

2nd Reserve Allocation 2021

Allocation Strategy Paper

Allocation Timeline: 18 May to 07 June 2021



THE AFGHANISTAN HUMANITARIAN FUND

The Afghanistan Humanitarian Fund is a Country-Based Pooled Fund¹ (CBPF) managed by a Humanitarian Financing Unit (HFU) of the United Nations (UN) Office for the Coordination of Humanitarian Affairs² (OCHA) based in Kabul. Established in 2014, and under the leadership of the United Nations Assistant-Secretary General and Humanitarian Coordinator for Afghanistan, its role is to support an effective, coordinated, prioritized and principled humanitarian response in Afghanistan.

Through this reserve allocation, the AHF provides a total of **USD 20.3 million** for life-saving humanitarian assistance in Afghanistan. All project proposals are subject to technical and financial review by the AHF and the respective clusters to ensure quality and compliance prior to final endorsement of grant agreements by the UN Humanitarian Coordinator for Afghanistan and the Executive Officer of UN OCHA.

HUMANITARIAN RESPONSE PLAN

Afghanistan HRP

The 2021 update³ to the Afghanistan HRP 2018 - 2021 seeks USD 1.3 billion to reach 15.7 million people with emergency life-saving humanitarian and protection assistance across the country. The strategic objectives of the HRP focus on the following:

- Strategic Objective 1: Lives are saved in the areas of highest needs.
- Strategic Objective 2: Protection violations are reduced and respect for International Humanitarian Law (IHL) is increased.
- Strategic Objective 3: Vulnerable people are supported to build their resilience.

Response to COVID-19 has been mainstreamed into the overall response, along with protection considerations. Most of the critical recovery or system-strengthening activities that were paused or scaled-down in 2020 will be resumed in 2021.

HUMANITARIAN CONTEXT OF THIS ALLOCATION

1. The multiple challenges facing the people of Afghanistan in spring 2021, including La Niña-induced climatic anomalies, intensifying conflict, new and protracted internal displacement and the ongoing COVID-19 pandemic, are exacerbating the pre-existing needs and vulnerabilities of millions of Afghans already dealing with the consequences of 40 years of war. A drought has not yet been officially declared; however, abnormally low precipitation is likely to affect overall access to water and agricultural output in impoverished rural areas.
2. According to the latest IPC⁴ figures, 14.1m people, or 35% of Afghanistan's population, are food insecure at crisis or emergency levels through until May 2021. Food prices are about 10-20% higher compared to the 5-year average, while the purchasing power of casual labourers and pastoralists has deteriorated almost 19% and 20% respectively over the last year. Overall, high levels of poverty and food insecurity are fuelling the adoption of negative coping mechanisms, presenting serious dangers to vulnerable people including elevated risks of GBV, early marriage, child labour, begging and recruitment by armed groups and additional debt accumulation. Without immediate, comprehensive anticipatory action, the already dire food insecurity and protection situation will be exacerbated by the consequences of the La Niña effect.
3. Diminished precipitation during the La Niña period has triggered a water scarcity crisis. For many impacted communities, it has become a challenge to acquire enough water for drinking, hygiene and food production (agriculture and livestock). In the context of an ongoing COVID-19 pandemic, insufficient water, including for

¹ <https://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf>;

² <http://www.unocha.org>

³ The 2021 update to the Afghanistan multi-year HRP (2018-2021) released in January 2021.

⁴ Integrated Food Security Phase Classification

sanitation and hygiene, has placed communities at a heightened risk of infectious and waterborne diseases, including COVID-19 and Acute Watery Diarrhoea. At the same time, access to the existing limited healthcare services remains at high risk.

4. Against this background, 250,000 people are anticipated to become internally displaced between March and June because of intensifying conflict. In addition to this, within the same period of time, more than 230,000 undocumented migrants and refugee returnees are expected to cross back into Afghanistan and require humanitarian assistance.
5. The Inter-Cluster Coordination Team (ICCT) developed a Spring Contingency Plan which highlights the urgent needs in 25 most-affected provinces over the spring season and identifies critical activities necessary to support 7.4 million people. The plan requires USD 390 million. All activities and requirements are a subset of the HRP. The HRP 2021 is facing a dangerous resource gap having received only 12% of the required funding in more than one quarter of the year. The AHF Second Reserve Allocation priorities are based on the urgent needs identified in the Spring Disaster Contingency Plan.

Emergency Shelter and Non-Food Items (ESNFI)

6. Given the past trends and indications of intensifying conflict, half of this year's projected conflict-related internal displacement (250,000 people) is anticipated to take place between March and June due to escalating conflict. These people will require NFI and shelter support. Children in displacement may also require Education-in-Emergencies (EiE) support with the provision of temporary classrooms/learning spaces. Over 230,000 undocumented migrants and refugee returnees are expected to cross back into Afghanistan and will require humanitarian assistance. The risk of additional drought-driven displacement remains high, and will depend on the severity of weather-induced conditions. This risk demands further investment in early warning systems and situation surveillance.
7. The risk from seasonal storms in spring remains high. Storm-related flash-floods continue to threaten thousands of households while a prolonged dry-spell is likely to affect soil absorption and thus agricultural livelihoods. More than 120,000 people are anticipated to be affected by spring storms and flash-floods, resulting in damage to shelters and livelihoods, and posing risk to life.
8. Given the socio-economic vulnerabilities which will inevitably be exacerbated by weather patterns, the cluster prioritizes cash-for-shelter and cash-for-rent assistance to vulnerable households (opting for transitional shelter options where possible). Flash floods are expected in spring requiring early shelter repair assistance. The Cluster also requires funding to replenish household items to complete the NFI packages.

