

Project Proposal Deadline: 26 November 2018 at midnight (Turkey time) on GMS only
A maximum of two proposals per partner is allowed

ALLOCATION OVERVIEW

A) INTRODUCTION/HUMANITARIAN SITUATION

- Throughout 2018, **Turkey-based humanitarian organizations continued to provide lifesaving support and services in north-west Syria** to conflict-affected populations in Idlib, Aleppo, and Hama governorates. Humanitarian actors, predominantly NGOs supported by the UN, are the sole actors who provide regular basic services and food to some 2.2 million people on a regular basis.
- Since late 2017, **north-western Syria received several influxes of internally displaced people (IDPs)** from different parts of the country, exacerbating already existing high levels of needs. These new displacements had a noticeable effect on the **number of people in need** of humanitarian assistance in north-western Syria, which rose from over 2.3 million in August 2017 to almost 2.7 million people over a year of a population some four million people.
- In September 2018, over 84,000 people were newly displaced in Syria. Most recently, an estimated 53,000 people were newly displaced in Idlib resulting from renewed conflict in the first half of September. As of October 2018, out of the total number of people in need, **1.9 million are displaced people (IDPs)**. The impact of the winter season compounds humanitarian needs, especially for displaced people residing in camps and similar sites, in addition to other needs, such as food, NFIs and basic services.
- As of mid-November 2018, **just sixty per cent of the total annual humanitarian response requirement for Syria has been secured**. At the same time, since the beginning of the year, the rise in the number of people in need increase the pressure on partners to **reallocate funds from regular programming to emergency response. Concomitantly, funding available for north-west Syria has decreased**, notably through reallocation of funding to other areas and the recent withdrawal of major donors from some areas.
- In October, one key donor suspended its assistance to areas under the control of one of the non-State armed groups (NSAG). This has led to critical gaps in service provision and material support, until the suspension can be lifted. This is affecting water and sanitation in camps, health, food, potentially winterization efforts and other life-saving humanitarian activities.
- As a result of the above factors, the decrease in services provided has led to the emergence of **unforeseen emergencies requiring immediate funding to avoid a worsening of the humanitarian situation in a short timeframe**.
- Thanks to the generous contributions made by donors between August and November, the Deputy Regional Humanitarian Coordinator (DRHC) in consultation with the Advisory Board of the Turkey Humanitarian Fund (THF), has decided to **launch a reserve allocation (RA) to respond to immediate needs for most vulnerable communities before the end of the year**.

B) HUMANITARIAN RESPONSE PLAN (HRP)

This allocation strategy has been developed in line with the **2018 Humanitarian Response Plan (HRP) and the Readiness and Response Plan for North West Syria** relevant to the cross-border response from Turkey Hub, issued in August 2018. Results from the most recent data collection exercise (Multi-Sector Needs Assessment (MSNA), 2018) have also been taken into account in the prioritization exercise.

This reserve allocation is anchored in the **first two objectives of the HRP**: to provide life-saving humanitarian assistance to the most vulnerable people to alleviate suffering; and respond to protection needs with an emphasis on those in areas with high severity of needs. Cluster Strategic Objectives to which this allocation will contribute to are identified under each sectoral strategy.

About Country-based Pooled Funds (CBPFs):

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<http://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf>

ALLOCATION STRATEGY

A) PURPOSE OF THE ALLOCATION STRATEGY AND LINKAGES TO THE HRP / APPEAL

Donors' generous contributions to the Fund led to a significant funding increase since August with a total **programmable balance of US\$48.5 million**. Following the recommendation of the Inter-Cluster Coordination Group (ICCG), the THF Advisory Board (AB) has agreed at its October meeting to allocate the available balance following a two-track approach: **organize a reserve allocation before the end of the year while initiating the planning for a standard allocation early 2019**.

In line with the HRP objective highlighted above, the purpose of this reserve allocation is to **respond to immediate emergency requirements for most vulnerable communities**. This strategy will target clearly identified gaps which, if left unaddressed, could lead to significant humanitarian impact in a short timeframe. Gaps could either result from underfunding/shifting of funding for a given area or priority or from newly identified needs, or alternatively access opening up in areas with limited humanitarian access.

The prioritization of needs consisted of a review of the priorities at the cluster level, including consultation with cluster members, followed by a joint review at the ICCG. This exercise has led to the **identification of gaps in specific areas of intervention and are further detailed the specific sectoral strategies** below. Severity of needs and vulnerability were the key criteria for prioritizing activities proposed under this allocation.

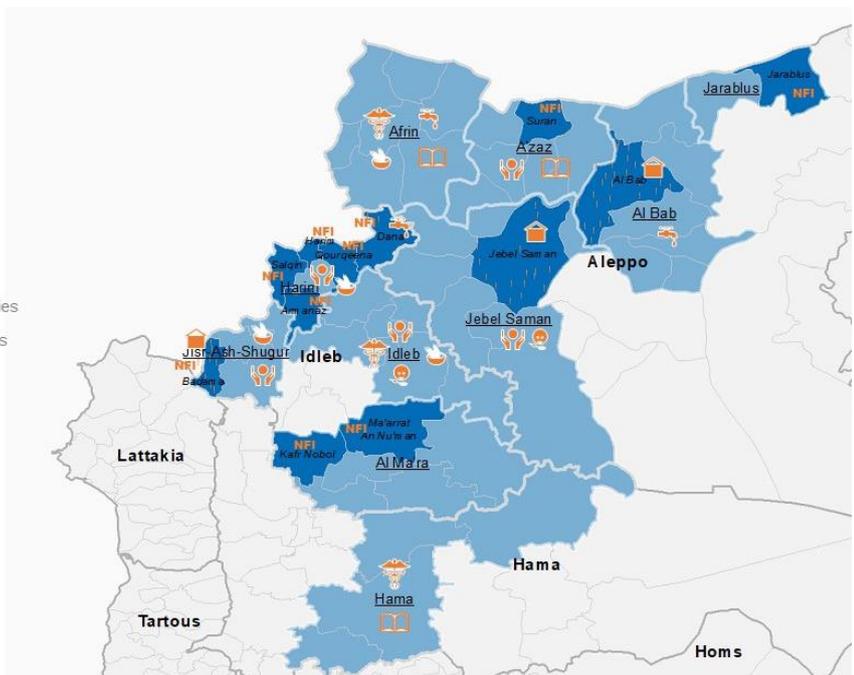
B) ALLOCATION BREAKDOWN

The DRHC, in consultation with the AB decided to allocate a maximum amount of **US\$33 million** from the THF funds to meet the objective set-out for this reserve allocation. Since the strategic objective for this allocation has been to provide an emergency response to critical gaps, the **number of clusters eligible for this allocation is high**. It should be further noted that while the CCCM cluster will not request funding under this allocation, it will remain closely involved in the process due to the significant number of multi sectoral activities targeting camps.

