

I. Allocation Overview

Project Proposal Deadline: 29 March 2019, Damascus, (24:00 / midnight)

A) Introduction / Humanitarian situation

- 1. The objective of this Second Reserve Allocation is to meet life-saving needs in North East Syria.** Specifically, the allocation aims to: i) meet critical gaps in displacement sites across Al-Hasakeh and Deir-ez-Zour governorates, including Al-Hol, Areesha and other IDP camps/sites; and ii) provide life-saving support to key areas where spontaneous returns are already taking place, such as in Ar-Raqqa city and Hajin. In so doing, it is envisaged that a potential by-product of additional resources in North East Syria will be a diversification of partners and reinforced capacity which better enables actors to scale-up response efforts and ensure continuity of services and assistance in the event of a sudden withdrawal of existing forms of humanitarian support. **Approximately, US \$12 million is available as part of this Second Reserve Allocation.**
- 2. The humanitarian situation in North East Syria remains extremely complex and highly fluid, characterised by ongoing hostilities, high-levels of population movement (including new displacements and spontaneous returns), extensive explosive hazard contamination, large-scale destruction of civilian infrastructure, a fragmented and disrupted health system, insufficient supply of clean water and waste management services, limited support for education activities for children and adolescents, and an agriculture-based economy which has experienced the lowest harvest in years.** Combined, these multiple and interwoven crises have left **1.65 million people across Al-Hasakeh, Deir-ez-Zour and Ar-Raqqa governorates in need of humanitarian assistance in 2019,¹** and contributed to an environment where the recourse to negative coping mechanisms (child labour, early/forced marriage, recruitment) is a common feature generating an array of protection risks. As many as 134,100 people² are now residing in 57 IDP sites, informal settlements and collective centres across North East Syria. In the major sites in Ar-Raqqa and Al-Hasakeh governorates, restrictions to the free movement of IDPs have been in place since 2017, with negative repercussions on the capacity of the affected community to be self-reliant. The conditions in these sites are therefore dire with residents reporting widespread challenges, ranging from access to education and healthcare (both cited as major concerns), to inadequate shelter and WASH facilities, as well as child protection issues such as early marriage and child labour. The situation is particularly concerning in Al-Hol camp, Al-Hasakeh governorate – the largest displacement site in North East Syria – which has received more than 62,000 new-arrivals from the last ISIL-held enclave of Hajin and Baghouz since the beginning of December 2018. The vast majority of these new arrivals are women and children. From 4 December to 12 March, 120 deaths have been reported either en route, shortly after arriving at the camp or after referral; 80 per cent of them, children under the age of five.³ The rate and scale of the influx has overwhelmed the camp, which has now already been extended multiple times, and exhausted

1 644,000 people in Al Hasakeh; 536,000 in Deir-ez-Zour and 473,000 in Raqqa.

2 This includes the 72,300 estimated population in Al-Hol camp following ongoing displacement from the last ISIL-held enclave of Baghouz village in Deir-ez-Zour governorate (as of 12 Mar 28). The vast majority of these people – 127,800 – are being hosted in 12 main camps and large informal settlements: in Al Hasakeh (6), Ar Raqqa (3), Aleppo (2) and Deir-ez-Zour (1). The remaining 6,300 are spread across an additional 45 smaller informal camps and collective centres in three areas: Menbij sub-district of Aleppo (7), Deir-ez-Zour governorate (27), and Al-Thawrah (Tabqa) city and surroundings of Ar-Raqqa (11).

3 Almost two-thirds of the deaths (were among children under the age of one.

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existing resources, forcing partners to re-direct funds and humanitarian supplies intended for other areas / operational activities to respond to the emergency.