Food Security and Nutrition Context

9. Without immediate, comprehensive anticipatory action, the already dire food insecurity situation will be exacerbated by the La Niña effect. There is a significant overlap between locations affected by low precipitation and high-risk provinces for malnutrition among both children and pregnant and lactating women (PLW). Increasing food insecurity and limited water availability will likely complicate current treatment for Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM), pushing additional children and PLWs into severe need. Reduced food affordability, rather than limited availability, threatens to push families further into debt or to adopt other negative coping mechanisms. Prices are already elevated above pre-COVID levels (the cost of pulses, sugar, cooking oil and rice (low quality) has increased by respectively 25%, 21%, 58% and 21%, compared to the same period last year) while the purchasing power of casual labourers has deteriorated almost 19% and of pastoralists 20% over the same period.
10. MAM supply pipelines are projected to break at the end of May/June while SAM supplies are sufficient until July. With procurement and transportation taking 3 months on average, early procurement is key to ensuring there is no rupture in these critical pipelines later in the year. In addition to pipeline replenishment, the Cluster is prioritizing scaling-up of treatment centres in the areas with high SAM burden and expanding SAM and MAM coverage through mobile teams in the areas with low SAM treatment coverage (especially in remote hard-to-reach districts which have less than 10% coverage of population with these services).
11. The Food Security and Agriculture Cluster (FSAC) requires new funding to prevent months-long displacement and household asset depletion, often irreversible or requiring years to recover from. The FSAC will continue to prioritize food through cash-for-food modality, wherever feasible, and livelihoods activities with emphasis

on livestock support (fodder, water harvesting structures and animal health support), asset creation (through cash-for-work and skills trainings) and later seed distribution.

Water, Sanitation, Hygiene and Health Context

12. With diminished precipitation levels during the La Niña period, a water scarcity crisis is unfolding. Water availability for livestock and agriculture, as well as for drinking and hygiene has become a challenge for many impacted communities. Additional resources are needed to compensate for limited local water availability and/or poor water quality. Without enough water for sanitation and hygiene, communities are at heightened risk of infectious and waterborne diseases, including COVID-19 and Acute Watery Diarrhoea.
13. At the same time, limited existing or accessible healthcare is a high risk in the affected provinces. Resourcing trauma centres and health facilities, scaling-up mobile health teams and health surveillance to deal with existing health needs, disease and malnutrition is critical. Funding that was made available for additional Mobile Health Teams under the COVID-19 response has now been exhausted. Unless additional funds are secured, these services will be unavailable for complex response to the consequences of La Niña, conflict, flooding and COVID-19 during the spring.
14. In 2020, expanded demand and scaled-up outreach by the WASH Cluster have created an urgent need for replenishment of hygiene kits, handwashing stations and water kits. The water supply infrastructure needs repair and rehabilitation because of damage from conflict and disasters and increased strain due to low precipitation. Water-trucking to water-scarce locations would be much more expensive. The broad use of untreated water sources, which is only going to be worsened under the expected drought-like conditions, will also require close monitoring and treatment of water sources as well as household water. The WASH Cluster implements its commitments to GBV prevention and gender equity by prioritizing gender-segregated and appropriate bathrooms and latrines in displacement sites. The Cluster partners will also be working to set up an early warning system to alert the humanitarian community on water scarcity in at-risk locations through basic quantitative (groundwater and surface water levels) and qualitative (turbidity or feco-oral contamination) surveillance with key informants at community/settlement level.

Protection and Education in Emergencies Context:

15. High levels of poverty and food insecurity continue to fuel the adoption of negative coping mechanisms, presenting serious dangers for vulnerable people including women and children: GBV, early marriage, child labour, begging, recruitment by armed groups, and additional debt accumulation. The need for an early, coordinated GBV response that is mainstreamed across all sectors is essential, especially in overcrowded informal settlements. Simultaneously, millions of people remain in need of mental health and psychosocial support (MPHSS) due to decades of conflict, compounded by increased strain from COVID-19 and uncertainty due to escalating conflict. Many displaced people, and women particularly, continue to lack basic identity documents, affecting their ability to access services and thousands of displaced people are at risk of eviction due to loss of income due to COVID-19. Well-communicated referral pathways and service mapping are a priority.
16. The overwhelming and rising protection needs facing the population over spring require additional commitments, specifically to support General Protection, CPIE, HLP and GVB activities. EiE Cluster partners have no funding available to meet gaps that were exacerbated by school closures in 2020 and which may be created by significant displacement over the spring months.
17. Given the above projections for spring, underlying needs identified in the HRP, the current funding situation, and a realistic estimation of humanitarian access and capacity, prioritized activities are suggested to save lives, meet people's most urgent humanitarian needs, and prevent a further deterioration of the situation. The proposed priorities under this allocation considered the recent CERF Rapid Response allocation of 2021 and are planned jointly with the CERF prioritization.

RESPONSE STRATEGY OF THIS ALLOCATION

ESNFI Partners

Maximum total amount of **US\$ 5 million**

Invited AHF Partners:	<ul style="list-style-type: none"> - Concern Worldwide (CWW) - Organization for Relief Development (ORD) - CORDAID (Cordaid) - Agency for Technical Cooperation and Development (ACTED) - AfghanAid - Danish Assistance to Afghan Rehabilitation and Technical Training (DAARTT) - Watan's Social and Technical services Association (WSTA) - Danish Refugee Council (DRC) - United Nations High Commissioner for Refugees (UNHCR)
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Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
Provision of Shelter repair toolkit for 200 flood and conflict affected households. Provision of 200 dignity kits to women headed households and other vulnerable women. Provision of 2,500 standard NFIs kits for displaced families.	Badakhshan: Kohistan, Jorum, Warduj, Yaftal Payan, Shari Buzarag	Repair toolkit, standard NFIs kit, Shelter repair/upgrade and rental subsidy.	13,300	CWW
Provision of 4,800 shelter repair toolkits for natural disaster affected people.	Paktika: Urgoon, Mata Khan, Yusuf Khil, Sarobi	Shelter repair toolkits.	33,600	ORD
Provision of cash for shelter repair to 800 HH natural disasters and conflict affected or displaced. Provision of cash for rent to 200 HH conflict displaced people.	Ghor: Ferozkoh, Shahrak Urozgan: Tarinkot	Shelter Repair cash assistance and rental subsidy.	7,000	Cordaid
Provision of shelter repair tool kit to 300 HH, natural disasters and conflict affected or displaced. Standard NFIs kit to 600 HH, natural disasters and conflict affected or displaced. Shelter repair/upgrade to 300 natural disasters and conflict affected or displaced. Rental subsidy to 600 HH conflict displaced people.	Ghor: Feroz Koh, Sagar Faryab: Qaysar, Pashtun kot, Maymana, Samangan: Aybak center of province, Hazrati Sultan Takahar: Ishkamish	Shelter repair toolkit, Standard NFIs kit, shelter repair/upgrade and rental subsidy.	6,300	ACTED
Provision of standard NFIs kit to 1,700 HH natural disasters and conflict affected or displaced. Rental subsidy to 950 HH conflict displaced people.	Ghor: Firozkoh Samangan: Aybak	Standard NFIs kits and Rental subsidy.	13,650	AFGHAN AID
Provision of standard NFIs to 2,800 HH natural disasters and conflict affected or displaced.	Faryab: Centre and rural areas of	Standard NFIs kit and Rental subsidy.	28,000	DAARTT