Funding per clusters has been agreed as follows in US\$:

- **Education: 5 Million**
- **FSL: 8 Million**
- **Health: 5.5 Million**
- **Nutrition: 0.5 Million**
- **Protection: 1.9 Million**
- **Shelter/NFIs: 6 Million**
- **WASH: 6.1 Million**

The **funding amounts by clusters are indicative** and will be reviewed and finalized based on the relevance and the quality of the proposals received under this call for proposal.



In addition to the above, the project proposal should fit into the identified cluster(s) priorities¹ described in the below clusters' sectoral strategies section.

¹ Additional priorities and targets might be considered to respond to increased needs on the ground.

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TIMELINE AND PROCEDURE FOR SUBMISSION

- Considering the time criticality of the proposed interventions under this allocation, **the project proposal submission deadline is set as 26 November 2018.**
- Only project **proposals submitted online via the GMS** will be accepted. Consultation of the Cluster Coordinator is a pre-requisite to submitting a proposal.
- **If a partner is proposing to work in more than one sector, then one multisectoral/integrated proposal per partner is preferred**, provided the locations and targeted beneficiaries are similar. If not possible, a **maximum of two project proposals per partner** will be accepted, where justified. **Joint proposals regrouping different partners** with clear delineation of activities and responsibilities will also be considered favorably.
- **All project proposals will be reviewed according to the timeline detailed hereafter.**

Steps		What	Who	Key Date
1. Allocation strategy development	1. Cluster consultations and development of the Allocation Paper	Cluster Prioritization of activities and development of the joint allocations strategic framework	ICCG, OCHA -HFU	18 October – 13 November
	2. DRHC/Advisory Board Strategy Endorsement	The Allocation Paper shared with the DRHC for endorsement.	HC, AB	14 – 16 November
	3. Launch of Allocation	The allocation is launched on GMS and cluster coordinators will be informed accordingly.	OCHA – HFU	19 November
2. Submission of project proposal	4. Proposal Submission	The project proposal must: <ul style="list-style-type: none"> - address the priorities outlined in the allocation strategy and meet the eligibility criteria - have a detailed budget and a well-articulated logical framework 	IP	19 – 26 November
3. Review of project proposals	5. Strategic, Technical and Financial review ²	A joint Review Committee ³ (RC) reviews the proposals on the strategic and technical levels in line with the provided guidance and using a scorecard; Partners can re-submit project proposals only twice after the initial technical review; Proposals that need to be fast tracked will be identified during that stage.	Cluster committee, and OCHA - HFU, OCHA – FCS.	27 November – 4 December
4. Approval of project proposals	6. HC proposals endorsement	Cleared proposals are submitted to the DRHC for his approval; The AB will be informed and has 24 hours to provide comments.	DRHC AB	4-21 December
	7. Grant Agreement preparation	The HFU will liaise with the implementing partner to determine the start date of the project. The agreed upon start date will be included in the grant agreement (Annex B) ⁴ .	OCHA – HFU, IP	
	8. DRHC Grant Agreement signature	DRHC approves project	DRHC	
	9. IP Grant Agreement signature	Upon signature by the DRHC, the partner is notified of the approval and sends the agreement for counter signature.	IP	
5. Disbursement	10. Grant Agreement final clearance	Once the partner has countersigned, the agreement will be sent to OCHA FCS Finance Unit in New York for the final signature.	OCHA HQs	
	11. First disbursement	Payment request processed	OCHA HQs	

Any project proposals which will not follow the steps highlighted the above calendar will be recommended to the DRHC for cancellation.

² Strategic and Technical reviews may be combined as per Global Guidelines and Guidance Note on CBPF Allocation Planning regarding Reserve Allocations.

³ The Cluster Committee must include: the cluster coordination secretary (including the co-chair), a gender focal point and an HFU staff.

⁴ The deadline for signature will be set jointly with the cluster and must be respected by the prospective partners to proceed. The signature of the grant agreement occurs after the agreed upon start date in Annex B, the date of the signature of the grant agreement takes precedence. Eligibility of expenditures will be determined by the date of implementing partner's signature of the grant agreement.

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ELIGIBILITY FOR FUNDING

- In line with the THF Operational Manual, the process for this allocation is intended to be **significantly quicker and lighter to respond in a rapid and flexible manner** to the identified needs by the relevant THF stakeholders.
- The eligibility for funding will be guided by the strategic priorities of this allocation and the format of an emergency allocation. As a result, proposals submitted under this allocation will need to meet the regular **eligibility criteria** highlighted in annex 2.
- In addition, due the **emergency character of this allocation and the tight timeframe to be followed**, project proposals submitted will be prioritized in a strict manner using the following additional criteria:
 1. The partner has an operational presence in the area and is implementing activities relevant to the needs identified in this allocation strategy and has prior “4W reported” experience in the activity proposed;
 2. The partner has a proven capacity to deliver in a timely manner;
 3. The partner has a demonstrated expertise in the cluster with a demonstrated good performance; and,
 4. The partner has consulted clusters on their intention to submit, prior to their submission, to avoid overlaps.
- **Exception will be made only for areas where no partners has been identified** as highlighted in the clusters’ sectoral strategies (section below). The consultation with the Cluster prior to the submission still applies.

Partners submitting proposals who do not meet the above-mentioned criteria and the regular eligibility criteria will not be considered for this allocation and their proposals may not be considered eligible by the review committees.

