

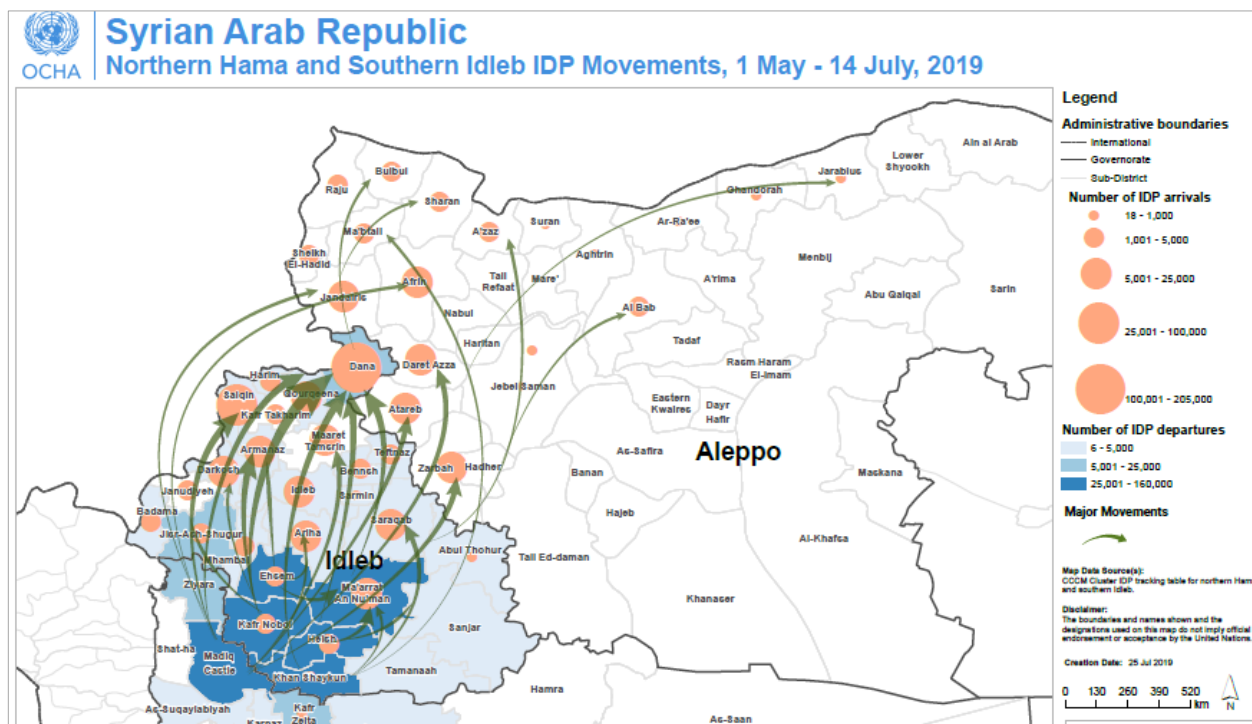
Project Proposal Deadline: Wednesday 14 August 2019 at 14:00 (Turkey time) on GMS only
For partners' eligibility for this allocation, please refer to the Eligibility Section

ALLOCATION OVERVIEW

A) HUMANITARIAN SITUATION OVERVIEW

- **Violence in northwest Syria continues unabated since April in southern Idleb, northern Hama and western Aleppo governorates** impacting civilians and impeding the delivery of assistance in many areas. As the fighting continues, the humanitarian situation continues to deteriorate;
- As of 14 July, the **total displacements are 452,623, affecting at least 330,000 people** (including secondary displacements). The majority of the newly displaced are **fleeing to Northern Idleb to areas that are already densely populated** mostly with IDPs having previously fled to these areas;
- Repeated airstrikes and shelling in densely populated areas has led to **hundreds of civilian deaths and thousands of injuries** in the last three months. It has also led to **widespread destruction of civilian infrastructure**, including hospitals, schools, water stations, bakeries and market places, adding to the **suffering of civilian living and remaining in these areas** and intensifying humanitarian needs;
- The **impact of hostilities is particularly severe on women and children** who constitute 76% of the population in north west Syria;
- According to the latest multi-sector Rapid Needs Assessment (RNA) conducted by REACH in July 2019, **many IDPs are relying on humanitarian assistance and food aid as their main source of livelihoods**. IDPs and residents have reportedly adopted negative coping strategies following a lack of food availability;
- Certain **protection issues have become more prevalent**. Child labour was reported in 51% of assessed communities, whereby many children are likely to be exposed to various forms of abuse and exploitation;
- The high number of IDP arrivals has put an additional **strain on the available services and livelihood opportunities**;
- **Many IDP households and resident households are living in overcrowded shelters**. The majority of IDPs have arrived with furniture (61%) and kitchen equipment (59%), suggesting that they expect to stay for an extended period of time, with limited options for future movement;
- Since the beginning of 2019, **35 health facilities that provide around 55,000 medical consultations, over 1,100 major surgeries and around 800 deliveries have been put out of service or are partially functioning**;
- **The emergency response is ongoing**; partners have mobilized to respond to critical needs in a context where the response is becoming increasingly complex. The SCHF has already allocated part of its funding under the first standard allocation organized in April 2019 but more funding is required and underpins triggering this reserve allocation.
- According the most recent data and analysis available, the **highest level of severity of needs** has been identified in the following geographical areas:
 1. **Conflict-affected areas under attack**, mostly in southern Idleb and northern Hama as per the map below and include places like Ariha, Jisr-Ash-Shugur, Kafr ar Nobol, Kan Shaykun, Ma'arrat An Numan and Saraqab.
 2. **Areas that have received the highest IDP influx over** the last few months and have been identified with the highest needs, further listed in the table below.