Rental support to 1,200 HH conflict displaced people.	Maimana, Pashtunkot, Almar			
Provision of repair toolkit to 2,215 HH conflict displaced people. standard NFIs kit to 1,500 HH natural disasters and conflict affected or displaced. Provision of rental support to 435 HH conflict displaced people.	Daykundi: Khedir, Neli, Sang-e-Takht, Eshtarly, Bamyan: Center of Bamyan	Repair toolkit, standard NFI kits and shelter repair/upgrade.	18,550	WSTA
Provision of shelter repair/upgrade assistance to 100 HH natural disasters and conflict affected or displaced. Provision of rental support to 1,335 HH conflict displaced people.	Herat: Herat city, Karukh, Injil, Guzara, Rabat Sangi districts Farah: Farah city, Pusht Rod, Bala Baluk districts Maidan Wardak: Maidan Shahr, Saydabad districts Kandahar: Kandahar city	Shelter repair/upgrade and rental subsidy.	10,045	DRC
Prepositioning and provision of emergency shelter kit.	Kandahar: Kandahar city Balkh: Mazar sharif Kunduz: Kunduz Takhar: warehouse in Kunduz	Prepositioning of emergency shelter kit for 2000 HH displaced people.	13,090	UNHCR
Total	15 Provinces		143,535	9

FSAC Cluster Partners
Maximum total amount of [US\\$ 3.5 million](#)

Invited AHF Partners:	<ul style="list-style-type: none"> - Concern Worldwide (CWW) - Caritas Germany (CG) - World Food Programme (WFP) - Afghan Women Rights Organization (AWRO)
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Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
4 months half basket cash for food assistance to IPC phase 3 and 4 food insecure vulnerable people.	Badakhshan: Shahr-e Buzorg, Yawan, Yaftal Sufia	Cash for food assistance to food insecure IPC phase 3 and 4 vulnerable people in IPC phase 4 classified areas.	18,410	CWW
4 months half basket cash for food assistance to IPC phase 3 and 4 food insecure vulnerable people.	Daikundi: Shahrstan, Miramoor, Ashtarlary	Cash for food assistance to food insecure IPC phase 3 and 4 vulnerable people in IPC phase 4 classified areas.	18,400	Caritas Germany (RCDC, CAWC)

4 months half basket cash for food assistance to IPC phase 3 and 4 food insecure vulnerable people.	Faryab: Shirin Tagab, Khwaja Sabzposh, Almar Ghor: Taywara, Sagher	Cash for food assistance to food insecure IPC phase 3 and 4 vulnerable people in IPC phase 4 classified areas.	46,060	WFP (CHA, SFL, AFGHANA ID, WVI)
4 months half basket cash for food assistance to IPC phase 3 and 4 food insecure vulnerable people.	Ghor: Dolayna	Cash for food assistance to food insecure IPC phase 3 and 4 vulnerable people in IPC phase 4 classified areas.	9,235	AWRO
Total	4 Provinces		92,105	4

Nutrition Cluster Partners
Maximum total amount of **US\$ 2 million**

Invited AHF Partners:	<ul style="list-style-type: none"> - Action Contre la Faim (ACF) - World Vision International (WVI) - MEDAIR (MEDAIR) - Save the Children Fund (SC) - Healthnet International and Transcultural Psychosocial Organization (HNI-TPO)
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Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
<p>Treatment of SAM children, MAM children and undernourished PLW through deployment of Mobile Team in low nutrition service coverage districts of drought at risk provinces.</p> <p>Provision of cash to mothers and caretakers of SAM children with complication for the transportation costs of reaching to in-patient SAM treatment sites in low nutrition service coverage districts of drought at risk provinces.</p>	<p>Badakhshan: Wardoj</p> <p>Ghor: Murghab</p>	<p>A total of 621 SAM children, 1,181 MAM children and 669 undernourished PLW require treatment services through Mobile Team in low nutrition service coverage districts of drought at risk provinces.</p> <p>Mothers and caretakers of children with severe acute malnourished (SAM) do not have access to inpatient treatment services due to lack of finance for transportation cost in low nutrition service coverage districts of drought at risk provinces.</p>	2,472	ACF
<p>Treatment of SAM children, MAM children and undernourished PLW through deployment of Mobile Team in low nutrition service coverage districts of drought at risk provinces.</p>	<p>Ghor: Firoz koh, Charsadah, Pasaband</p> <p>Herat: Injil</p> <p>Badghis: Ghormach</p>	<p>A total of 1,059 SAM children, 2,500 MAM children and 1570 undernourished PLW require treatment services through Mobile Team in low nutrition service</p>	5,130	WVI

<p>Provision of cash to mothers and caretakers of SAM children with complication for the transportation costs of reaching to in-patient SAM treatment sites in low nutrition service coverage districts of drought at risk provinces.</p>		<p>coverage districts of drought at risk provinces.</p> <p>Mothers and caretakers of children with severe acute malnourished (SAM) do not have access to inpatient treatment services due to lack of finance for transportation cost in low nutrition service coverage districts of drought at risk provinces.</p>		
<p>Treatment of SAM children, MAM children and undernourished PLW through deployment of Mobile Team in low nutrition service coverage districts of drought at risk provinces.</p> <p>Provision of cash to mothers and caretakers of SAM children with complication for the transportation costs of reaching to in-patient SAM treatment sites in low nutrition service coverage districts of drought at risk provinces.</p>	Daykundi: Kiti, Khedir	<p>A total of 392 SAM children, 1,046 MAM children and 507 undernourished PLW require treatment services through Mobile Team in low nutrition service coverage districts of drought at risk provinces.</p> <p>Mothers and caretakers of children with severe acute malnourished (SAM) do not have access to inpatient treatment services due to lack of finance for transportation cost in low nutrition service coverage districts of drought at risk provinces.</p>	1,945	MEDAIR
<p>Treatment of SAM children, MAM children and undernourished PLW through deployment of Mobile Team in low nutrition service coverage districts of drought at risk provinces.</p> <p>Provision of cash to mothers and caretakers of SAM children with complication for the transportation costs of reaching to in-patient SAM treatment sites in low nutrition service coverage districts of drought at risk provinces.</p>	Jawzjan: Sheberghan, Aqcha, Faizabad, Khaja Dokoh, Khanaqa	<p>A total of 1,827 SAM children, 4,534 MAM children and 521 undernourished PLW require treatment services through Mobile Team in low nutrition service coverage districts of drought at risk provinces.</p> <p>Mothers and caretakers of children with severe acute malnourished (SAM) do not have access to inpatient</p>	6,882	SC