The DRHC reserves the possibility to set aside funding recommendation based on the following:

- *The organization partner’s performance with the THF, 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

- All correspondence and general inquiries about this allocation process should be sent to the OCHA Humanitarian Financing Unit at: ochahpf@un.org with copy to the relevant Clusters Coordinators;
- For complaints and feedback from stakeholders who believe they have been treated incorrectly or unfairly during any part of the HF process, there is a dedicated email address: ochathffeedback@un.org. Complaints and feedback will be dealt with in confidential manner. OCHA will compile, review, address and –when necessary- raise the issues with the DRHC, who will take a decision and recommend necessary actions.

CLUSTERS’ SECTORAL STRATEGIES

Partners submitting proposal under this reserve allocation need to ensure that the proposed strategy matches with the overarching objective identified for this allocation and the sectoral strategies developed hereafter.

Education - US\$5 million

HRP CSO: Increase safe and equitable access to formal and non-formal education for crisis-affected children and youth (aged 5-17 years).

Strategic Priority – save the school year by preventing children from dropping out of school and returning out of school children by maintaining immediate access to formal education and non-formal education

The cluster aims to address critical education emergency needs and act as a key element to a protection based response.

1. Education Cluster members will provide **non-formal education (NFE) to out of school children (OOSC)** or children who are behind their learning and at the **risk of dropping out**, and will reintegrate them to formal education, mitigating risks including **early marriage, recruitment into armed groups, and child labor**. These children will also have access to psycho-social support (PSS) and protection services.
2. For **formal education**, 64 schools, which will run out of funding will be supported so that children will not lose their access to education. Moreover, the over-stretched capacity of classrooms will be increased so that the most vulnerable children at risk from dropping out can stay at school and have a quality learning environment. Cluster members have the capacity,

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presence, and ability to reach children in these locations with high severity scale, and provide more comprehensive education support to those children and keep them in school.

As per draft HNO 2019, Northwest Syria has the **highest density of population with the most severe education needs**. The influx of hundreds of thousands of new IDPs into non-government areas has overstretched the existing capacity of education facilities, leading to overcrowded classrooms, which lower the quality of education and increase the drop-out ratios, as well as put more children at risk of dropping out. Districts of Afrin, Azaz, Al Bab, and sub-districts of Northern Hama have Education Severity Scales from stretching from 3 to as high as 5. Currently, the education cluster **only reaches 22% of the in-need population in the identified vulnerable districts**. Additionally, **51,000 people in the camps** in Idleb and Aleppo are not reached by Education Cluster members.

The education cluster is currently carrying out a survey to find out the number of schools that has recently run out of funding, or will run out soon. The data, to date, indicates that 84 schools in 23 districts supported by members of the Education Cluster will soon close, which provide education services to 40,731 kindergarteners and primary and secondary students and employ 2,301 teachers and school staff. **If there is not an immediate intervention**, past education investments in these locations will be potentially lost, leading to more children dropping out of school, exposing them to protection threats, and increasing the risk of resource-related tensions that can undermine community resilience and hinder efforts of positive integration of resident and IDP populations. Moreover, the winter has started and, schools need fuel and heaters to heat classrooms in order to be able to continue education, for which funds are not secured for the whole winter.

<p>Activities:</p>	<p><u>Non-formal education activities (NFE) will focus on expanding ongoing NFE services</u></p> <ol style="list-style-type: none"> 1. The provision of PSS and NFE, including catch up, remedial classes, SLP, ALP, literacy and numeracy classes and ideally reintegration of out of school children to formal education. 2. Related components of provision of education services: Distribution of teaching and learning supplies, recreational and psychosocial support materials, school furniture, school operational costs including heating, school staff salaries, etc. 3. Light training of teachers and school staff against clearly justified gaps in current knowledge and abilities. <p><i>Only existing learning centers will be supported. No new centers can be established.</i></p> <p><u>Formal education (FE) activities will focus on expanding ongoing FE services:</u></p> <ol style="list-style-type: none"> 1. 64 schools with 26,000 boys and girls, which have lost their funding or will lose them by January 2019 will be bridge-funded for the second half of the academic year 2018-19. 2. Light repair of classrooms and schools in order to increase the capacity of the learning spaces, including WASH facilities. Repairs will focus on structural and safety related improvements that promote a more protective school environment (rather than beautification) and increase the existing learning spaces' capacity. Improvements such as isolation/insulation that increase a school's ability to operate in the winter can also be carried out. 3. Provision of temporary learning spaces. 4. Provision of heating fuel and/or heaters. 5. School furniture and provision of learning supplies, teaching supplies, recreational materials and textbooks. <p><i>Schools that are about to close, or have just recently closed, due to lack of funding will be prioritized.</i></p>
<p>Project/ activities timeframe:</p>	<p>6 months against the ongoing academic calendar 2018-2019. The projects investing in establishing TLSs, repairing/improving classrooms/school or providing supplies/texts should ensure that activities are timed in consideration of the academic year. The projects providing winterization must ensure that activities are timed in consideration of the winter season.</p>
<p>Geographical location</p>	<p>IDP population in camps in Idleb and Aleppo, and underserved local communities in districts of Afrin, Azaz, Al Bab, and Northern Hama. Locations in Idleb and Aleppo with the schools losing funding will be included.</p>
<p>Population targeted</p>	<p>143,000 children between 6 and 17 years of age, 4,000 teachers,</p>
<p>Partners' presence</p>	<p>Due to the emergency nature of the allocation, 3 NGOs (tentatively, subject to change) with the broadest access and proven organizational capacity will implement the interventions through consortia in a timely manner.</p>

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Food Security and Livelihoods - US\$8 million

HRP CSO: 1. Provide life-saving and sustaining food assistance to improve food consumption, dietary diversity and coping strategy

Strategic Priorities

1) To meet food needs of the most vulnerable people living in last resort sites/IDP sites for three months that do not receive food assistance

As per HRP 2018, IDPs in last resort camps are one of the six core vulnerable groups. Based on CCCM September report, there are **336 active IDP sites** registered hosting a total of **417,501 IDPs/73,810 families**. Based on latest CCCM - ISMI report (September 2018) the **120,392 individuals/22,497 households (HHs)** in registered IDP sites report who do not receive any food assistance or to an inadequate level. FSL and CCCM Clusters will also cooperate to develop a more sustainable strategy to meet food needs of people in last resort sites in line with the strategy to decongest last resort sites.