3. At the same time, **Ar-Raqqa city and Deir-ez-Zour governorate continue to experience spontaneous return movements, with Hajin city and surrounding areas seeing anywhere between 15,000-25,000 people return since December 2018.**⁴ In the Hajin areas of return, there are shortages of basic commodities and a lack of basic services – particularly access to safe and clean water and health. Since the beginning of March, the **consumption of contaminated water has resulted in 1,000 cases of acute bloody diarrhea that led to at least 12 deaths.** Furthermore, as many as 12,000 people in the Mayadeen area of Deir-ez-Zour have been infected with Leishmaniasis, and if no immediate action is taken to collect and dispose garbage as well as spray insecticides in crowded pockets then the disease may spread further causing serious injury to those affected, as well as potentially death. Of equal and considerable concern is school safety and functionality in both Ar-Raqqa and Deir-ez-Zour governorates given the high-levels of mine contamination and conflict-affected damage which has affected the structural integrity of buildings and led to over-crowding and a severe lack of secondary education in the worst impacted areas.
4. **Currently, humanitarian actors are reaching an estimated 600,000 people on a monthly basis across the three governorates of North East Syria.** Given the dynamic situation on the ground, however, partners are preparing a contingency plan to mitigate potential gaps in assistance and service delivery in the event of changes in control. **To this end, additional capacities in some sectors will be needed. The allocation will, therefore, also aim to serve as a catalyst to surge existing capacities and/or mobilise additional capacities to the area to engage in transitional activities, if needed.**
5. The decision to opt for a Second Reserve Allocation on this occasion rather than a First Standard Allocation has been taken by the Humanitarian Coordinator a.i. following regular HCT meetings which have assessed the situation in North East Syria in detail and given the nature and severity of the needs on the ground, which continue to grow and outstrip existing capacity and resources to respond. This has resulted in the emergence of critical gaps across nearly all sectors which must be urgently addressed to prevent further loss of life.

B) Humanitarian Response Plan (HRP) / Appeal

6. The allocation strategy has been developed in line with the **2019 Humanitarian Response Plan (HRP)** and in **collaboration with actors operating in North East Syria following regular field visits to the affected areas, including Al-Hol camp and Qamishly and daily field reporting.** Findings from recent rapid assessments and profiling exercises,⁵ such as those which have taken place in Al-Hol camp, Hajin, as well as across displacement sites in North East Syria, have also been taken into account in the prioritisation exercise.
7. While this allocation is primarily focused on supporting the first two objectives of the HRP – **saving lives and preventing and mitigating protection risks as well as responding to protection needs** – it is envisioned that some activities in Hajin and Ar-Raqqa City will **enable the delivery of essential services to affected people and ensure a continuum of care** for those populations whose lives are at risk in the event of the sudden withdrawal of existing support.⁶ Such activities include the light rehabilitation of damaged or destroyed water systems, schools and health facilities, in addition to the provision of life-saving drugs and health supplies, medical

4 Approximately 170,000 to 200,000 IDPs have spontaneously returned to Ar-Raqqa city since November 2017.

5 Camp and Informal Site Profiles, Northeast Syria, December 2018, REACH. Can be accessed at:

https://reliefweb.int/sites/reliefweb.int/files/resources/reach_syr_factsheet_northeastysyria_campandinformalsiteprofilesround4_allprofiles_feb2019.pdf

6 For example, a reduction in the availability of clean water and lack of repair to damaged infrastructure can lead to a subsequent increase risk of water borne diseases and outbreaks. Likewise, education is both life-saving and life-sustaining by providing physical, psychosocial and cognitive protection to children, while restoring a sense of normalcy and structure in lives upended by crisis.

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procedures and treatment courses. In this regard, the allocation is aligned with the overarching strategy of the HRP which emphasises: critical life-saving action; relevant and prioritised responses; efficient, effective and transparent utilisation of resources; the centrality of protection and people-centred approaches. Sector-specific objectives to which this allocation will contribute can be found in the 2019 Syria HRP (forthcoming).