		treatment services due to lack of finance for transportation cost in low nutrition service coverage districts of drought at risk provinces.		
Treatment of SAM children, MAM children and undernourished PLW through deployment of Mobile Team in low nutrition service coverage districts of drought at risk provinces. Provision of cash to mothers and caretakers of SAM children with complication for the transportation costs of reaching to in-patient SAM treatment sites in low nutrition service coverage districts of drought at risk provinces.	Kunar: Asmar, Dangam, Marawara, Nari, Noorgal, Watapur	A total of 1,602 SAM children, 4,185 MAM children and 1468 undernourished PLW require treatment services through Mobile Team in low nutrition service coverage districts of drought at risk provinces. Mothers and caretakers of children with severe acute malnourished (SAM) do not have access to inpatient treatment services due to lack of finance for transportation cost in low nutrition service coverage districts of drought at risk provinces.	7,255	HNI-TPO
Total	7 Provinces		23,684	5

WASH Cluster Partners
Maximum total amount of **US\$ 2 million**

Invited AHF Partners:	<ul style="list-style-type: none"> - Danish Committee for Aid to Afghan Refugees (DACAAR) - Agency for Technical Cooperation and Development (ACTED) - Catholic Relief Services (CRS) - Afghan Amputee Bicyclists for Rehabilitation And Recreation (AABRAR)
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Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
<p>Procurement for water monitoring, water treatments and hygiene kits.</p> <p>Boreholes rehabilitation, wells deepening, handpumps repair through rapid mobile teams, household water treatment promotion.</p> <p>Construction of new water points or systems where damaged existing water sources are</p>	<p>Badghis: Qala -e-Now,</p> <p>Helmand: Lashkargah city,</p> <p>Herat: Enjil, Guzara, Herat City, Karokh</p> <p>Kandahar: Kandahar city,</p> <p>Wardak: Maidan Shar and Said Abad</p>	<p>Rapid replenishment of key WASH supplies in cluster core pipeline organization's warehouses.</p> <p>Water scarcity and quality early warning at places of origins or at existing settlements. Safe water access at community and at household level.</p>	25,000	DACAAR

<p>beyond repair, water trucking in last resort.</p> <p>Water supply, sanitation and hygiene assistance in the potential areas of displacement with hygiene kits distribution.</p> <p>Hygiene promotion focusing on water efficient handwashing system.</p> <p>Gender/Protection sensitive WASH support for GBV mitigation.</p>		<p>Handwashing promotion through water efficient system in the context of COVID-19.</p> <p>Hygiene essential supplies culturally and gender appropriate.</p> <p>Access to gender appropriate sanitation facilities and safe waste disposal.</p> <p>Consultation with women and adolescent girls by female staff on WASH access related gender and GBV concerns.</p>		
<p>Boreholes and springs rehabilitation, wells deepening, handpumps repair through rapid mobile teams, household water treatment promotion.</p> <p>Hygiene promotion focusing on water efficient handwashing system.</p> <p>Water monitoring on quality and quantity with early warning disseminated over radio.</p> <p>Water supply, sanitation and hygiene assistance in the potential areas of displacement with hygiene kits distribution.</p> <p>Gender/Protection sensitive WASH support for GBV mitigation through gender/disability sensitive household latrines.</p>	<p>Badakhshan: Argo, Kishem and Shahr-e-Bozorg,</p> <p>Faryab: Pashtonkut, Almar, Dwlatabad, Qaisar & Qaramqool</p> <p>Kunduz: Khanabad, Dasht e Archi, Qala e Zal, Aliabad, Imam Sahib, Kunduz</p> <p>Sar-e-pul: Sar-e-pol, Sancharak, Sozma qala, Gosfandi and Sayad</p> <p>Takhar: Khowja Bahawddin, Rustaq, Taloqan, Hazar Sumuch, and Chall</p>	<p>Water scarcity and quality early warning at places of origins or at existing settlements.</p> <p>Safe water access at community and at household level.</p> <p>Handwashing promotion through water efficient system in the context of COVID-19.</p> <p>Hygiene essential supplies culturally and gender appropriate.</p> <p>Access to gender appropriate sanitation facilities and safe waste disposal.</p> <p>Consultation with women and adolescent girls by female staff on WASH access related gender and GBV concerns.</p>	46,900	ACTED
<p>Boreholes rehabilitation, wells deepening, handpumps repair through rapid mobile teams, household water treatment promotion.</p> <p>Construction of new water points or systems where damaged</p>	<p>Daykundi: Ashterlay, Sangi Takht, Khedir</p> <p>Ghor: Chaghcharan, Dulaina, Dawlatyar</p>	<p>Water scarcity and quality early warning at places of origins or at existing settlements.</p> <p>Safe water access at community and at household level.</p>	12,000	CRS

<p>existing water sources are beyond repair.</p> <p>Hygiene promotion focusing on water efficient handwashing system.</p> <p>Gender/Protection sensitive WASH support for GBV mitigation.</p>		<p>Handwashing promotion through water efficient system in the context of COVID-19.</p> <p>Hygiene essential supplies culturally and gender appropriate.</p> <p>Consultation with women and adolescent girls by female staff on WASH access related gender and GBV concerns.</p>		
<p>Construction of new water points, water trucking in last resort.</p> <p>Hygiene assistance in the potential areas of displacement with hygiene kits distribution.</p> <p>Hygiene promotion focusing on water efficient handwashing system.</p> <p>Gender/Protection sensitive WASH support for GBV mitigation.</p>	Farah: Farah and Anar Dara	<p>Water scarcity and quality early warning at places of origins or at existing settlements.</p> <p>Safe water access at community and at household level.</p> <p>Handwashing promotion through water efficient system in the context of COVID-19.</p> <p>Hygiene essential supplies culturally and gender appropriate.</p> <p>Access to gender appropriate sanitation facilities and safe waste disposal.</p> <p>Consultation with women and adolescent girls by female staff on WASH access related gender and GBV concerns.</p>	9,400	AABRAR
Total	13 Provinces		93,300	4

