects per partner has been lifted for this allocation. At the time of the project reviews, the SCHF will consider the total number of projects for a given partner (ongoing projects plus submitted) to ensure that the partners have the capacity to effectively implement all projects. Partners’ with a large number of projects may be required to demonstrate their absorption and management capacity and previous performance before funding approval. The quality of submission will also be taken into consideration especially in the case of multiple submissions;

- **Cluster membership:** Active cluster membership should be confirmed by the respective Cluster Coordinator. Active membership includes at a minimum the following: must be an active member of the cluster as defined by the relevant clusters and endorsed by the ICCG;

- **Adherence to humanitarian principles:** Support a principled humanitarian response to the vulnerable displaced people and host communities;

- **Overdue reports:** Partners with overdue financial and narrative reports will not be considered for this allocation;

- **Past performance:** The SCHF will consider partners’ previous performance during project recommendations;

- **Grant ceiling:** The ceiling per project is defined based on the partner risk level and project duration, as outlined in the SCHF Operation Modalities available in the Programme Manual;

- **Integrated Response:** Partners are strongly encouraged to contribute to and demonstrate how their proposal will support the integrated strategy fostered in this allocation and demonstrate how their intervention will contribute to achieving one the specific strategic objective. The project should include the exact budget distribution among the cluster on the cover page. The budget should clearly identify the costs per clusters (see Programme Manual);

- **Complementarity with other partners:** The SCHF will stress on partners showing complementarity with other organizations working in similar target areas (with SCHF or other funding) to avoid overlaps and ensure added value;

- **Sub-Implementing partners:** are encouraged by the SCHF where there is demonstrable added value and the project remains cost-effective. As a principle, the programme support costs (PSC) should be shared proportionately between the partner and the sub-implementing partner(s);

- **Partnerships:** Partnerships with non SCHF eligible members are encouraged when they can support scaling-up and improving the quality of the response. Applicants must provide detailed information about any sub-implementing partner and are responsible to verify their capacity and due diligence. If the proposed sub-implementing partner is a SCHF partner, please clarify the reason why they are not directly applying for the fund and the added-value of the partnership;

- **Complementarity with other funding:** Additional/complementary source of funding must be reported on the project cover page and taken into consideration in the design of the proposal;

- **Needs-based:** The needs are well identified using recent surveys and studies undertaken (assessment results must be attached within the submission) - and/or the reference on the sources provided. Partners are not required to conduct a separate needs assessment but must clearly provide evidence or reference to the recent assessment used. Partners should also develop their proposal building on the results and lessons learnt of previous projects;

- **Strategic relevance:** Projects should present a clear linkage to one of the strategic objectives and activities must have clear alignment with the proposed response per objective;

- **Technical soundness:** Proposals must meet the technical requirements and cluster technical guidelines to implement planned activities;

- **Logical Framework:** Proposals should be linked to HRP indicators and cluster objectives. The overall objective should be clear and logically linked to the outcomes and outputs. The activities should be described in full details and sequenced in a logical fashion. Standard indicators are uploaded on GMS. The purpose of the standard indicators is
to have a common method to verify programmatic progress and to support the Fund’s internal reporting procedures. Use of customary indicators is not encouraged, and will affect the scoring of the proposal, if used unjustifiably. Standard activities are also uploaded and should be selected, where appropriate, to support the monitoring efforts of the fund. The indicators should be verifiable and should be well aligned with the activities. The means of verification should be carefully considered to enable and facilitate Third-Party Monitoring activities.