II. Allocation Strategy

A) Purpose of the Allocation Strategy and linkages to the HRP / Appeal

8. **The Syria Humanitarian Fund (SHF) will allocate US\$12 million under this Second Reserve Allocation.** The allocation will focus on meeting critical gaps that have emerged in North East Syria IDP camps and informal sites across Deir-ez-Zour and Al-Hasakeh governorates as a result of ongoing hostilities and recurrent displacement, as well as the provision of life-saving support to areas where spontaneous returns are already taking place, such as Hajin and Ar-Raqqa cities. In so doing, the allocation will enhance efforts to prepare for a potential shift in control in North East Syria and a gradual handover of responsibilities to partners operating from within the country. The allocation will therefore contribute to **saving lives both in the immediate and medium-term by enabling partners to scale up the implementation of life-saving interventions while simultaneously ensuring a continuity of services for the most vulnerable and in need communities over time.** An allocation of this size will allow an emergency reserve fund of US\$5 million to be retained to ensure rapid and flexible response to new, unforeseen humanitarian emergencies, if required.⁷
9. This strategy takes into account that the majority of disbursements made under the SHF 2019 First Reserve Allocation (US \$4.5 million) were directed towards the provision of initial relief for new arrivals at Al-Hol camp, including shelter and non-food items (tents, NFI, dignity and infant kits); health (mobile health teams and psychosocial support), nutrition (SAM treatment), protection (protection presence for needs identification and first response, support to persons with specific needs (dignity items), and GBV services, also integrated with reproductive health services) and WASH (clean water supply, hygiene kits and establishment of sanitation facilities). It nevertheless recognises that the **population in need in Al-Hol camp alone has increased by 75 per cent in the past month – from 40,000 to 72,300 people** – and the situation will likely become more protracted with no simple solution in sight given the specific profile of the population. As such, additional funds are urgently required to preserve and protect life in Al-Hol camp, as well as elsewhere across North East Syria, including to support more conducive conditions for the return of IDPs in safety and dignity.⁸

B) Allocation Breakdown

10. The Humanitarian Coordinator a.i., in consultation with the Advisory Board, and upon the advice of the Inter-Sector Coordination (ISC) group, has recommended that **US \$12 million** be allocated from the SHF to meet the objectives set out for this Reserve Allocation:
 - I. Projects which meet emergency gaps in IDP camps / sites in Deir-ez-Zour and Al-Hasakeh governorates;
 - II. Projects which provide life-saving support to areas where spontaneous returns are taking place, such as in Hajin and Ar-Raqqa cities;

In so doing, it is envisaged that these projects will also:

⁷ So far in 2019, the SHF has received donor intentions, pledges and commitments totaling US \$16.3 million.

⁸ Given the dynamic nature of the environment and in the event those in IDP camps/sites start to return, partners will be required to submit amendments to transfer activities to areas of return, as needed.

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- III. Increase the capacity of humanitarian actors to respond to potential changes in control in North East Syria areas and ensure a continuity of services to populations whose lives would otherwise be at risk in the event of a sudden withdrawal of existing forms of support.
11. Given that the overarching objectives of this strategy are two-fold and will be implemented across a large geographical area, in order to maximise humanitarian impact on the ground it will not be possible to include all sectors in this allocation. Consideration will therefore be given to a limited number of sectors which did not benefit from funding disbursed in the First Reserve Allocation of 2019 (education); where the needs remain extensive and inadequately supported to the extent that their current severity demands (nutrition and WASH) and critical gaps exist (health and protection). This allocation breakdown is also in line with the SHF Advisory Board recommendation of March 2019 to enhance support to the education and protection sectors which are anticipated to experience increased needs over the coming months given shifts in operational context, and which are typically underfunded. In this regard, it is foreseen that resources from this allocation will be made available for programmes supporting gender-based violence and reproductive health affecting women and girls, as well as programmes targeting persons living with disabilities and providing education in emergencies activities. **Funding as per the following envelopes has therefore been recommended: Education (US \$1.6 million); Health (US \$4.2 million); Nutrition (US \$1.5 million); Protection (US \$2.1 million) and WASH (US \$2.6 million).**
12. As it stands, the funding amounts for sectors are indicative and will be reviewed and finalised based on the relevance and quality of the proposals received under this call for proposal as per the process and criteria outlined in this strategy paper. Additional funding will be required from alternative sources to continue meeting needs across other sectors over the coming months (shelter, food security and agriculture, and livelihoods etc.).
13. **With the Brussels III Conference, ‘Supporting the future of Syria and the region’, having just taken place and very few donors having provided information regarding their 2019 funding intentions to the Financial Tracking Service,⁹ this allocation strategy is unable to take into account other contributions which may be made available for humanitarian action in Syria.** The interventions identified for support under this Second Reserve Allocation have been determined in accordance with the prioritisation principles applied to the development of the Humanitarian Response Plan and drawing on ISC-led exercises to identify the most urgent priorities and gaps in assistance within the sectors.