¹ The Turkey Humanitarian Fund (THF) changed its name on 1 August 2019 to become the Syria cross Border Humanitarian Fund (SCHF). This change allows to better capture the nature of the fund's activities. The scope and objective of this funding mechanism remain unchanged;



District	Sub District	Community	Total Population April 2019	IDP population	People in need (PIN)
Harim	Dana	Atma	130,668	124,230	104,183
Harim	Dana	Qah	64,438	61,415	36,959
Harim	Dana	Kafr Kafaldin	2,347	1,791	12,617
Harim	Dana	Bab El Hawa	19,602	19,062	3,118
Idleb	Maaret Tamsrin	Ma'arrat Tamasrin	40,957	22,369	30,110
Idleb	Saraqab	Maharim	3,174	1,590	2,190
Jisr-Ash-Shugur	Darkosh	Zanbaqi	4,547	3,757	2,260
Harim	Salqin	Faroukiyeh	1,925	1,570	2,343
Idleb	Saraqab	Khuwara	3,659	2,126	2,651
Jebel Saman	Atareb	Maaret Atarib	6,651	3,901	4,620
Harim	Dana	Sarmada	54,778	33,524	43,636
Harim	Dana	Deir Hassan - Darhashan	51,872	45,000	12,133
Idleb	Idleb	Idleb	186,376	68,127	131,274
Harim	Dana	Aqrabat	12,705	9,861	5,546
Jisr-Ash-Shugur	Darkosh	Dorriyeh	5,876	5,336	6,146
Harim	Dana	Dana	93,416	69,614	78,920

B) HUMANITARIAN RESPONSE PLAN

This allocation strategy has been developed in line with the **2019 Humanitarian Response Plan (HRP)** and the **Readiness and Response Plan for North West Syria** that has been updated and activated. Results from the most recent data collection exercise (multi sector Rapid Needs Assessment (RNA), July 2019) have also been taken into account in the prioritization exercise.

The objectives of this reserve allocation are anchored in the **first two objectives of the HRP**; to provide life-saving humanitarian assistance to the most vulnerable people to alleviate suffering; and to 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 sector strategy.

ALLOCATION STRATEGY

- In line with the HRP objectives highlighted above, **this reserve allocation will respond to immediate emergency requirements of people affected by the violence that have either been recently displaced in areas with the highest severity or remained in heavily affected frontline areas;**
- **The allocation will focus on the highest priority needs for people** in Idleb identified through the RNA and intersectoral consultations. The **response will target clearly identified sectoral gaps in the targeted areas** which, if left unaddressed, could exacerbate people’s humanitarian impact in a short timeframe;
- **Essential Shelter and Non-Food Items (S/NFIs)¹ core pipelines** that are considered indispensable for the delivery of the frontline response will be part of this allocation. **Winterization supplies** should be provided to the new arrivals as part of this response;
- **Restoration of emergency health services, including ambulance services, to damaged health facilities in frontline areas, and replenishment of medical supplies** to facilities in Idleb that are overwhelmed with the new arrivals. With the marked increase in violence on civilian population, the need for trauma and surgical kits/supplies, anaesthetics drugs and supplementary medicines has increased;
- **Protection activities will be implemented through an emergency response model that relies on expanding the capacity of static service points (community centres, child-friendly spaces, and women and girls’ safe spaces) 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 allows cluster members to continue delivery of services in rapidly-changing circumstances to respond to existing gaps and anticipated growing needs.
- **Critical Water Sanitation and Hygiene (WASH) supplies and services will be provided to people in-camp and out of camp locations** within the targeted areas.
- The below table summarises the top needs² identified for IDPs and residents in the targeted communities that have recently received IDPs (*source: RNA*). Sectoral needs for population living in frontline areas are reflected in partners’ assessments and in the below sectoral strategies;

Sub_district	Communities	Top needs for IDPs		Top needs for residents	PiN (People in Need)
Dana	Idleb	WASH	Shelter		131,274
	Atma	NFI	WASH	NFI/WASH	104,183
	Dana	Shelter	NFI		78,920
	Qah	NFI	WASH		36,959
	Aqrabat	NFI	WASH	NFI/WASH	5,546
	Zanbaqi	Shelter	NFI		2,260
	Deir Hassan - Darhashan	Shelter	NFI		12,133
	Maharim	Shelter	NFI		2,190
Idleb	Sarmada	NFI	WASH	NFI/WASH	43,636
Maaret Tamsrin	Ma'arrat Tamasrin	Shelter	Livelihoods		30,110
Saraqab	Bab El Hawa	NFI	WASH		3,118
Darkosh	Kafr Kafaldin	NFI	WASH	NFI/WASH	12,617

¹ Procurement of tents will be done under the CCCM cluster to replenish the CCCM/SNFI Cluster Emergency Pipeline Stock;

² Food was also identified as a key priority across communities in addition to the above clusters. It has not been prioritized for this allocation since the food pipeline is currently enough funded as per the information received at the time of launching the allocation. In addition, food assistance is also rarely prioritized by pooled funds due to the large amounts of funding required. Gaps in specific areas should be addressed to the extent possible by other donors, while considering the SCHF as a last resort.