Health Cluster Partners

Maximum total amount of **US\$ 2 million**

Invited AHF Partners:	<ul style="list-style-type: none"> - JOHANNITER (JUH) - Solidarity for Afghan Families (SAF) - Handicap International (HI) - International Organization for Migration (IOM) - Healthnet International and Transcultural Psychosocial Organization (HNI-TPO)
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Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
<p>Emergency primary health care services.</p> <p>Lifesaving trauma care services. COVID-19 response.</p> <p>Mental Health and PSC services.</p>	<p>Badghis: Bala Murghab, Moqor, Qadir-Jawand, Aab Kamari</p>	<p>Access to essential health services in high priority area including mental health.</p>	55,000	JUH (MMRCA)
<p>Emergency primary health care to both displaced people and those in their places of origin through both static facilities and mobile health teams.</p> <p>Routine disease surveillance of and response to COVID-19, AWD, measles and other diseases will continue. Mental health, GBV and psychosocial support.</p>	<p>Faryab: Maimana, Pashton Kot, Shirin tagab/dawlat abad</p> <p>Jawzjan: Sheberghan Qosh tapa/darzab, Megagik / murdian</p> <p>Sar-e-pul: Center Sar-e-pul</p> <p>Samangan: Royee Doab, Hazrat sultan/Feroz naqshi, Jurm/Sarbagh, Aybak Dara Sof Bala/payen</p>	<p>Access to essential health services in high priority area including mental health.</p>	85,000	SAF
<p>Provision of mobile and static PSS support, to IDPs, returnees and host community members.</p> <p>Risk communication and community engagement activities on COVID prevention and vaccination.</p>	<p>Herat: Injil, Guzara</p> <p>Kandahar: Dand, Daman</p> <p>Nimroz: Zaranj</p>	<p>Psychosocial support for vulnerable groups.</p>	22,220	HI
<p>Essential basic primary healthcare through a Mobile Health modality, Rolling out COVID-19 vaccinations, risk communication and community engagement to mobile populations of returnees, IDPs, and underserved host communities.</p> <p>IOM will also preposition buffer stock of medicines and supplies.</p>	<p>Herat: Shindand, Guzarah, Pashtun, Zarghun, Ghoryan, Gulran, Obe, Shahrak-e Sabz Settlement</p> <p>Nimroz: Khashrod, Zaranj</p> <p>Kandahar: Zeray, Panjwayi, Mawand</p>	<p>Access to healthcare for migrant population including IDP, returnees.</p>	425,000	IOM

	Nangarhar: Khogyani, Behsud, Jalalabad, Surkhrod Shiwa			
Integrated mobile teams in Kunar and Nangarhar provinces. Strengthening GBV and MHPSS services in the existing health facilities by employing a Psychosocial Support Officer in each selected BPHS health facilities to address serious needs and vulnerabilities of girls and women. Provision of essential medicine and medical supplies to the selected existing BPHS health facilities to make sure appropriate health response to communicable disease outbreaks particularly AWD and measles that may occur during spring in Kunar and Nangarhar provinces.	Kunar: Dara-e-pech, Chapa Dara, Ghaziabad, Sarkani, Sawkay, Dangam, Marawara, Nari, Narang, Noorgal, Shegal, Watapoor, Asmar, Khas Kunar Nangarhar: Surkhrood	Access to essential health services in high priority area including mental health.	115,452	HNI-TPO
Total	10 Provinces		702,672	5

Protection Cluster Partners

Maximum total amount of **US\$ 5.3 million**

Invited AHF Partners:	<ul style="list-style-type: none"> - United Nations Population Fund (UNFPA) - Healthnet International and Transcultural Psychosocial Organization (HNI-TPO) - Terre des Hommes (TdH) - Save the Children Fund (SC) - War Child UK (WC UK) - Solidarity for Afghan Families (SAF) - United Nations High Commissioner for Refugees (UNHCR) - Norwegian Refugee Council (NRC) - Danish Refugee Council (DRC) - United Nations Human Settlements Programme (UN-HABITAT) - HALO Trust - Nations Office for Project Services (UNOPS)
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Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
Lifesaving GBV case management and Psychosocial Support Services. Strengthening of referral pathway. Distribution of dignity kits.	Ghor: Passband, Dulaina, Ferozkoh, Taiwara, Talak, Sahgar	Provision of lifesaving GBV services to drought affected women and girls.	326,820	UNFPA (HNI-TPO)
Lifesaving GBV case management and Psychosocial Support Services.	Badghis: Qadas, Jawan/ Balamorghab, Maqar, Aabkamary	Provision of lifesaving GBV services to drought affected women and girls.	12,180	HNI-TPO

Strengthening of referral pathway.				
Distribution of dignity kits.				
<p>Advocacy with the local authority for the referral of children who need other lifesaving services.</p> <p>Establishment of CBCPC, Awareness raising activities on CP issues.</p> <p>Child protection case management for children.</p> <p>Mental Health and Psychosocial support to prevention and response to separated children through interim care, family tracking, reunification, and services as needed by children.</p>	<p>Nangarhar: Momand Dara, focus on Torkham border city, Durbaba, Haska mina, Bati Kot</p> <p>Kunar: Nurgul, Narang, Sarkani and Chawki</p>	<p>Lack of awareness on CP issues such as early marriage and GBV during the Spring Disaster Plan.</p> <p>Lack of access of children to basic services.</p> <p>Lack of access to specialized MHPSS services.</p> <p>Lack of interim care to children at risk of separation/separated from their caregivers.</p>	35,502	TdH
<p>CBCPN system strengthening. Provide PSS activities including PFA.</p> <p>Establish mobile CFS.</p> <p>Community awareness programmes focusing on the following: positive parenting, fatherhood programme and gender from Islamic perspective.</p> <p>Distribution of PSS homebased recreational kits.</p>	<p>Kandahar</p> <p>Sar-e-pul: Sar-e-pul city</p>	<p>Holistic Child Protection programming, prevent and reduce resorting to the use of negative coping mechanisms.</p> <p>Large-scale displacements linked to conflict and natural disasters (drought) lead to increases in family separations putting children at increased risk of violence, abuse, exploitation and stress.</p> <p>Psychosocial support to children through mobile PSS teams to increase opportunities for children to develop, learn, play and strengthen resilience and psychosocial wellbeing.</p> <p>Awareness raising on child protection risks, including negative coping mechanisms linked to COVID, conflict and drought, and family separation.</p>	8,900	SC