C) Prioritization of Projects / Envelopes

14. All partners who have completed their due diligence and capacity assessment as of 15 March 2019 are eligible for this Allocation. Projects that are submitted within the deadline of 29 March 2019 (24:00 / midnight Damascus time) will be reviewed by OCHA’s Humanitarian Financing Unit (HFU) to make sure that they meet the specified criteria before being shared with sector coordinators and undergoing a strategic and technical review through a committee using a scorecard. **Depending on eligibility based on operational modality, partners can apply for a minimum of US \$250,000 per project and maximum US \$2 million.**
15. To be considered for funding, activities and projects must:
- Be aligned with the three Strategic Objectives of the 2019 Syria HRP;**
 - Meet at least one of the three strategic priorities of this allocation;**
 - Be able to start or scale up activities immediately:** sector responses and individual project proposals must articulate clear access strategies, including modalities to stay and deliver and monitor responsibly. Projects should also include robust risk mitigation practices demonstrating clear understanding of needs and risks;

⁹ The Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service (FTS) records all reported humanitarian aid contributions – with a special focus on humanitarian response plans (HRPs) and appeals. <https://fts.unocha.org/>.

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- d. **Exemplify quality and inclusive programming** (i.e. be conflict, gender and disability sensitive; reflect do no harm approaches; respect international humanitarian and human rights law; demonstrate accountability to the affected population, including through the establishment of appropriate mechanisms for communities to evaluate the adequacy of interventions and address concerns or complaints; promote protection mainstreaming approaches which uphold the safety and dignity of the people being served, and integrate protection activities where possible);
 - e. **Ensure complementary with other actors and minimise duplication:** sectors should demonstrate that their requirements reflect other resources available to partners operating in the same area;
 - f. **Be technically sound and cost effective** (i.e. meet the technical requirements to implement the planned activities and contain a budget which is fair and proportionate in relation to the context e.g. cost per beneficiary is reasonable; support costs are in line with accepted levels for that given activity); **and**
 - g. **Adhere to the OCHA Country Based Pooled Fund (CPBF) guidelines, in particular for budget preparation.**
16. In addition, sectors are asked to take into account the following:
- a. Projects which aim to cater to needs in the most populated camps (i.e. Al-Hol and Areesha in Al-Hasakeh and Ein Issa and Twahina [and once the relocation is complete, Mahmoudli] in Ar-Raqqqa), will be prioritised as well as those which are currently underserved.
 - b. SHF partners will have to report on a regular basis to the sectors and actively participate in the coordination mechanisms in Damascus and at field level. Projects should have received prior endorsement by the sector at both national and sub-national level. Partners should submit evidence of this by the time of submission (email). In particular for Al-Hol camp, projects need to demonstrate complementarity with activities by other actors in the camp.
 - c. The grant ceiling and number of projects per applicant are defined based on the partner risk level and project duration, as outlined on the Operational Modalities table listed in the annex. Eligible applicants based on the operational modality will be allowed to submit a maximum of 2 projects across all sectors prioritised.
 - d. The HFU will review projects according to their strategic and programmatic relevance, cost effectiveness, engagement in coordination, and monitoring mechanisms.