ALLOCATION BREAKDOWN

The DRHC, in consultation with the SCHF Advisory Board, made the decision to allocate a **scalable amount of US\$ 22.5 million** for this allocation. These tentative envelopes may change based on the submitted proposals and the evolving context on the ground which remains dynamic at the time of the launch.

The fund allocation for the clusters selected for this allocation and funding is set as follows (in million US\$):

Cluster	Maximum amount per cluster (\$million)
Health	3
Protection	2
Shelter/NFI and CCCM	8
WASH	8
CCS	1.5
Total	22.5

The **funding allocated per cluster is indicative** to inform the strategic review of selection of projects. The final decision on funding allocated per cluster will be based on the quality of the proposals received and the extent to which they correspond to the allocation strategy and the sectoral strategies developed for this allocation. This final allocation may be scaled-up to US\$30 million, based on the evolving context on the ground and the quality and type of proposals received.

*Projects and clusters with longer term interventions that are required to respond to needs in the current context will be targeted through the SCHF Second Standard Allocation that is estimated to be launched in September of this year.

In addition, submitted project proposals **should fit into the identified cluster(s) priorities³** described in the below clusters' sectoral strategies section.

TIMELINE AND PROCEDURE FOR SUBMISSION

- Considering the time criticality of the proposed interventions, **the project proposal submission deadline is 14 August 2019 at 14:00;**
- Only project **proposals submitted online via the GMS** will be accepted;
- This allocation will **follow the timeline** detailed hereafter. **Fast tracking** the finalization of proposals approved in principle' by the DRHC and identified by the review committees as time-sensitive, will be prioritized.

Steps	What	Who	Key Date	
1. Launch of Allocation	1. Preparation and launch	The allocation is launched on GMS and cluster coordinators will be informed accordingly.	OCHA – HFU	1 Aug
2. Submission of project proposal	2. 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	14 Aug
3. Review of project proposals	3. Strategic, Technical and Financial review ⁴	A joint Review Committee ⁵ (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 s, HFU, FCS (OCHA)	15 – 30 Aug

³ Additional priorities and targets might be considered **only** to respond to increased needs on the ground, provided a solid justification and accompanying recent needs assessment;

⁴ Strategic and Technical reviews will be combined;

⁵ The Cluster Committee must include: the cluster coordination secretary (including the co-chair), a gender focal point and an HFU staff;

4. Approval of project proposals	4. 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	2 – 13 Sep
	5. 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) ⁶ .	OCHA – HFU, IP	
	6. DRHC Grant Agreement signature	DRHC approves project	DRHC	
	7. 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	8. 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	
	9. First disbursement	Payment request processed	OCHA HQs	

CLUSTER STRATEGIES

COORDINATION AND COMMON SERVICES

Cluster	Coordination and Common Services Response (\$ 1.5 million)
Cluster specific objectives targeted	SO1: Provide effective coordination support at hub and WoS levels, and reinforced response capacity of national humanitarian actors.
Allocation specific Objective(s)	As a result of this project, the overall logistics capacity provided by the Turkish Red Crescent to humanitarian partners to facilitate the undertaking of cross border delivery of humanitarian supplies from Turkey into Syria will continue to be strengthened. These services include but are not limited to fast tracking of the delivery of humanitarian relief supplies through authorized humanitarian corridors, monitoring the amount and type of humanitarian relief supplies delivered across the border, assisting humanitarian organizations undertaking TRC facilitation services in abiding by the rules and regulations in place regarding the cross-border delivery of humanitarian relief materials. The TRC will also provide training opportunities organizations interested regarding the methodology to be followed when requesting TRC facilitation of humanitarian relief supplies across the border into Syria.
Main activities	<ul style="list-style-type: none"> To continue the provision of facilitation services that assists humanitarian organizations in the delivery of humanitarian relief supplies into Syria, enabling import and export with waivers, initiating facilitation services in coordination with the applications of the NGO's for exemption from Value Added Tax (VAT) for the delivery of humanitarian supplies, fast tracking at the border crossings, enabling the use of additional humanitarian aid border crossings, coordination of cross-border shipments to avoid congestion and maintaining a record for the humanitarian relief supplies delivered.
Project timeframe	6 months
Target location	The TRC will operate mainly out of Gaziantep, Kilis and Hatay, to facilitate the delivery of humanitarian aid supplies with the possibility to increase to 14 border points.
Targeted Population	Approximately 100 humanitarian organizations

⁶ 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.