<p>Child Protection monitoring.</p> <p>Provision of Psychosocial first aid (PFA) and Psychosocial support (PSS).</p> <p>Provide Child Protection and Case Management support to Unaccompanied and Separated Children (UASC).</p> <p>Strengthening Community Based Child protection mechanism.</p> <p>Update service mapping and development of referral pathway.</p> <p>Provision of comprehensive Case Management.</p>	<p>Herat: Injil, Karokh, Rabat Sangi, Guzara, Herat City Badghis: Qala-e-Naw, Mugur, Qadis, Ab-kamary</p> <p>Ghor: Firoozkoh, Dolatyar, Lalsarjantal</p>	<p>Conflict, drought and covid-19 emergencies induced protection risks and stresses to children and families.</p> <p>Low level of awareness on child protection risks.</p> <p>Lack of access to child protection services.</p> <p>During emergencies the community structures and social networks and support systems is disrupted, leading children to further risk and harms.</p> <p>Lack of data and evidence on protection risks, concerns, violations, and capacities is a major gap to design comprehensive child protection response and advocacy/influencing programmes.</p> <p>The capacity of community and local actors to respond to emergency situation is weak due to lack of support, coordination, referral mechanism and knowledge.</p>	39,325	WC UK
<p>Provide community based psychosocial support.</p> <p>Awareness raising on the dangers and consequences of conflict.</p> <p>Provision of psychological first aid (PFA).</p>	<p>Faryab: Maiman, Pashton Kot, Qayesar</p> <p>Samangan: Roye doab, Khuram, Sarbagh, Sar-e-pul, Jawzjan</p>	<p>Unawareness of affected community about child protection services in their catchment area.</p> <p>Psychosocially distressed children severed from post disaster and drought effects.</p>	22,000	SAF
<p>Providing cash assistance to displaced vulnerable Afghan returnees, IDPs, refugees and host communities facing drought and other emergencies.</p>	<p>Herat: Injil Kunar: Asadabad Nangarhar: Kama Kandahar: PD#9, PD#10 Daykundi: Nili</p>	<p>Reinforce CBPM to timely identify risks and effects of drought and armed conflict on vulnerable populations.</p>	10,850	UNHCR

	Faryab: Maimana Samangan: Aybak Takhar: Talogan Sar-e-pul: Sur-e-pul Baghlan: Baghlan Markazi Kunduz: Imam Sahib	Cash Assistance for Most Impacted Households through Cash for Protection.		
Protection monitoring and protection incident tracking. Protection evidence-based advocacy with national and field humanitarian and government partners. Provide information sessions on HLP and other legal issues connected to HLP risks. Provide counselling and legal assistance regarding HLP. Conduct capacity-building training with formal and informal justice actors to foster access to justice to resolve HLP risks.	Herat: Injil, Karukh Badghis: Qala-I-naw, Kamari Kunduz: Kunduz City, Chartaq Faryab: Maimana, Pashtonkut, Andkhoy, Khanch Sar-e-pul: Sar-e-pul Center Balkh: Mazar, Nahr Shahi, Dehdadi, Kholm, Marmul	Protection monitoring Service mapping Referrals	119,972	NRC
Protection Monitoring. Individual Protection Assistance (IPA). Service Mapping. Referrals.	Kapisa (Mahmood Raqi) Maidan Wardak: Maidan Shahr Ghazni: Ghazni City Parwan: Chrikar & Bagram Herat: Sahadat Camp/ Zenda Jan, Injil Farah: Baq Pul, Baq Now, Nang Abad, Dehak, Shaikh Abad, Ghulam Sadiq, Yasdi Kandahar: Centre of Kandahar City, PD-12, PD-9, PD-05 & Daman	Protection Monitoring – Priority 1 in Spring Disaster Plan. IPA - Priority 1 in Spring Disaster Plan. Service Mapping – Priority 1 in Spring Disaster Plan. Referrals - Priority 1 in Spring Disaster Plan.	105,373	DRC
Identify land for safe and secure settlement of IDPs displaced by natural disasters. Hazard mapping and site suitability assessment. Securing land rights associated with the settlement site.	Parwan: Jabalusseraj	Providing access to secure land for people displaced by natural disasters.	8,400	UN-HABITAT

Develop and gazette settlement master plan for sustainable settlement of IDPs. Coordination with government and humanitarian agencies to extend shelter, infrastructure and service investments in the site.				
Mine Action (MA). Non-technical survey. Technical survey. Clearance activities. Provision of explosive ordnance risk education (EORE). Victim data collection.	Nangarhar: Acheen, Deh Bala and Bati Kot	Release of 385,500 sq. meters of improvised mine contaminated land through non-technical survey, technical survey and clearance activities, and the provision of explosive ordnance risk education (EORE) and victim data collection in Nangarhar Province.	24,000	HALO Trust (DAFA)
Increase capacity to detect and respond to humanitarian needs, incl. lifesaving emergency interventions. Continue Inbound and Outbound Call Capacity. Strengthen Referral Mechanism, Capacity Building & Reporting.	Country-wide	Improve communication between affected populations and aid agencies. Enable joint inter-agency complaint, referral and reporting mechanisms. Increase the ability of humanitarian partners to identify needs of affected populations. Support humanitarian partners implementing the Spring Disaster Contingency Plan (Mar-Jun 2021).	26,600	UNOPS
Total	34 Provinces		739,922	12

Education Cluster Partner
Maximum total amount of US\$ 0.5 million

Invited AHF Partners:	- Agency for Technical Cooperation and Development (ACTED)
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Cluster priority activities	Primary location	Need	Target beneficiary (individuals)	AHF partner
Community mobilization and sensitization on the importance of a child's right to education.	Takhar: Rostaq, Khowja Bahawoddin, Taloqan	Lack of continuity of education for drought-affected host communities (at risk of displacement)	4,060	ACTED
Temporary learning spaces (TLS) established using tents and provided with textbooks, equipment, handwashing facilities and teachers.	Samangan: Aybak, Feroz Nakhchir, Hazrat-e- Sultan	Displaced children unable to continue education in host community after drought-related displacement		
School teachers receive top-up kits and refresher training to ensure that children continue to receive quality education.				
Total	2 Provinces		4,060	1

ALLOCATION PRIORITIES

1. This Reserve Allocation is provided to address prioritized humanitarian needs in Afghanistan. Clusters and their Partners have been pre-selected based on consultations with the respective clusters and criteria that enable an immediate response. Cluster responses and all projects must therefore address critical humanitarian needs identified in an urgent and expedited fashion.