Education: US \$1.6 million

17. Education is increasingly cited as the top priority need of communities as families have growing concerns over the future prospects of children and youth – a severe lack of access to education, particularly to secondary education, has the risk of significantly reducing the long-term resilience of communities and exacerbating existing psychological stress and trauma for children who have lived through years of conflict with multiple and frequent displacement. Access to education is particularly limited in Deir-ez-Zour governorate, where the capacity of partners there is limited and very few implemented projects, in addition to a concentration of non-functional schools which are destroyed, damaged or being used as shelter by IDPs.
18. The situation is equally bad in displacement sites across North East Syria, with almost all camps experiencing poor attendance of around 50 per cent, and this falling to as low as 1 per cent in camps in Twahina. In Al-Hol camp, gaps in emergency education are extreme. Currently, there are around 25,000 school-aged children in the camp, with capacity to support only 4,000 by the end of April. Financial resources are urgently required for the installation of additional learning spaces for children, the provision of learning and teaching materials and recreational kits, as well as the implementation of adolescent development and participation-related activities.

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Eligible Actions

- Education services must be provided to the school-aged children that are most in need in North East Syria as per the Education sector severity scale, with a particular emphasis on children in makeshift camps (Al-Hol, Areesha and Mabroukeh, Al-Hasakeh governorate; Ein Issa and Twahina, Ar-Raqqa governorates)
- The expansion of safe and protective learning spaces through establishing temporary safe learning spaces and small-scale rehabilitation, including gender-sensitive/inclusive WASH facilities
- Provision of emergency education packages which include non-formal education including self-learning, organised recreational activities, risk education and psychosocial support (PSS) in cooperation with the Child Protection sub-sector.
- Delivery of appropriate and relevant teaching and learning materials as well as educational supplies
- Provision of functional training for teacher on active learning, accelerated learning, mine-risk education and PSS.

Health: US \$4.2 million

19. The crisis in Syria has contributed to the significant disruption and overall deterioration of basic service provision across much of the country. Some 46 per cent of Syria's health facilities – including maternal health services – are either partially functional or not functional, with 167 health facilities reportedly completely destroyed. Access to healthcare is particularly limited across much of North East Syria, with 83 out of 105 Primary Healthcare Centres in Deir-ez-Zour governorate reportedly not 'functioning' – a staggering 80 per cent. A combination of low vaccination coverage, exposure to protracted and multiple displacements, poor and overcrowded living conditions in camps and collective centres, as well as limited access to health services and a reduction of qualified medical personnel, mean that populations in North East Syria are extremely vulnerable to infectious diseases. Recurrent outbreaks across displacement sites, as well as in rural Deir-Ez-Zour and Ar-Raqqa, have been recorded over the past nine months (Typhoid, Measles, and Acute Bloody Diarrhea). Currently, as many as 12,000 people in Deir-ez-Zour governorate are infected with Leishmaniasis with further spread possible if resources are not obtained for solid waste collection and disposal, the spraying of pesticides and awareness raising campaigns in all areas south of Deir-ez-Zour city (from Mo Hassan to Abu Kamal), inside Al-Hol camp and crowded areas of Al-Hasakeh governorate.
20. Within displacement camps, the health situation is also poor. Recent findings indicate that while residents in around 80 per cent of all assessed camps in North East Syria report being able to access healthcare facilities, this does not guarantee access to adequate care with people with chronic diseases reportedly not able to access sufficient and/or adequate medical supplies in 89 per cent of assessed sites. In Al-Hol camp specifically, emergency health services have been overwhelmed by the scale and scope of needs of new arrivals in recent weeks including life-changing injuries, acute malnutrition, low vaccination coverage, pneumonia, leishmaniasis, in addition to the presence of around 5,300 pregnant and nursing mothers. A significant scaling up of primary and secondary health care services is urgently required across all phases of the camp to prevent further loss of life. This includes around the clock support for four fixed health clinics, an expansion of trauma triage and post-triage care (to different phases of the camp), the establishment of a field hospital (with capacity for 20-50 beds), the continued deployment of mobile health teams, adequate stockpiling, disease surveillance, as well as support for maternal and newborn child health.
21. The health sector would also be one of the most affected should a number of existing operational partners cease to operate in the area. As such, it is one of the sectors where additional capacities are urgently needed.