Partners identified and amount proposed:

District / Intervention	Identified partner	Amount maximum (\$M)
Gaziantep, Kilis, Hatay mainly with possibility to scale-up	Yes	1.5 million

HEALTH

Cluster	Health Response (\$3 million)
Cluster specific objectives targeted	SO1: Increase access to humanitarian life-saving and life-sustaining coordinated, equitable health services for those the most vulnerable and in need.
Allocation specific Objective(s)	<p>To restore, sustain or improve urgent critical life-savings intervention to population directly affected by the armed conflict prioritizing displaced population;</p> <ul style="list-style-type: none"> To provide live-savings health care services with attention to surgical, trauma/injury care and NCD at selected needs-based health facilities focusing on medicines and supplies To ensure that strategic health care facilities are functional and services restored and are able to response to the urgent needs of the armed conflict affected population and the IDPs.
Main activities	<p><u>Restoration of Emergency Services</u></p> <ul style="list-style-type: none"> Support specialized health care services providing critical maternal and child services such as the <i>Women and Children Hospital</i> in Ghadqa. This particular facility is the only hospital providing these services to the eastern conflict affected M5 area, with a catchment estimated population of 100,000. The partners will expand to this facility and others the provision of surgical services beyond maternal and child services as to compensate the lost services in damaged/closed facilities in the western areas. Besides supporting the urgent trauma and surgical needs in the health facilities, the chronic diseases will be addressed by supporting Internal Medicine care facilities such as the specialized hospital in Idleb city receiving large number of IDPs. This facility as the only specialized hospital of internal medicine in northwest Syria, will be supported to cover a critical funding gap as of the beginning of July 2019. This will protect and urgently maintain the medical needs of more than 220,000 people in Idleb city and its catchment communities not only affected by attacks but as recipients of increasing displaced population. Locations where IDPs have been displaced are in urgent need of support. One of these neglected localities is Andan community in Haritan sub-district This area is considered a front line since it has received frequent and intensive bombardments. It has an estimated 80,000 to 100,000 population (about 30% are IDPs and increasing) and there is no similar facility in the surrounding area, the nearest surgical hospital is in Atareb town which is about 35 kilometers away. Andan hospital consists of an emergency room and two operation rooms for damage control and life stabilization support provided by general and orthopedic surgeons and experienced nursing staff. As complementarity there is a physiotherapy and a CEmONC center seven kilometers away in Haritan town. This makes it a holistic approach facility to reduce the burden on the referral systems and on the populations who will in this case receive comprehensive basic package of primary and secondary health services. Lastly, it's proposed to locate a surgical unit in Al-Eiss town belonging to Hadher sub-district in Jebel Saman district. The whole area lacks secondary health care services for an estimated 40,000 people (about 20% are IDPs) with no similar facility in the surrounding area – the nearest emergency/surgical hospital is in Atareb town (30 kilometers away). <p><u>Sustain the emergency ambulance referral system</u></p> <p>Whilst the Aleppo network has its ambulance system containing six functioning vehicles located in Kafr Karmin town / Atareb sub-district which is about 40 kilometers far from the Andan hospital but very close to the health facilities located mainly in Atareb and Daret Azza areas. Furthermore, the whole ambulance referral network of around 70 ambulances is being threatened as a major donor had abruptly stopped</p>

	<p>their operation costs support (fuel, maintenance) and a major critical gap is foreseen if funding is not urgently secured.</p> <p><u>Provision of life-saving medicines and medical supplies</u></p> <p>As many hospitals are closed or providing emergency life-saving services only, others continue to see an increase in the number of injuries and overall patients, having a direct strain on their available and planned stocks. With the marked increase in airstrikes since May 2019, the needs for trauma and surgical kits/supplies, anesthetics drugs and supplementary medicines have increased considerably.</p>
Project timeframe	6 months
Target location	<ul style="list-style-type: none"> • Ghadqa, Al Ma'ra; Idleb • Kafr Karmin, Atareb, Daret Azza district, Idleb and all NWS sub-districts • Harin district and Idleb city, Idleb • Andan, Haritan - Jebel Saman, Aleppo • Al-Eiss, Hadher, Jebel Saman, Aleppo
Targeted Population	490,600

Partners identified and amount proposed:

District / Intervention	Identified partner	Amount minimum (\$M)
NWS Idleb & Aleppo: Health Facilities/Services	No	1,747,283
NWS: Medicines & supplies	Yes	958,717
NWS: Ambulance Referral Network	Yes	294,000

PROTECTION

Cluster	Protection Response (\$2M)
Cluster specific objectives targeted	<p>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 - relates to SO1, SO2, SO3</p>
Allocation specific Objective(s)	<p>Ensuring the continuous provision of emergency protection services in areas throughout northwest Syria that are highly affected by displacement especially since late April 2019.</p> <p>In the first three weeks to two months, Protection Cluster members prioritize the following response activities: psychological first aid, information sharing/awareness raising on key protection considerations and available services, referrals and accompaniment of persons of concern to services and to specialized protection, GBV and CP services, identification of separated and unaccompanied children and those without appropriate care, and distribution of dignity kits and recreational kits.</p> <p>The Protection Cluster (PC) has eight members identified as emergency response focal points, covering eight districts in Idleb and Aleppo.</p> <p>The main responsibility of the FPs is to coordinate the intervention among organizations in the field:</p> <ul style="list-style-type: none"> • Provision of key protection services (in-line with the Cluster's emergency response package). • Identification of gaps in terms of protection services and sharing information received from other cluster members with the coordinators • Reducing overlaps or gaps in emergency response services through field protection interventions in cooperation with cluster members at field level. • Liaising with management of transit <p>The cluster is prioritizing for the continuation of activities in-line with its emergency response/preparedness package that has been developed previously and pre-selected organizations are protection cluster emergency focal points, meaning PC and SC members that have previously responded and coordinated field level protection emergency response.</p>