PROJECT AND PROPOSAL DEVELOPMENT GUIDANCE

2. The AHF allocations provides funding to eligible local, national and international non-governmental organizations (NGOs) and United Nations (UN) agencies / funds and programs.
3. Local, national and international NGOs are required to pass the AHF eligibility process³, including Grant Management System⁴ (GMS) registration, as well as due diligence and partner capacity assessments before being approved to submit proposals in the GMS.
4. Localization of aid and incorporating local/national Non-Governmental Organizations into the overall humanitarian response is a strategic priority of the Afghanistan Humanitarian Fund.
5. Projects must meet HRP strategic objectives, the Spring Disaster Contingency Plan response objectives and the respective cluster strategy.
6. All partners, sub-implementing partners and their proposals must be reviewed and endorsed, both strategically and technically, by the respective clusters and specialized working groups (where applicable), thereby preventing duplication of activities across clusters/projects/proposals and partners.
7. Proposals/Projects must meet the general funding requirements for this specific allocation.
8. Proposals must include robust risk mitigation practices demonstrating clear location-specific context analysis and understanding of residual risks. As such, all proposals must be reviewed and endorsed by the Access & Security Unit of OCHA Afghanistan prior to SRC reviews:

³ CBPF Global Guidelines, Annex 10, <https://www.unocha.org/legacy/what-we-do/humanitarian-financing/cbpf-global-guidelines>

⁴ OCHA, Grant Management System, <https://cbpf.unocha.org/>

- a) Security: Proposals must demonstrate a clearly articulated understanding of the risks specific to the program activities, organizational profile and security situation within and around the proposed area of operations. In addition, specific mitigation measures must be referenced which the organization can put in place to offset these risks.
- b) Access:
 - Proposals must clearly illustrate a nuanced understanding of the program specific context, relevant stakeholders and conflict dynamics in the proposed area of operations; as well as a means by which the partner will be able to successfully negotiate meaningful access to operate within the detailed context.
 - All partners and sub-implementing partners must have effective access to the affected communities, particularly in those hard-to-reach areas; and existing partnership agreement with key stakeholders (e.g. local authorities, host communities, existing agreements with community-based organizations).
9. Mainstreaming cross-cutting issues such as PSEA, Accountability to Affected Populations (AAP), protection, gender, age, and disability and is an important requirement for all projects. Therefore, all respective components of any partner proposals must be reviewed accordingly - prior to any SRC and TRC reviews.
10. Use and registration of the 'Gender with Age Marker' (GAM) is a standard requirement for all proposals. The GAM is available at <https://iascgenderwithagemarker.com> and provides an automatic and objective calculation of the quality of humanitarian programming.
11. The use of cash (including multi-purpose cash), where feasible and appropriate is to be conducted in accordance with 'AHF Minimum Requirements for Cash-Based Programming including Post-Distribution Monitoring (PDM)' and by using the respective toolkit created by the Afghanistan Cash Voucher Working Group (CVWG). As such, all proposals that include cash-based modalities must be reviewed and endorsed by the CCVWG prior to SRC/TRC reviews.
12. Partners are required to address the core commitments to 'Accountability to Affected Populations' (AAP), in their project proposal (see guideline developed by the AAP working group for organizations seeking to implement AHF projects), describe how affected populations and specific beneficiaries have been and will be involved throughout the humanitarian project cycle and verify through AHF reporting and monitoring procedures how this has been applied. AAP core commitments are acted on through engaging project participants in decision-making in all project phases, leadership/governance that embeds AAP practices and policies in programming, operational transparency, the presence of an effective feedback-and-response mechanism for project participants, policies and practices that support the participation of women, people with disabilities, elderly people and others in marginalized groups; monitoring/evaluation/learning processes.
13. Accountability activities should include partners adopting and enforcing a policy banning staff from demanding any form of payment from project participants in order to receive cash-based programming and other forms of assistance.
14. The Risk Communication and Community Engagement Working Group (RCCE WG) and the AHF secretariat encourage all partners to mainstream COVID-19 RCCE into their community engagement activities to ensure maximum coverage.
15. Partners should clearly and regularly inform project participants that: they have a right to submit feedback, including complaints, about humanitarian programming and staff; they have a right to expect that all humanitarian assistance, including cash-based programming, is free; that project eligibility requirements will be clearly explained and based on need; they will not be asked to accept local re-distribution of assistance. Re-distribution of assistance is not acceptable under any circumstance, including if projects participants agree to such a suggestion.
16. District-level multi-sectoral collaboration and complementarity between the selected clusters in order to provide a comprehensive package through convergence of services is a requirement, wherever possible.
17. Partners are required to declare other project funding resources (where applicable), including bilateral and organizational funding.
18. Projects should link humanitarian relief activities to sustainable solutions i.e., by identifying and collaborating with key development partners at the locations of the projects and close coordination with the local authorities, including the Directorates of Rural Rehabilitation and Development. Projects with innovative sustainable activities and linkages to durable solutions will be assessed favourably.
19. Proposals are required to demonstrate best value for money (VFM):

- Projects supported by additional donors/funding sources are required to demonstrate how funding will be complementary and not duplicative.
- Partners are required to indicate the amounts and sources of co-funding of projects.
- Proposals demonstrating better cost effectiveness will be prioritized, where:
 - for comparable activities and outputs, the total cost is less.
 - the cost per beneficiary ratio is reasonable.
 - the level of support costs is reasonable and in line with accepted levels for a given type of activity.
 - the proposed period of implementation is adequate and represents best use of resources at that time.
- In cases where clusters wish to endorse more than one proposal for the same activities within the same geographic area, robust justification must be made for the efficacy of such planning.
- Whenever possible, and in order to limit overheads and administrative costs, implementing partners should not enter into sub-contracting agreements. However, partnerships with/between local/national NGOs are encouraged, provided that the local/national NGO partner has not failed the eligibility assessment or AHF funding eligibility not suspended.
- Clusters may develop additional prioritisation criteria based on programmatic specificities and best practices, considering the general categories:

Strategic relevance	Alignment with HRP Strategic Objectives. Alignment with Spring Disaster Contingency Plan Response Objectives. Alignment with Sector Objectives. Alignment with priorities of this allocation.
Program relevance	Based on in-depth and up to date needs analysis. Links objectives with activities, outputs and outcomes. Covers hard to reach and under-served areas.
Cost effectiveness	Proposals demonstrating stronger cost effectiveness and cost per beneficiary ratio. Proposals demonstrating the lowest cost compared with activities and outputs. Proposals demonstrating reasonable support costs. The proposed period of implementation represents best use of resources.
Management and monitoring⁵	Demonstrable field-based assessment and post distribution monitoring mechanisms in place. Feedback and complaints mechanisms in place. Indicators aligned with standard sector outcome indicators.
Engagement with coordination mechanisms	Partner engages in sector and other relevant coordination meetings. Partner shares information and engages with coordination mechanisms. Partner engages and coordinates with government authorities and structures.