2) To meet food needs of most vulnerable households from host communities and displaced people out of camps in underserved areas and areas with gaps in food assistance.

Urgent gaps in assistance have been identified⁵ in sub-districts and communities where some FSL partners have suspended their monthly food assistance program targeting most vulnerable host and displaced HHs based on donor's (Food for Peace) new agreement requirements. Monthly food assistance programming has been suspended in specific communities in the districts of **Harim, Idleb and Jisr Al Shughur**. This suspension has led to a deterioration of the food security situation in the communities no-longer served by the monthly food assistance program. The RA aims to cover food needs of the most vulnerable HHs. Advocacy and fundraising efforts by Cluster Coordinators to meet the above-mentioned emerging food needs in the past months, have not been successful. The FSL Cluster and partners aim to map funding coverage to ensure adequate geographical coverage in 2019.

In **Afrin district**: extremely limited food assistance is reported in Afrin by FSL cluster partners. Several thousands of displaced people – mainly evacuees from Eastern Ghouta, Rural Homs and Damascus – have reportedly arrived in Afrin district since April 2018. Preliminary findings from 2018 Food Security and Livelihoods Assessment (HNO 2019) based on a 90 HHs interview in Afrin district, identified a prevalence of 40% food insecurity and approx. 25,000 food insecure individuals (approx. 5,000 HHs). Afrin district is identified as hard to reach area, one of the core indicators of vulnerability. Given the agricultural vocation of Afrin and the need to support infrastructure rehabilitation, livelihoods support programming is suitable for the area.

Activities	Cover food needs of the most vulnerable HHs through the most appropriate modality for three to six months. Depending on the conditions of the IDP sites and the availability of cooking facilities for the residents, food assistance can be ensured through different modalities: <ol style="list-style-type: none"> 1. provision of cooked meals 2. or distribution of food rations through the most appropriate modality (in-kind, voucher, cash)
Timeframe	The activities are planned to be implemented over 4 months starting in December 2018.

District	Beneficiaries individuals	beneficiaries (HHs)	Partners' presence
Harim	28,000	5,600	yes
Jisr Al Shughur	8,750	1,750	yes
Idleb	42,000	8,500	yes
Afrin	12,500	2,500	No
IDP sites (with CCCM)	Approx. 30,000	5,000	Yes + partners to be identified

Health - US\$5.5 million

HRP CSO: 1. Provide life-saving and life-sustaining humanitarian health assistance with an emphasis on those most at risk and in need;

3. Improve health system capacity for support of continuity of care and strengthen community resilience and response to IDP movements and disease outbreaks

⁵ Based on FSL Cluster gap analysis from January to August 2018, communities that have been reached with distribution of food assistance between 0 and 3 times (out of 8 months) and where food assistance coverage was less than 25% of People in Acute Need (based on Mid-Year Review data) are underserved communities and are to be prioritized.

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Strategic Priorities

1. Ensure life-saving and continuity of care to the most vulnerable affected people under severe limitations to access specialized care by providing:

- **Supporting dialysis centres with drugs, medical consumables for 400 patients/6months;**
- **Support for 1,200 tuberculosis patients in 5 TB centres with the drugs, LAB equipment, required developing human resource capacity and support running cost to provide prevention, early diagnosis, treatment and community-based activities; and**
- **Leishmaniosis Prevention (*IRS Plus) and expanded Medical (Diagnosis & Treatment) coverage across accessible areas of Idleb province.**

In north-west Syria, around 840 people were reportedly suffering from kidney failure and need hemodialysis therapy provided by 20 dialysis centers, receiving more than 8,000 dialysis sessions on monthly basis as life-saving interventions. The cost of hemodialysis sessions, including medication and consumables, are high and cannot be afforded and sustained by NGOs running the hospitals and specialized centers. Without an urgent financial support to cover the costs of hemodialysis therapy sessions *one-third to half of the affected patients* will be in serious risk to lose their lives during the winter months. Furthermore, *75% of the facilities will have a shortage of dialysis supplies* by the end of 2018. According to the TB profile by WHO for 2016, the estimated TB incidence in Syria (number of new TB every year) is 21 per 100 000 population. In a nutshell, 1260 TB patients out of 6 million people are tentative cases of TB in northern Syria to be prevented / treated. Indeed, the large influx of IDPs, low availability of TB services, reduced access to services, poorly resourced TB Centers and lack of medicines makes the detection rate as low as 50%. Hence, the data reported from TB centers shows severe shortages of anti-tuberculosis drugs in all TB clinics. As well, it is important to mention that expired drugs were reported in the facilities. Severe shortages of human resources were reported in all centers and no single center is performing culture for TB.

An additional burden is posed by the increasing numbers of leishmaniosis cases. Cutaneous leishmaniosis is endemic in Syria, mainly in the northwest parts. With the arrival of the winter season, frequent floods might cause an increase in the number of Leishmaniosis cases. Leishmaniosis cases hit an all-time high in Idleb and western rural Aleppo of 25,727 new cases reported. This THF emergency allocation will serve to provide Leishmaniosis Prevention (IRS Plus) and expanded Medical (Diagnosis & Treatment) coverage across accessible areas of Idleb province. This is done by conducting Prevention (IRS Plus) campaigns covering 225,000 Idleb HH between March to August. Training of partners running health facilities to train staff in leishmaniosis diagnosis and treatment donating all necessary pharmaceuticals and supplies will be done and active “community based” case detection through HPC partners’ networks to establish.