	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.
Main activities	<p>Protection - activities</p> <ol style="list-style-type: none"> Maintain 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). Cluster members also will identify and refer individuals to essential services in addition to specialized services (case management – IPA). Maintain static service points 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. <ul style="list-style-type: none"> Establishing protection point- Help desk in formal reception centers that could assist in identifying cases, referral, follow up and do protection monitoring within the site. 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. Gap filling of field protection interventions – emergency protection FPs will take the lead in each district to ensure that identified needs and service gaps reported directly to them from other organizations or sectors are addressed timely either directly or through referrals and in collaboration with other protection actors. This will not replace or duplicate the coordination of the overall protection emergency response, which is led by the PC and SC coordinators from Gaziantep in line with the emergency response model.
Project timeframe	6 months
Target location	<p>While the populations served will vary based on the district, the cluster’s emergency response package can reach approximately 5500 individuals per district through outreach and more specialized support on a monthly basis.</p> <ul style="list-style-type: none"> Harim district: 902,323 total population, approx. 65% IDPs <ul style="list-style-type: none"> Dana Sub-district total population 559,891. 75% IDPs. Idleb district: 672,477 total population, approx. 41% IDPs Jebel Saman district: 2,119,970 total population, approx. 20% IDPs
Targeted Population	Protection: Women, men, boys and girls with specific needs including serious health conditions and legal/physical protection needs; female-headed households; adolescent girls and boys; elderly women and men; and women, men, girls and boys with disabilities.

Partners identified and amount proposed:

All identified partners already play a role as emergency protection Focal Point; they have technical expertise and existing capacity in at least two out of the four areas of responsibility and have already integrated capacity in the other two areas of responsibility through their experience in the previous emergencies.

District / Intervention	Identified partner	Amount minimum (\$M)
Harim - Dana	Yes	\$650,000
Idleb	Yes	\$300,000
Jebel Saman	Yes	\$350,000
Dignity kits	Yes	\$500,000

SHELTER/NFI AND CCCM

Cluster	Shelter / NFI and CCCM Response (\$8 million)
Cluster specific objectives targeted	<p>SO1: Provide life-saving and life-sustaining shelter and NFI support</p> <p>SO2: Provide seasonal and supplementary shelter and NFI assistance</p> <ul style="list-style-type: none"> • As of 13 July, the contingency stock is depleting, with 1,048 tents remaining. Of these remaining tents, there is a request for 2,800 tents which the clusters are not able to cover. A further 6,750 tents are in the pipeline but only 1,000 will be available in the coming weeks. Partners have assisted 15,000 individuals with shelter so far but there remains a crucial need to scale up the shelter response. Dana remains the sub-district with the largest number of newly displaced individuals. Most of the IDPs living in tents are reported located in the Dana sub-district. 57% of the people assisted with emergency shelter support so far are in Dana. 24 organizations have reported to the clusters activities in this area. However, the number is still low (38,788) compared to the number of displaced people in the area. The contingency stock has been used by 23 different organizations. • Winterization preparedness is a time-critical and life-saving activity. It needs to start in August given the lead times on the administrative and procurement processes. • A key gap and priority are shelter repair and rehabilitation. Indeed, two third of IDPs are moving out of the camps or living out of camps in dire conditions. Such projects are central to the response as they facilitate improving basic living conditions as well as the safety and security of households in need. However, considering that this Reserve allocation is for 6 months and large-scale shelter rehabilitation projects takes more than 6 months (community engagement, damage assessment, beneficiary selection, HLP due diligence, repair work, etc.) this reserve will focus on urgent and life-saving interventions.
Allocation specific Objective(s)	<ol style="list-style-type: none"> 1. To replenish the SNFI/CCCM Clusters Emergency Pipeline Stock to reach a combined emergency contingency capacity to cover approximately 25,000 individuals with NFIs and tents (operational readiness). 2. To provide winterization supplies with the adapted modalities. 3. To use cash-based programming where possible for winterization 4. To support life-saving shelter rehabilitation where relevant
Main activities	<ol style="list-style-type: none"> 1. Procurement of tents and core essential NFIs for the contingency stock 2. Provision of winterization assistance for newly displaced <p>The first activity prioritized by the CCCM and SNFI clusters is the replenishment of the contingency stock; to replenish the SNFI/CCCM Cluster Emergency Pipeline Stock to reach a combined emergency contingency capacity to cover approximately 215,000 individuals (operational readiness).</p> <p>The second activity prioritized by the Clusters for this allocation is the provision of winterization shelter and NFI assistance for the upcoming winter 2019/20. The project proposals need to justify the chosen/appropriate modality. Interventions can include the following:</p> <ol style="list-style-type: none"> 1. Provision of seasonal and supplementary NFIs (in kind, in voucher or in cash) for new IDPs or protracted IDPs that did not receive winter assistance. (full assistance) <ol style="list-style-type: none"> 1.1 Stove (the type of stove should be adapted to the fuel type available) 1.2 Fuel 1.3 Thermal blankets 1.4 Clothing 2. Provision of seasonal and supplementary NFIs (in kind, in voucher or in cash) for vulnerable IDPs exposed to the harsh weather. <ol style="list-style-type: none"> 2.1 Fuel (the type of stove should be adapted to the fuel type available) 3. Seasonal tent upgrade for vulnerable IDPs living in damaged tents or dilapidated makeshift shelters. This would include, by order of priority: <ol style="list-style-type: none"> 1st priority: Ground levelling and plastic sheeting 2nd priority: tent insulation