- **Access**: The applicant must confirm presence/access to the geographical target area(s) and proven operational capacity in that area and sector;
- **Value for money**: Projects must demonstrate ‘value for money’ (e.g. optimum outcome and beneficiary reach for each dollar invested and effectiveness of the intervention). Budget proposals must reflect the correct and fair budget breakdown of the planned costs and clearly outline units, quantities and percentages. Partners should avoid including only lump sum amounts and use the automated Bill of Quantities (BoQs) on GMS). Project costs should be comparable to the technical difficulty and complexity of the proposed activities;
- **Beneficiaries**: Beneficiaries should be clearly described and broken-down per community, type, gender and age with clear justification on the number provided. Double counting of beneficiaries should be avoided. Beneficiaries must be identified based on the vulnerability and without interference of local authorities or armed actors. Beneficiaries should also be involved in the design and implementation of the project;
- **Accountability to the affected population**: Projects must include a section that outlines how quality and accountability to affected population aspects are mainstreamed through the project. In particular, projects are requested to demonstrate how relevant humanitarian standards (such as the Core Humanitarian Standards\(^1\) and the Humanitarian Standards Partnership\(^2\)) are applied and that complaint and feedback mechanisms are in place so that affected populations (women, girls, boys, men, including the most marginalised and at-risk people among affected communities) are able to provide feedback on their own priorities and concerns around the project, and that these priorities and concerns are considered and addressed in a meaningful way;
- **People with disabilities**: Projects must better target people with disability and proposals should demonstrate disability mainstreaming to avoid segregation; clearly explaining how people with diverse disabilities will be included amongst the targeted beneficiaries and how services will be inclusive for all people including persons with disabilities and older persons;
- **Gender**: projects must ensure that gender is integrated throughout all the phases of the project cycle from the project assessment to the final review of the results achieved. The use of the Gender and Age marker tool is compulsory;
- **Risk management**: Assumptions and risks related to the project are comprehensively and clearly spelled out, along with a clear risk management strategy. In case the original targeted geographical area is no longer accessible, the project should present an alternative plan in line with the allocation strategy;
- **Conflict-sensitivity**: Projects need to be conflict-sensitive, notably through integrating a do-no harm approach when designing the project;
- **Cash programming**: Cash programming is encouraged but limited only to partners with proven experience and to areas where there are functioning markets. The guidance from the cash working group must be followed;
- **Payment of incentives**: In principle, incentives are not accepted by the SCHF. They must be justified on a case by a case by case basis, but can still be removed by the SCHF.
- **Monitoring**: a realistic monitoring and reporting strategy must be developed in the proposal. The SCHF encourages the use of participatory approaches, involving affected communities in needs assessment, implementation and monitoring and evaluation;

\(^1\) [http://corehumanitarianstandard.org](http://corehumanitarianstandard.org)
\(^2\) [http://www.humanitarianstandardspartnership.org](http://www.humanitarianstandardspartnership.org)
- **Protection against Sexual Exploitation and Assault (PSEA):** In line with the requirement in the grant agreement, partners must ensure the relevant mechanisms are in place to detect PSEA cases both internally and externally. In line with the requirement in the grant agreement, partners must have complaint and feedback mechanisms, with plans in place to identify, prevent and mitigate SEA risks in ongoing activities. It is recommended that partners also utilize the linked PSEA Network field [AR / EN] and organizational mitigation and prevention tools [EN].

- **Staff welfare:** In line with the organizations due diligence and risk management responsibilities, it is the organizations’ responsibility to ensure there are provisions for staff welfare within their Human Resources policy;

- **The DRHC reserves the right to reject funding recommendation based on the following:**
  - The organization partner’s performance and compliance with the SCHF, including recent audit findings and spot check reports;
  - Limited absorption and implementation capacity of the applicant;
  - Disproportionate or unjustified budget costs in relation to the proposed project strategy; and
  - Absence of secured access to the targeted implementation area.

### HFU INFORMATION AND COMPLAINTS MECHANISM

- Detailed information on the SCHF scope and objectives, governance arrangement and allocation process is available in the SCHF Operational Manual.

- **All correspondence and general inquiries** about this allocation process should be sent to the OCHA Humanitarian Financing Unit (which serves as the SCHF secretariat) at info-schf@un.org.

- **For complaints and feedback** during any part of the allocation process, please contact schf-feedback@un.org. Complaints and feedback are dealt with in a confidential manner. OCHA will compile, review, address and, when necessary, raise the issues to the DRHC, who will take a decision and recommend necessary actions. Partners that have any issue during the allocation are asked to share these issues to the extent possible BEFORE the strategic review committees if it is linked to process-related issues.