2. To ensure access to health care services to most vulnerable people living in underserved areas:

- **Assuring efficient referrals of vulnerable patients to and between health facilities.**
- **Support the operation of 10 PHC centres and 7 hospitals covering underserved areas;**

Based on information from on CCCM reports, Afrin district (Aleppo Governorate) has a current population of 400,000 people. Afrin suffers from severe restrictions in access to services since January 2018, when all health facilities ceased operations. A total of 24 primary health care (PHC) centres are needed in Afrin. Currently 8 primary health care centres operate in the 3 main urban areas of the district (Afrin, Jandar and Sharan). More than 200,000 people live in isolated areas with no access to health. The Health Cluster partners provide a monthly average of 1,000,000 medical consultations, including around 4,500 per month patients’ referrals coordinated by the ambulance network in Idleb. A referral network will also be implemented in Afrin. Lack of funding will deprive patients from accessing vital life consultations; therefore, the risk of losing lives can be rationally high.

Activities:	<p>Objective 1. To ensure life-saving continuity of care to most vulnerable people living in underserved areas:</p> <p>Activity 1.1. Provide 24,000 dialysis kits to cover needs of 400 patients for 6 months;</p> <p>Activity 1.2. Provide anti-tuberculosis medicines to cover specialised treatment courses for 1,200 susceptible TB cases and provide diagnostic equipment.</p> <p>Activity 1.3. Capacity building, clinical supervision, and cover staff salaries and running cost of 3 TB centres to strengthen the TB program in north-west Syria;</p> <p>Activity 1.4. Provide diagnostic and treatment services to 5,600 leishmaniosis cases, and conduct preventive indoor residual spraying (IRS Plus) campaign covering 225,000 households.</p> <p>Objective 2. To ensure access to health care services to most vulnerable people living in underserved areas and to provide:</p> <p>Activity 2.1. Implement efficient referrals of patients by covering emergency and non-emergency transportation running costs, establishing central referral desk and conducting technical capacity building of staff of 16 ambulances and 22 cars.</p> <p>Activity 2.2. Support operations of 10 PHC centres and 7 hospitals covering underserved areas.</p>
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Timeframe:	The activities are planned to be implemented over 6 months starting in December 2018. The proposed duration will be reviewed based on the needs analysis and the strategic framework of this reserve allocation. Exception for longer duration will have to be clearly explained in the proposals.		
Geographical area / Health facilities	Beneficiaries individuals	Identified partner	Amount minimum (\$M)
Dialysis centres NWS	400	YES	800,000
TB centers (3) NWS	1,200	YES	600,000
Idleb-Leish Medical	5,600	YES	203,800
Idleb – IRS Plus –	1,125,000	YES	1,100,000
Idleb – IEC/BCC & Active Leish Case Detection	500,000	YES	140,900
Afrin (10 PHC centres)	300,000	YES	600,000
Afrin referral system	400,000	YES	200,000
Idleb referral system	800,000	YES	200,000
NWS (7 Hospitals)	1,000,000	YES	1,655,000
Dialysis centres NWS	400	YES	800,000
TOTAL			\$5,499,700

Nutrition - US\$0.5 million

HRP CSO: 2. Strengthening robust evidence based system for Nutrition with capacity in decision making to inform need based programming.

3. Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases for boys and girls under five and PLWs.

Strategic Priority - Emergency funding to support nutrition surveillance data system

The nutrition situation in North West Syria has been deteriorating since January 2018, as shown by nutrition surveillance data. Even though acute malnutrition rates are below international emergency crisis thresholds, malnutrition trends are of concern. The nutrition cluster has been able to effectively respond to hotspots using nutrition surveillance data which is the main and the only reliable and real time tool to guide nutrition emergency responses. In Syria nutrition emergency response is mainly preventing acute malnutrition from reaching emergency levels (in some areas acute malnutrition rates doubled, tripled and even quadrupled in just eleven months). While treating existing cases, and if response is delayed or absent, quickly malnutrition rates will increase beyond emergency threshold. The surveillance system has been funded but with extreme difficulties, as most donors they do not see such very high malnutrition rates in Syria to invest in nutrition. The last funding allocated to nutrition surveillance was June 2018 and since then the quality of data we are receiving as a cluster is continuously deteriorating and will stop by the end of the year. The nutrition cluster is seeking emergency reserve allocation to prevent collapse of the nutrition surveillance system while continuing fund raising for it for medium and longer term.

Activities	Screening children under the age of 5 years, pregnant and lactating women Referral of identified malnourished children and mothers for treatment Analysis of data and generating nutrition trends at sub-district and community levels Present the data to nutrition cluster and publishing the nutrition surveillance bulletin for affective use of data to advise emergency nutrition response Data collected also include Diarrhea and Measles and surveillance rounds includes distribution of micronutrient supplementation to both under five years children, pregnant and lactating mothers
Timeframe	Four months from disbursement of funding
Geographical location	Nutrition surveillance will cover 10 districts, 25 sub-districts in Idlib and rural Aleppo through 100 health facilities covering 70 communities.
Population targeted	200,000 children under the age of 5 years and 50,000 pregnant and lactating mothers.
Partners presence	All partners have already been pre-identified by the cluster ahead of the allocation

District	Beneficiaries individuals	Identified partner	Amount minimum (\$M)
Idleb	125,000	Yes	\$250,000
Rural Aleppo	125,000	Yes	\$250,000

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Protection (including Child Protection, Gender-Based Violence and Mine Action AoRs) - US\$1.91 million

HRP CSO: 1. The protection of population affected by the crisis is improved through community-based and individually targeted protection interventions and through advocacy with duty bearers

Strategic Priority - Ensure the continuous provision of protection services in highly affected areas in the North West

The Protection Cluster and Sub-Clusters apply a mix-modality approach to emergency service delivery – through static service points and mobile outreach teams. Due to the dynamic nature of the Syrian context, this approach supports affected populations with multiple entry points to protection services and also supports Cluster members continue to deliver services in rapidly-changing circumstances. In order to respond to existing gaps and anticipated growing needs, the Cluster is prioritizing for the continuation of activities, in-line with its emergency response/preparedness package.

All targeted districts are ranked 4 and above, using the Cluster’s severity methodology. This means humanitarian needs are acute and immediate, with the protection issues considered critical (5) and severe (4). Further, all targeted districts have significant (40% or more) IDP populations. The exception is Jebel Saman, which is retained due to the overall population size.