20. The AHF Grant Management System (GMS) is used to administer all aspects of this allocation. GMS access is available at <https://chfafghanistan.unocha.org>

21. All products, goods and services must be project/allocation specific and for their direct use only.

22. The maximum approved period for projects funded by this reserve allocation is 6 months (except for AWAAZ, 7 months permitted project length).

⁵ All monitoring results are shared with the relevant cluster(s). Monitoring performance indicators of the fund are provided to the AHF Advisory Board on an annual basis, as well as upon request.

AHF INFORMATION, FEEDBACK AND COMPLAINTS MECHANISM

23. Further information about the Afghanistan Humanitarian Fund is available at: <https://www.unocha.org/ahf>
24. General correspondence to the Afghanistan Humanitarian Fund should be sent to ahf-afg@un.org Urgent inquiries can also be made by phone via the AHF Hotline: +93 (0)79 300 11 39
25. Complaints regarding the Afghanistan Humanitarian Fund, its partners, and the OCHA Humanitarian Financing Unit (HFU) should be sent to ahf-afg-complaints@un.org. AHF partners are encouraged to share this email address as appropriate. Complaints are received by the OCHA Head of Office (Custodian of the Fund), then addressed with the Head of Humanitarian Financing and all critical issues are referred to the UN Humanitarian Coordinator for decision-making.
26. Information about donor contributions and previous AHF allocations is available on the OCHA CBPF Business Intelligence Portal at <https://gms.unocha.org/content/cbpf-contributions> and the UNDP Multi-Partner Trust Fund (MPTF) 'GATEWAY' platform at <http://mptf.undp.org/factsheet/fund/HAF10>

ALLOCATION TIMELINE | 2nd AHF RESERVE ALLOCATION 2021

Allocation Time (Launch of Allocation Paper to Earliest Disbursement of Funds): **15 Working Days**

Step	Date	Responsible	Activity
1	12 April-8 May 2021	Partners Clusters AHF SCU HC	Partner / Cluster / SCU / AHF / Consultation Process OCHA/AHF consults with Clusters, partners and stakeholders, identifies needs, key gaps and potential partners.
1.1	8 May	Clusters/ AHF	Clusters submit final and complete cluster inputs to enable the drafting of the AP/ allocation prioritization template and the analysis of allocation table. Clusters agree on (draft) allocation timeline.
1.2	9 May	AHF	AHF sending email for AB/Save the date and meeting agenda.
1.3	9 May	AHF	AHF shares updated timeline with Cluster and working groups.
2	9-11 May 2021	AHF	Consolidation of Cluster Priorities and Funding Requirements and Drafting Allocation Strategy Draft allocation paper; develop the CERF/AHF joint prioritization strategy and complete allocation analysis table, as well as AB PowerPoint presentation.
2.1	11 May	AHF	Clusters confirm project-level aspects of AHF allocation strategy. AHF shares the draft allocation paper, CERF/AHF joint prioritization strategy and allocation analysis table as well as PP presentation with HoU and HoO for review
3	12 May 2021	AHF HC	AHF Presents Draft Allocation Strategy to the HC AHF presents the draft allocation paper, CERF/AHF joint prioritization strategy and allocation analysis table as well as PP presentation with HC, AHF incorporates HC guidance.
4	12 May 2021	AHF	AHF submits Draft Allocation Strategy to the Advisory Board (AB) AHF shares the draft allocation paper, CERF/AHF joint prioritization strategy and allocation analysis table as well as PowerPoint presentation with AB
5	18 May 2021	HC AB	AB Meeting/AHF Advisory Board Endorsement of the Allocation Strategy HC seeks AB endorsement of the Allocation Strategy.
6	18 May 2021	AHF	AHF Creates Allocation in GMS Final technical verification and GMS testing.
7	18 May 2021	AHF	Release of Allocation Paper to Cluster/partner AHF provides the Allocation Paper to Cluster Leads for dissemination to their partners. AHF sends invitations to pre-selected partners inviting them to submit proposals as per Cluster recommendations.
8	18-25 May 2021	Cluster Leads AHF Invited Partners	Clusters and AHF support Partner Proposal Development Clusters Leads and AHF provide support to Partners during the proposal development.
9	25 May 2021	Invited Partners	Invited and pre-selected partners submit proposals in GMS.
10	19-24 May 2021	Cluster Leads AHF	Formation of Strategic Review Committees (SRCs) and Technical Review Committees (TRCs) at Cluster Level Cluster conduct SRC election process to ensure equal representation (UN, INGO, NNGO). Cluster and AHF develop an allocation-specific Balanced Scorecard. Cluster form TRCs with technical experts.
11	26 May 2021	Cluster Leads AHF	SRC/TRC members individual review of proposals in preparation for SR/TR
12	27-31 May 2021	SRCs TRCs Cluster Leads AHF Invited Partners	Strategic review (via VTC, if needed) SRCs review and score project proposals at individual cluster level. AHF ensures fair and transparent process, based on SOP. Technical review (via VTC, if needed) TRCs, Cluster Leads and AHF jointly review proposal, provide feedback to implementing partner, ensure that proposal comply with Cluster Standards, AHF Operational Manual and CBPF Global

			Guidelines. Finalization of proposals Partners revise proposals as needed.
13	1-2 June 2021	AHF CBPFS	Budget Review and Clearance AHF provides feedback to implementing partners. Partners revise proposal/budget as needed. AHF submits budgets to CBPFS for Finance approval. Following CBPFS approval AHF prepares Grant Agreement.
14	3 June 2021 onwards	HC AHF	Approval of Grant Agreements by the HC
15	6 June 2021 onwards	Invited Partners	Partners countersign Grant Agreements
16	6 June 2021 onwards	AHF	AHF submits Fund Transfer Request to MPTF/CBPFS
17	7 June 2021 onwards	MPTF OCHA/HQ EO	Disbursement of Funds to Partners MPTF disburses the Fund to UN agencies and to CBPFS for NGOs. AHF submits Grant Agreements for final approval by the OCHA Executive Officer (EO).