	<p>This activity is open to active CCCM/SNFI Cluster Members who meet the Technical Eligibility Criteria described below.</p> <p>The third activity under this allocation will support life-saving shelter support (repair and rehabilitation) that can be implemented within the allocation 6-month timeframe. The proposals will need to be built on solid needs assessments, focus on the most vulnerable people and include lessons learnt from previous interventions. Proposals will also need to be closely coordinated with the ongoing shelter planning activities at the cluster level. Considering the short time frame for such activity, rehabilitation could include quick fixing:</p> <ul style="list-style-type: none"> • Rehabilitation of collective centres • Rehabilitation of damaged houses/apartment • Upgrade of unfinished buildings
Project timeframe	6 months
Target location	<p><u>In-camps and Off-camps:</u> Idleb, Atma, Dana, Qah, Sarmada, Deir Hassan – Darhashan, Ma'arrat Tamasrin, Bab El Hawa, Aqrabat, Zanbaqi, Kafr Kafaldin, Maharim, Atareb, Daret Ezza</p> <p><u>Shelter rehabilitation:</u> Dana, Salqin, Daret Azza and Afrin</p>
Targeted Population	<p>For the first activity, to replenish the CCCM/SNFI Cluster Emergency Stock, the targeted population is all newly displaced IDPs and/or arrived returnees with life-saving NFI needs,</p> <p>For the winterization, the second activity, the targeted population is the new IDPs with life-saving NFI and shelter needs.</p> <p>For shelter rehabilitation, the third activity, the targeted population is the most vulnerable HHs living in unfinished or damaged buildings, collective shelters and newly arrived IDPs or IDPs living in extreme overcrowded conditions</p> <p>For all activities, the assistance should prioritize particularly vulnerable people, including people with disabilities and GBV cases as well as other emergency cases within the host communities.</p>

Partners identified and amount proposed:

All projects that are targeting camps need to be submitted by active members of both CCCM & SNFI Clusters.

#	Intervention	Activity/Item	Identified partner
1	<p>Replenishment of the Contingency Stock</p> <p>For 25,000 individuals</p>	<ul style="list-style-type: none"> • Tents • Ground levelling • NFI Kits 	IOM (and Implementing Partners)
2	<p>Winterization top-up for new IDPs that will receive tents and NFIs from the Contingency Stock.</p> <p>Cluster recommendation of cash/voucher modality for fuel/stoves and winter clothes where possible</p> <p>For 25,000 individuals (same Individuals as in intervention 1)</p>	<ul style="list-style-type: none"> • Fuel • Stove (should match available fuel type) • Winter Clothes • High-Thermal Blanket 	Restricted to active cluster members of SNFI and CCCM. Partners should have cash/voucher experience if modality is chosen and should be able to provide required documentation (consent forms) to conduct distributions in the targeted areas / IDP sites without interference of third parties.

3	<p>Winterization top-up for most vulnerable IDPs (who have been targeted with tents and/or NFI during the recent emergency response) Cluster recommendation of cash/voucher modality for fuel/stoves and winter clothes where possible</p> <p>For 58,000 individuals</p>	<ul style="list-style-type: none"> • Fuel • Stove (should match available fuel type) • Winter Clothes • High-Thermal Blanket 	<p>Restricted to active cluster members of SNFI and CCCM. Partners should have cash/voucher experience if modality is chosen and have proof of implemented SNFI / CCCM projects in the targeted areas (Off-camps or specifically in the CCCM IDP sites targeted)</p>
4	<p>Winterization for extremely vulnerable protracted IDPs</p> <p>For 25,000 Individuals</p>	<ul style="list-style-type: none"> • Fuel • Winter Clothes • Thermal Insulation • Plastic Sheeting • Ground levelling 	<p>Restricted to active cluster members of SNFI and CCCM. Restricted to experienced partners who have implemented SNFI / CCCM projects in the targeted areas.</p>
5	<p>Emergency Shelter rehabilitation for extremely vulnerable people</p> <p>For 2,500 Individuals</p>	<p>Urgent and immediate shelter repair and rehabilitation (shelter support, including kits and emergency rehabilitation)</p>	<p>Restricted to active cluster members of SNFI. Restricted to experienced partners (rehabilitation, construction) who have implemented shelter projects in the targeted areas and with good track record.</p>