Activities	<ul style="list-style-type: none"> • Establish or maintain two (2) mobile outreach teams in each targeted district - mobile teams provide psychological first aid (PFA), information/awareness, referrals to GBV/CP case management and other services as needed, protection monitoring, explosive hazard risk education, and identification of separated and unaccompanied children as well as other individuals who may require specialized support (e.g. persons with disabilities). • Extend or maintain one (1) static service point in each targeted district: services include psychosocial support (PSS), information counselling and referrals, and case management for children at risk, GBV survivors and other persons with specific needs. Expansion may mean increasing the number of specialized staff and/or expanding the scope of services. • Distribution of protection materials including dignity kits for women and girls (to be coordinated through UNFPA/Ihsan), first aid kits, recreational kits and identification bracelets for boys and girls.
Timeframe	<p>Project timeframes can run for a maximum of six (6) months, the proposed activities should respect the following:</p> <ul style="list-style-type: none"> • Mobile outreach teams can be functional approximately ten days after hiring for basic training/skill development; • Static service point can be functional approximately three weeks after hiring for more specialized skill development.
Geographical location	<ul style="list-style-type: none"> • Azaz district (.40 on the protection monitoring index⁶, 5 on the Cluster’s severity scale⁷) • Harim district (.40 on the protection monitoring index, 4 on the Cluster’s severity scale) • Idleb district (.42 on the protection monitoring index, 5 on the Cluster’s severity scale) • Jebel Saman district (.44 on the protection monitoring index, 5 on the Cluster’s severity scale) • Jisr as Shugor district (.48 on the protection monitoring index, 4 on the Cluster’s severity scale)
Population	<p>While the populations served will vary based on the district, the Cluster’s emergency response package can reach approximately 2,500 individuals through outreach and more specialized support on a monthly basis. With the proposed expansion, partners will target between 30-60,000 individuals for the duration of the project.</p> <ul style="list-style-type: none"> • Azaz district: 522,081 total population, approx. 60% IDPs • Harim district: 821,640 total population, approx. 65% IDPs • Idleb district: 600,099 total population, approx. 40% IDPs • Jebel Saman district: 2,101,344 total population, approx. 20% IDPs • Jisr As Shugur district: 259,774 total population, approx. 48% IDPs

District	Beneficiaries individuals	Identified partner	Amount minimum (\$M)
Azaz	522,081	Yes	\$350,000
Harim	821,640	Yes	\$550,000

⁶ The protection monitoring index is a numerical value between 0-1 used to document protection trends, based on information collected through community-level key informants and observations by protection actors on a monthly basis. Higher value index represents significant protection risks and over need in communities. For all areas covered through protection monitoring, the overall protection monitoring index is .43, based on information collected between January and October 2018.

⁷ Based on September 2018 updates to the WoS Protection Sector Severity Scale – considered a snapshot.

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Idleb	600,099	Yes	\$310,000
Jebel Saman	2,101,344	Yes	\$375,000
Jisr As Shugur	259,774	Yes	\$325,000

Shelter/NFIs - US\$6 million

- HRP CSO: 1. Provide life-saving and life-sustaining shelter and NFI support;**
2. Contribute towards the resilience and cohesion of communities and households by improving housing and related community/public infrastructure.

Strategic Priorities

1. Cover NFI Winterization gaps in camps

The SNFI Cluster Winterization plan for 2018/19 intends to target 1 million out of the 1.7M people in need (PiN) for NW Syria. As of the beginning of November 2018 only 63% of the plan is funded. The most critical gap is the coverage of approximately 40,000 individuals in camps/tented settlements currently not reached by the CCCM Cluster winterization plan so far. The winterization component will be exclusively dedicated to cover camps (8,000 winter kits).

2. Replenish the NFI emergency component will cover emergency needs both in and out of camps

Since part of the existing HF emergency stock will be used for winterization, additional capacity is requested to ensure an emergency response capacity remains during and after the winter period. Due to the large scale procurement that IOM is currently undergoing for the winterization efforts, UNHCR is being asked to complement the pre-existing procurement capacity through their procurement pipeline. This emergency allocation will ask to complement the emergency response capacity with 5,000 NFI New Arrival Kits that could cover approximately 25,000 individuals.

3. Provide Emergency Shelter Rehabilitation support to response to overcrowded conditions

According to most recent assessments, 4.2 million people remain in need of shelter support in Syria, as shelter and infrastructure damage has taken place on a massive scale as a result of the conflict. The overall shelter absorption capacity in north-west Syria has been dramatically depleted since the end of the 2017, given the large scale of displacement during 2018. In addition, due to the acute displacement situation and the shelter conditions, NW Syria is experiencing severe overcrowded conditions. Moreover, in Aleppo 62 per cent of HHs assessed live in either damaged or unfinished buildings, whereas in Idleb it is 11.1 per cent of HHs. Shelter rehabilitation activities remain severely underfunded therefore shelter remains one of the most critical needs in NW Syria. During 2018 only 3,000 shelter units (excluding collective shelters) have been supported by rehabilitation activities so far. According to the Sector Assessment conducted by REACH during July 2018, 11 per cent of assessed HHs in Idleb and Aleppo were reporting house land and properties (HLP) issues. This increases to 15 per cent for IDP HHs. 10 per cent of assessed HHs have experienced threats or eviction or harassment from landlords or others. 19 per cent of spontaneous returns in Idleb have reported theft of private property, it decreases to 10 per cent in Aleppo. In Aleppo, the main reported reason for lack of access to shelter/housing is the lack of identification documents (63 per cent) whereas in Idleb is the navigation difficulty of the legal system. Urgent funding is needed to cover critical shelter gaps, as well as provide a catalyst effect for shelter activities during 2019. This, in combination with the completion of the Cluster Shelter Rehabilitation Guidelines, will help not only to improve the quality of implementation and monitoring. In addition, the Shelter Rehabilitation Guidelines will also serve as an advocacy tool to build donor confidence in shelter rehabilitation activities for NW Syria.