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Eligible Actions

- Provide life-saving primary health care support with appropriate modalities such as fixed and mobile health clinics, static medical points, and mobile health teams to provide triage and post-triage services, obstetric and newborn care services and psychosocial support in Al-Hol, Areesha and Mabroukeh camps
- Support secondary and trauma health care services on referral basis in Al-Hol, Areesha and Mabroukeh camps
- Enhance vaccination, nutrition, disease surveillance, leishmaniosis, specialised medicine throughout IDP camps/informal sites in Al-Hol, Areesha and Mabroukeh camps
- Procure health supplies and medicines to enable non-interrupted health service delivery in Al-Hol, Areesha and Mabroukeh camps

Nutrition: US \$1.5 million

22. Despite the significant nutrition needs that persist across North East Syria, particularly among IDP populations such as adolescent girls, pregnant women, and children under the age of 5, there are only a handful of active NGOs in the area. Across the board, gaps remain in the capacity to appropriately identify and refer cases of acute malnutrition; the use of breast milk substitute (BMS) and artificial feeding with poor WASH practices; and the absence of trained or skilled actors to protect, promote and support recommended Infant and Young Child Feeding (IYCF).
23. Within the camps, and in Al-Hol specifically, the number of screening teams operating is insufficient compared to the growing population, which now includes more than 16,000 children under the age of five. Currently, there is only one screening centre able to provide healthcare to SAM cases with complications – the second highest cause of death among camp residents – with ambulances urgently required to transport the most critically ill to referral hospitals. At the same time, IYCF interventions for children less than 6 months old are inadequate with only three breastfeeding counsellors providing breast feeding services in Phase 1 and a substantial need for fixed outpatient therapeutic programme (OTP) clinics and IYCF programmes to be established. Additional mobile health teams providing malnutrition screening and related services may also need to be set up in every phase of the camp in the event of further arrivals, while life-saving 24/7 services in the triage zone need to be urgently reinforced through the deployment of more pediatricians and nurses.

Eligible Actions

- Recruit and train 200 nutrition volunteers to carry out malnutrition screening at Al-Hol camp
- Establish 8 fixed health points and 16 mobile teams to provide around the clock support to malnourished caseloads at Al-Hol camp; prepare stabilisation centers (SC) to manage complicated SAM-cases inside the camp as part of field hospitals or as separate stabilisation centres, in addition to preparing SCs in Hospitals in Al-Hasakeh city
- Establish 16 Mother and Baby Areas (MBAs) in Phases 1-7 of Al-Hol camp, including the annex, to provide breastfeeding counselling to mothers nursing infants under six months old along and IYCF services supporting improved caregiving practices
- Procure and distribute preventive and curative nutrition supplies to support the provision of MAM and SAM treatment for children 6-59 months and pregnant and nursing mothers in displacement sites across North East Syria

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Protection: US \$2.1 million