WASH

Cluster	Water, Sanitation and Hygiene Response (\$ 8 million)
Cluster specific objectives targeted	<ol style="list-style-type: none"> 1. Support to water, sanitation/sewage and solid waste management systems to ensure regular services for affected people in Syria; 2. Deliver life-saving humanitarian WASH supplies, services, and improve hygienic behaviour and practices of most vulnerable people.
Allocation specific Objective(s)	<ol style="list-style-type: none"> 1. Provision of basic WASH services hosting IDPs from previous displacements and new arrivals who are unable to access these services and are fully dependent on the WASH services provided by INGOs/NGOs in addition, to preparation for any sudden influx of IDPs; 2. Improve access to safe and adequate water and safely managed wastewater through rehabilitation, operation/maintenance and restoration of system efficiency; 3. Provide access to proper gender sensitive and disability WASH facilities in camps, schools, child friendly spaces and health facilities. <ul style="list-style-type: none"> • Preparedness actions and contingency planning must be kept up to date and at sufficient levels to enable timely response to the emerging needs, especially considering anticipated rapid changes in the level of access and possible new mass displacements; • Proposed life-saving and life-sustaining interventions should also help reduce recourse to harmful coping strategies that risk exacerbating existing needs; • Proposed interventions should improve cross-sectoral linkages by promoting early recovery and access to basic services. • Proposed interventions should aim to maintain an acceptable level of response focusing on continuity of services in camps where IDPs rely totally on aid provided by partners. WASH activities in camps will need to be closely coordinated with the CCCM cluster ensuring targeted camps are those most in need and in the flood affected camps and locations. A comprehensive response should be properly designed to ensure proper response that meets standards followed across both clusters. • Proposed intervention should ensure the continuity of services to the benefiting communities to minimize risk of water borne diseases and continuity of access to safe water.
Main activities	<p><u>Provision of basic WASH services in camps hosting IDPs for new arrivals who are unable to access these services and are fully dependent on the WASH services provided by INGOs/NGOs (in close coordination with CCCM cluster):</u></p> <ul style="list-style-type: none"> • Water trucking • Water storage tanks • Water purifying agents • Jerry cans • Hygiene kits • Latrine and/or showers construction

- Latrine and/or showers repair/maintenance and desludging septic tanks
- Equip and maintain existing borehole to ensure improved and sustainable access to adequate safe water services. (If possible, in coordination with the cluster, connect camps to existing nearby water systems including construction of high-level tanks in a cluster of identified camps).
- Solid waste management
- Provision of communal garbage bins
- Cash based interventions (restricted, unrestricted, vouchers)
- Hygiene promotion activities

Provide access to proper gender sensitive and disability WASH facilities:

Construction/expansion of WASH facilities to be gender appropriate and accessible by women and children with special needs

- Construct accessible and adequate water storage and drinking points
- Installation of solid waste collection containers
- Fixing / installing water points and storage tanks
- Develop hygiene promotion and awareness manual for teachers and students supported by hygiene awareness sessions and activities.
- Light rehabilitation/maintenance of WASH facilities to be gender appropriate and accessible by women and children with special needs

Prevent leishmaniasis with improved solid waste management:

- Improved SWM with preparation of land-fill and waste collection transfer and disposal
- Capacity development of partners on vector control (in coordination with Mentor Initiative and WHO)
- Vector control interventions (with technical inputs from and coordination with Mentor Initiative and WHO)

Improve access to safe and adequate water and safely managed wastewater through rehabilitation, operation/maintenance and restoration of system efficiency in key high severity identified areas in coordination with the WASH cluster:

- Water sources/boreholes development and equipping;
- Rehabilitate/repair/operate and maintain water and wastewater projects (water treatment plants, storage tanks and pump stations);
- Repair/replace/extend water distribution network and ensure wide connection;
- Rehabilitate/replace/maintain and repair of sewer network and manholes;
- Provision of supplies and materials (fuels, water disinfectant (chlorine), oil and spare parts) necessary for systems operation
- Rehabilitation, maintenance, construction of high/ground water storage tanks
- Where feasible and applicable connect existing water system network to schools, health facilities, child friendly spaces, protection centres, nearby camps and collective centres, unfinished buildings, IDPs gatherings.
- Capacity development of water utility unit through staff training on operation and maintenance and establishment of cost recovery system to ensure self-operating.

Criteria:

- Hygiene promotion activities and awareness sessions needs to be included in the projects with relation to the proposed activities
- Proposed activities need to be in line with the WASH cluster standards and recommendations
- Projects that are not coordinated with the WASH cluster prior to submission will be rejected directly on the GMS system
- Priority will be given to organizations who are reporting to the cluster emergency reporting tool
- Organization is an active member in the WASH cluster and has been implementing related WASH projects for at least the last six months;
- Needs based projects, based on current fresh WASH related assessment findings.
- Project is clear in its scope, identification of problems, suitable and sufficient for needs presented
- 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 are prioritized.
- Projects must demonstrate clear involvement of local authorities / communities during the stages of planning and implementation.

	<ul style="list-style-type: none"> • Project costs are appropriate comparable to technical difficulty and complexity of the proposed activities • Water systems interventions requires a baseline survey using the recommended harmonized WASH cluster water infrastructure survey tool. • Safe water supply at a rate of 40 litres per person per day (minimum supply in a constrained situation is maintained at 25 lpcd) • Wastewater channelled and disposed to locations far from settlements, ensuring no pollution of freshwater resources • Child-friendly WASH facilities in schools provide privacy and safety for girls and boys
Project timeframe	6 months
Target location	<p>Provision of basic WASH services in camps hosting IDPs from previous displacements and newly arrivals who are unable to access these services and are fully dependent on the WASH services provided by INGOs/NGOs in addition, to preparation for any sudden influx of IDPs</p> <p>Locations; Ariha, Daret Ezza, Harim, Jebel Saman, Ma'arat An Numan and Qourqeena Idleb, Atma, Qah, Sarmada, Bab El Hawa, Aqrabat, and Kafr Kafaldin</p>
Targeted Population	Targeted: 440,000

Partners identified and amount proposed: All active WASH partners are eligible to apply.