***Envelope breakdown: 2,6M USD for NFI (winterization and emergency response) and 3.4M USD for Emergency Shelter**

Activities	<ul style="list-style-type: none"> Provision of winter NFIs (Provision of NFI in camps not covered by the SNFI Cluster winter plan and complementary kits for emergency response) Shelter rehabilitation: Rehabilitation /upgrading of life-saving and sustaining shelter spaces in collective shelters, unfinished buildings and or damages buildings in Priority 1 areas of the SNFI Cluster winterization plan
Timeframe	<ul style="list-style-type: none"> Provision of winter NFIs: A maximum of 6 months duration with distributions completed before the end of January 2019 (except emergency component) Shelter Rehabilitation: Maximum of 9 months duration starting December 2018/January 2019.
Geographical location	<ul style="list-style-type: none"> Provision of winter NFIs (in camps as per the gaps of the SNFI Cluster winterization plan) in Aleppo and Idleb. Specific camps/settlements in each sub-district to be specified with selected partners for implementation. Emergency kits are not geographically assigned and will be available to cover emergencies in accessible areas Shelter Rehabilitation (any of the following location to be prioritized based on partner access and agreement with the cluster): Aleppo – Al Bab – Al Bab; Aleppo – Jebel Saman – Jebel Saman; Idleb – Jisr-Ash-Shugur – Badam
Population	<ul style="list-style-type: none"> Provision of winter NFIs - Target: 8,000 HHs (40,000 individuals); all residents of camps/settlements in the areas targeted as the SNFI Cluster winter plan gap

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	<ul style="list-style-type: none"> Provision of Emergency NFIs - Newly arrived IDPs or most vulnerable IDPs or host communities as part of an emergency response. Target: 5,000 HHs (25,000 individuals) Shelter Rehabilitation - Target: 2,800 HHs (16,800 individuals) - 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
Partners presence	<ul style="list-style-type: none"> Provision of winterization activities in camps and replenish emergency NFI: Yes, procurement to be carried out by UN Agency Shelter Rehabilitation: No partners identified, selection will be based on access, shelter rehabilitation experience and capacity

WASH - US\$6.1 million

- HRP CSO: **1. Support to water, sanitation and sewage systems to ensure continuous services for affected people in Syria**
2. Deliver humanitarian WASH supplies and services to most vulnerable people

Strategic Priorities

1. Providing life-saving activities to IDPs in camps in Idleb

A gap has emerged after the withdrawal of a major donor supporting this activity in some areas. Immediate continuation of activities is required as the IDPs in the affected camps/locations (Atmeh and Qah and camps nearby them) are completely reliant on the support provided by NGOs to access basic services. The target is 207,000 IDPs (which represent 50 per cent of the CCCM caseload and almost 25 per cent of the WASH cluster caseload in camps).

2. Reduce WBD by improving access to water in Al Bab

Lack of access by population to the Al Khafsa water system (Aleppo governorate) in March 2017 has led to shortage of water from Al Bab city, leaving 123,000 people (host communities and IDPs) to rely totally on water trucking that is often grossly insufficient and not treated. High prevalence of water borne diseases (WBD) such as acute diarrhea, acute bloody diarrhea and Typhoid fever has been observed (3,500 cases reported in 2018). Al Bab sub-district has been within the top four sub-districts of water borne disease monthly hotspot list for the last year and a half (EWARN WBD epi reports). Efforts to find a permanent solution were unsuccessful due to the lack of sufficient nearby water sources and investment required to construct a new water management system, solution. Recently the Government of Turkey conducted a water reservoir assessment through satellite imagery and managed to identify a location appropriate for drilling artesian wells near Al Bab city. Turkish authorities proceeded with drilling a total of seven wells all completed yet unequipped. These seven wells, if equipped and connected to the network, will be able to cover 40-50 per cent of the water gap in the area therefore reducing the ongoing burden, gap and WBD cases significantly.

3. Improve access to water in Afrin due to alert in Hepatitis A&E cases

In Afrin district, an alert on increasing cases of Hepatitis A&E has been received (EWARN data epi week 43 & 44). Reports showed that there is a 75 per cent increase in acute jaundice syndrome (AJS). This increase is due to but not limited to the following:

- Low hygiene practices by the population
- The water system is functioning partially and on a very low scale, which is leading people to compensate and being provided contaminated, non-chlorinated neither treated water.
- Low chlorination efficiency, even in the partially operating systems.
- Contamination of storage tanks requiring replacement at least for schools and health facilities.

Activities	<p>WASH Support to vulnerable populations in camps (4 months)</p> <ul style="list-style-type: none"> WASH support to Atmeh Camp, Dana sub-district, Harem district, Idleb WASH support to Qah, Salam, Leeajlekom and Karama Camps Dana sub-district, Harem district, Idleb <p>Restoring water systems for safe drinking water supply to vulnerable communities (4-6 months)</p> <ul style="list-style-type: none"> Restoring water stations and distribution networks in Al Bab district <p>Mobile water treatment unit for safe drinking water (4-6 months)</p> <p>Basic water services through mobile water treatment in north Aleppo, Idleb governorate and north Hama where needed</p>
Timeframe	Four months from disbursement of funding

District	Beneficiaries individuals	Identified partner	Amount minimum (\$M)
Harim (Qah camp)	134,000	Yes	\$2,900,000
Harim (Atmeh camp)	73,000	Yes	\$1,250,000
Al Bab	173,000	Yes	\$1,300,000
Afrin	70,000	Yes	\$650,000

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ANNEXES

Annex 1: THF eligibility criteria

Annex 2: Clusters' technical criteria

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ANNEX 1- THF ELIGIBILITY CRITERIA