24. Severe and urgent protection concerns have been identified in relation to the effects of the recent hostilities in South east Deir-ez-Zour, the transfer of population in precarious conditions to Al-Hol, and the current and future situation in the camp.
25. The presence of other major sites, where IDPs continue to face challenges in their freedom of movement and possibility to improve their self-reliance, as well as the presence of a multitude of spontaneous and makeshift settlements in all governorates (informal settlements, unfinished buildings and collective centres) is known to generate other serious protection concerns. The substandard and undignified conditions in these locations trigger gender-based violence and violence/protection concerns related to children, including recruitment, exploitation, neglect and abuse. Populations living in displacement states are especially vulnerable to concerns linked to the harmful coping mechanisms that they resort to, including early marriage (of children under 16) and child labour, with these being the most commonly reported women and child protection issues. A survey conducted across all 57 displacement sites in North East Syria in December 2018 found that at least a third of all households reported that **child protection** issues had occurred within the locations in the two weeks prior to the assessment with this percentage rising as high as 61 per cent and 52 per cent in Menbij East New, Aleppo and Twahina, Ar-Raqqa respectively.¹⁰
26. In Al-Hol camp specifically, 65 per cent of the population are children, more than half of the camp population is under the age of 12, including 16,000 who are under the age of 5, many of whom have been exposed to extreme violence, both before leaving the ISIL-controlled areas or during hostilities, an arduous journey, serious emotional and psychological distress, involuntary family separation, undignified conditions and lack of support in the camp. Currently, 280 children have been identified as unaccompanied or separated, while 84 unaccompanied children are being hosted in interim care centres in the camp. At the same time, numerous pregnant girls, persons with disabilities and unattended elderly have been identified, requiring a significant expansion across all protection services, including interventions such as case management and referrals to service providers, as well as the establishment of a variety of more structured protection services. These include mobile and static facilities to support individuals with specific needs, including older persons and persons with disabilities; child protection services; integrated gender-based violence and reproductive health services; safe spaces for women and girls; additional child friendly spaces and temporary interim care centres for unaccompanied and separated children. Due to the dynamics of the flight, restoration of family links remains one of the main gaps, and dedicated mechanisms need to be strengthened to support families and children who are temporary without caregiving arrangements, while more complex cases will need to be referred to other specialised actors.
27. While return movements to areas or origin have the possibility to de-congest the camps and are in many instances the preferred solution by the IDPs, they are challenged by conditions in areas or arrival. Significant destruction of shelter and infrastructures, expected high levels of contamination from explosive hazards, lack of basic social and support services, disruption of safety nets, lack or loss / confiscation of civil documentation may render returns unsafe, undignified and unsustainable. Such return needs to be voluntary, and not the result of policies of evictions; gradual, well-informed and not premature; and supported by adequate interventions at inter-sector level. In the field of protection, this should translate in strengthening interventions to support community-based protection to provide some forms of services to population with specific needs with particular attention to women and girls, children in general, persons with disabilities, It should also be accompanied by robust interventions of risk education, ideally before departure, or immediately upon arrival, to avoid loss of life or permanent injuries.

¹⁰ REACH, op cited.

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Eligible Actions

- Reinforce the presence of protection actors in IDP sites and settlements in North East Syria, particularly in Al-Hol camp, to address urgent and protracted complex protection needs of displaced populations. (interventions in Al-Hol will need to show complementarity with existing activities and will need to be also coordinated at field level)
- Establish child friendly spaces and temporary interim care centers to support unaccompanied and separated children, particularly in Al-Hol camp, also in close coordination with the child protection sub-sector at national and field level
- Expansion in Al Hol camp and North East Syria sites of referral and case management as well as other structured interventions, for children, GBV survivors, other persons with specific needs (e.g. structured psycho-social support interventions, interventions in favour of persons with disabilities and older persons)
- Support the expansion of community-based protection services, mobile or static, in areas of protracted displacement in Deir-ez-Zour, with due attention to the safety and security of the areas. Particular focus should be given to areas of Deir-ez-Zour affected by hostilities in late 2018 and 2019 such as Susah, Hajjin, Diban, Khasham, Busheira, Al Suwar
- Enhance risk education in IDP sites before any movement of return and immediately upon return, especially in areas known to be highly contaminated

WASH: US \$2.6 million

28. There is a high reliance on water trucking across many areas of North East Syria due to an absence of functioning networks, including in Deir-ez-Zour, Ar-Raqqa, rural areas of Tabqa and Menbij as well as in displacement sites across Southern Al-Hasekeh. Overall, there is a gap in a robust response and focus on sanitation, hygiene promotion and water quality, resulting in many health concerns, as highlighted by outbreaks of acute watery diarrhea in Deir-ez-Zour, and which have led to the deaths of 12 people since March, as well as typhoid in Al-Hol and Areesha camps.
29. While access to WASH facilities is inadequate in a number of displacement sites across North East Syria, the situation is particularly challenging in Al-Hol camp which will need to continue receiving water trucking and undertake water quality monitoring for the next 2 – 3 months. Current quantities may need to be increased to ensure at least 15-20 litres per person in the event of new arrivals. Additional latrines/bathing spaces are also required for some areas of the camp where the ratio of latrines per person is 1:50. Regular cleaning and maintenance of latrines must also be accelerated to reach and ensure a hygienic environment in general as well taking into consideration the additional influx of IDPs. Vector control, including solid waste management and disposal, needs special attention, both in and outside displacement sites across Deir-ez-Zour, to stem the current Leishmaniasis crisis. Additionally, desludging of septic tanks and installation of sewer lines, where technically feasible, are also urgently required to ensure continuity of functioning of already installed latrines in all IDP sites. Access to clean and safe water is particularly acute across the southern districts of Deir-ez-Zour and to communities living along the Euphrates River.