ELIGIBILITY CRITERIA

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

- **Due the emergency character of this allocation and the tight timeframe to be followed, project proposals submitted will be restricted 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; and
 3. The partner has a demonstrated expertise in the cluster with a demonstrated good performance.
- **No partner is pre-approved:** projects recommended to the DRHC must meet the required quality and SCHF and cluster-specific criteria specified in the above section ;
- **Number of projects per partner:** Limited to two projects per partner. In addition, at the time of the review, the SCHF will consider the total number of projects by the partner (ongoing plus submitted) during the strategic reviews to ensure that the partners have the capacity to effectively implement all projects;
- **Past performance:** the SCHF will consider partners’ previous performance during project recommendations;
- **Grant ceiling:** The ceiling per project is defined based on the partner risk level and project duration, as outlined in the SCHF Operation Modalities⁷;
- **Integrated Response:** Partners are encouraged to submit a multi-cluster/integrated project when possible and relevant. The project should include the exact budget distribution among the cluster on the cover page. The budget should clearly identify the costs per clusters. PSC should be shared proportionately between the partner and the sub-implementing partner(s);
- **Sub-Implementing partners:** are only encouraged by the SCHF where there is demonstrable added value and the project remains cost-effective;

⁷ The operational modalities remain identical to the THF applied for the 2019 first standard allocation and annexed to this allocation strategy (annex 6)

- **Cash programming:** Cash programming is encouraged but limited only to partners with proven experience and to areas where there are functioning markets for winter goods. This includes shelter/NFI and WASH clusters, however this component will be closely reviewed with the support of the Cash Advisor before approval;
- **Strategic relevance:** Projects should present a clear linkage to the allocation strategy and alignment of activities with the proposed response;
- **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 community, type, gender and age with clear justification on the number provided. Double counting of beneficiaries should be avoided. Beneficiaries must be identified based on the vulnerability and without interference of local authorities or armed actors;
- **People with disabilities:** Projects must better target people with disability; clearly explaining the types of disabilities of the targeted beneficiaries and appropriate services that will be provided;
- **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;
- **Access:** The applicant must confirm presence in the geographical target area(s) and proven operational capacity in that area and sector;
- **Risk management:** Assumptions and risks related to the project are comprehensively and clearly spelled out, along with a clear risk management strategy;
- **Staff welfare:** In line with the organizations due diligence and risk management responsibilities, it is the organizations' responsibility to ensure there are provisions for staff welfare within their Human Resources policy;
- **Complementarity with other funding:** Additional source of funding must be reported on the project cover page;
- **Complementarity with other partners:** The SCHF will stress on partners showing complementarity with other organizations working in similar target areas (with SCHF or other funding) to avoid overlaps and ensure added value;
- **Partnerships:** Applicants must provide detailed information about any sub-implementing partner and are responsible to verify their capacity and due diligence;
- **Value for money:** Projects must demonstrate 'value for money' (e.g. optimum outcome and beneficiary reach for each dollar invested and effectiveness of the intervention). Budget proposals must reflect the correct and fair budget breakdown of the planned costs and clearly outline units, quantities and percentages. Partners should avoid including only lump sum amounts and use the automated Bill of Quantities BoQs on GMS). Project costs should be comparable to the technical difficulty and complexity of the proposed activities;
- **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 must ensure the relevant mechanisms are in place to detect PSEA cases both internally and externally;
- **Protection, gender, age and disability mainstreaming:** SCHF promotes protection, gender, age and disability mainstreaming and to check the extent to which appropriate measures have been integrated into project design. The Gender and Age Marker (GAM) tool will have to be used for this allocation;
- **Environment marker:** partners are encouraged to ensure their project design is respecting the environmental measures;
- **Conflict-sensitivity:** Projects need to be conflict-sensitive, notably through integrating a do-no harm approach when designing the project.

HFU INFORMATION AND COMPLAINTS MECHANISM

- Detailed information on the SCHF scope and objectives, governance arrangement and allocation process is available in the **SCHF Operational Manual**. The manual is designed within the framework provided by OCHA's **global Operational Handbook for Country-Based Pooled Funds** (CBPFs) which outlines the rules, requirements and guidelines that apply to all CBPFs worldwide.
- **All correspondence and general inquiries** about this allocation process should be sent to the OCHA Humanitarian Financing Unit (which serves as the SCHF secretariat) at: ochahpf@un.org.
- **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: ochathfffeedback@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.

ANNEXES

When developing their project, partners are strongly advised to review the following annexes to ensure their proposal responds to the required standards

Annex 1: Guidance for budget preparation

Annex 2: Guidance on sectoral technical criteria to be followed by projects

Annex 3: Guidance on protection mainstreaming in projects and using the protection risk analysis

Annex 4: Guidance on gender mainstreaming in projects and the new Gender and Age Marker (GAM)

Annex 5: List of SCHF standard activities and indicators to be used when developing a project logframe

Annex 6: SCHF updated Operational modalities and control Mechanisms (as of 20 March 2019)