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

- **Partner eligibility:** Applicants should have their organisational Due Diligence approved prior submission and support a principled humanitarian response to the vulnerable newly displaced people;
- **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;
- **Number of project and grant ceiling:** Partners can submit a maximum of two proposals no later than 26 November. The ceiling per project is defined based on the partner risk level and project duration, as outlined in the Operation Modalities. Partners are encouraged to submit a multi-cluster/integrated project when possible. The project should include the exact budget distribution among the cluster on the cover page. The budget should clearly identify the costs per clusters;
- **Strategic relevance:** Projects should present a clear linkage with the allocation strategy and an alignment of activities with areas of special focus;
- **Technical soundness:** Proposals must meet the technical requirements and cluster technical guidelines to implement planned activities. This needs to be supported by clear log frames with outcomes, outputs, SMART indicators and detailed activities.
- **Beneficiaries:** Beneficiaries should be clearly described and broken-down per geographical area, 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;
- **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);
- **Appropriateness:** The activities are adequate to respond to the identified needs;
- **Time criticality:** In accordance with the cluster strategies, the allocation prioritise time sensitive activities, i.e. activities that are most urgent in nature and require immediate response that cannot be postponed. Projects are expected to start **no later** than early January;
- **Access:** The applicant must confirm access to the geographical target area(s) and proven operational capacity in the area.
- **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 a 'plan B' in line with the allocation strategy and a suitable risk management plan in place;
- **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.
- **Complementarity with other funding:** Proposal recommending activities that have received funding from other sources should be weighted more favorably than activities that have no other funding, unless justified by the cluster with solid needs analysis. Cluster partners are requested to provide most up to date funding update on FTS. The additional source of funding must be reported on the project cover page;
- **Partnerships:** Applicants must provide detailed information about future partnerships under the proposed plan (if any) and are responsible to verify the capacity and the due diligence of the proposed sub-implementing partners. For this allocation, partners must have pre-selected partners for implementation with confirmed capacity (if implementing through partners)
- **Value for money:** Projects that can demonstrate the most 'value for money' (e.g. maximum outcome and beneficiary reach for each dollar invested and effectiveness of the intervention) relative to the project budget are prioritized. 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) inherent in the GMS budget. Project costs are appropriate comparable to the technical difficulty and complexity of the proposed activities.
- **Accountability to the affected population:** Projects must include a section on the Accountability to the Affected Populations and ensure that complaint and feedback mechanisms are in place;
- **Protection against Sexual Exploitation and Assault (PSEA):** In line with the requirement in the grant agreement, partners should ensure that the relevant mechanisms in place to detect internally and externally SEA cases.
- **Protection, gender, age and disability mainstreaming:** This allocation approach promotes protection, gender, age and disability mainstreaming and to check the extent to which appropriate measures have been integrated into project design;
- **Environment marker:** to check to which extend the project design is respecting the environmental measures (when it applies);
- **Conflict-sensitivity:** Project need to be conflict-sensitive, notably through integrating a do-no harm approach when designing the project.

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ANNEX 3- CLUSTERS' CRITERIA

PLEASE READ CAREFULLY AND ENSURE YOUR SBMITTED PROPOSALS MEET THE FOLLOWING CRITERIA**FSL**

- FSL Cluster Gap analysis at community level
- FSL Cluster interactive dash-board
- Apply FSL-GBV referral protocols;
- Cluster's recommended Response Packages SO1

Shelter/NFI

- Meet the Standards of the S/NFI Cluster Guidelines on NFIs as updated in July 2018;
- Participate in the S/NFI Cluster Winterization Plan, its reporting and preparation meetings;
- Shelters targeted should be 100 per cent compliant with the Shelter and NFI Cluster Housing, Land and Property Rights Due Diligence Guidelines.
- Have a pre-existing framework agreement for NFI procurement and receive procurement delivery within 2 weeks of the agreement (or earlier);
- Have third party monitoring capacity;
- Commit to shift the targeting to newly arrived IDPs in case of sudden displacement;
- Implement in the locations prioritized for this activity
- Have technical staff with engineering background to oversee the project implementation;
- Have successful shelter rehabilitation implementation experience.

Protection

- Applicants must have committed to serve as district level emergency response focal points in collaboration with the Cluster and Sub-Clusters and agree to carry out the related functions;
- Applicants are expected to have demonstrated technical expertise and existing capacity in at least two out of the four areas of responsibility and show commitment to meet at least minimum standards in the others (e.g. has Child Protection and GBV trained staff, would be supported to integrate Mine Action and Protection);
- Mobile teams should provide Psychological First Aid (PFA), information/awareness, referrals, protection monitoring, explosive hazard risk education and identification of separated and unaccompanied children;
- Estimated cost per district for six months to establish mobile teams and expand service points is approximately \$325,000, but varies based on district size and related population, as well as existing services.

WASH

- Organization has been implementing related WASH projects for at least the last six months;
- Needs based projects, based on current WASH related assessment findings; using data from the different WASH surveys and studies undertaken in 2017 and 2018 to substantiate arguments for the

need to intervene. (Assessment results must be attached within the submission);

- Projects with drilling new wells are not accepted and if necessarily, needs to be discussed with the WASH cluster prior to submission;
- Projects with integrated full WASH package are preferred;
- Projects needs to ensure sustainability;
- Projects in locations with high water borne diseases will be prioritized;
- Water systems interventions requiring a baseline survey will use the recommended harmonized WASH cluster water infrastructure survey tool;
- Safe water supply at a rate of 40 liters per person per day (minimum supply in a constrained situation is maintained at 25 lpcd);
- Wastewater channeled and disposed to locations far from settlements, ensuring no pollution of fresh water resources;
- Child-friendly WASH facilities in schools provide privacy and safety for girls and boys.

Education

- Projects are encouraged to integrate child friendly spaces into learning centers and to open these spaces to children, adolescents and youth who are not attending the school;
- Protection and psychosocial support activities need to be thoughtfully integrated into education services. The proposed approach must be discussed with the relevant cluster (protection, child protection, WASH, mine action);
- Repair works should be executed to ensure that there is minimal disruption to learning. If work happens during school hours clear protocols should be in place to keep children safe.
- Learning outcomes will be measured through ASER or other recognized tests;
- Learning spaces should have teacher learning and support circles and parent and teacher associations;
- Projects need to have referral pathways to specialized child protection, GBV and nutrition services;
- Education spaces/schools must have safety and security plans established, resourced and practiced;
- A clear monitoring and management system needs to be in place if fuel and safety and security equipment is provided;
- Projects should have a clear approach to meet the needs of children with basic disabilities and make their services more accessible to children with special needs;
- Health and hygiene messages need to be discussed with the WASH cluster. Projects with Mine risk awareness training for children and school staff will be prioritized.

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