Eligible Actions

- Operation and maintenance of existing water and sanitation services, including water trucking to enable safe water supply in Al-Hol, Areesha and Mabroukeh camps (Al-Hasakeh governorate); Abu Khashab, Hajin, and Al-Sur (Deir-ez-Zour governorate); and Twahina, Mahmoudli, and Ain Issa camps (Ar-Raqqa governorate)
- Upgrading/installing new water and sanitation facilities in displacement sites, particularly in Al-Hol camp and Hajin communities

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

- Establishing cost-effective water networks/ water sources to phase out from water trucking and increase access to safe drinking water, focusing on Al-Hol city, Al-Hol camp, Mabroukeh and Alok water station (Al-Hasakeh governorate), Mahmoudli (Ar-Raqqah governorate) and Hajin (Deir-ez-Zour governorate)
- Sanitation improvement, including cost effective and innovative wastewater desludging/treatment, installation of sewer lines, sustainable management and disposal of solid wastes, the spraying of pesticides and awareness raising campaigns to control the spread of Leishmaniasis and other infectious/water-borne diseases. Priority areas include the following: new phases in Al-Hol and Areesha camps and Abu Khashab
- Hygiene promotion activities including promoting safe water handling and good water quality through water treatment, regular quality water testing, monitoring and reporting of water quality results in all IDP sites in North East Syria, east areas of the Euphrates river in Deir-ez-Zour (Kasra, Jazrat, Sawa, Jadidat, Khsham)
- Improvement and quick repair of water supply and sanitation systems in spontaneous IDP returnee areas: Hajin and Swar in Deir-ez-Zour
- Solid waste disposal and vector control interventions in Al-Hol, Areesha and Mabroukeh camps as well as Abu Khashab, Mahmoudli, Ein Issa and Twahina IDP sites on a priority basis

III. Timeline and Procedure

30. Considering the time criticality of the proposed interventions under this allocation, the project proposal submission deadline is 29 March 2019.

31. Only project proposals submitted online via the GMS will be accepted. Consultation with the sector-coordinator on the proposed logical framework, activities to be implemented, and geographic prioritisation is a prerequisite for submitting a proposal. Projects will be assessed based on quality, cost effectiveness and alignment to the sector priorities provided in this allocation paper.

Phase	Step	What	Who	Key Date
Preparation 	Development of the Draft Sector Priorities	Sector Prioritization	SC, OCHA	12-17 March
	Development of the Draft Allocation Paper	HC and Sector Priorities	OCHA	14 March
	Sector feedback on Draft Allocation Paper	Draft Allocation Paper	SC, OCHA	14-18 March
	HC/Advisory Board Strategy Endorsement (meeting or email, etc.)	Draft Allocation Paper	HC, AB	19 - 20 March
	Launch of Allocation Paper	Allocation Paper	OCHA	21 March
Proposal Development and Review 	Proposal Development Phase	Proposal Preparation	IP, SC	22 March
	Proposal Submission Deadline	Proposal Preparation	IP	29 March
	Eligibility Check	HFU review of eligibility check	OCHA	30 March – 1 April
	Strategic and Technical Review	Strategic Project Prioritization	SRC, OCHA	02-07 April
	HC/Advisory Board proposal endorsement	HC and AB endorse Sector portfolios/projects	HC, AB	08 April
	Technical and Financial Review	Technical review of endorsed projects; IP feedback	TRC, OCHA	09-18 April
Approval	Proposal Revision and Adjustments	IPs address feedback, OCHA final clearance	IP, OCHA	09-18 April
	Grant Agreement Preparation	GA prepared/start date agreed with IP	OCHA	19 –25 April

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	HC Grant Agreement signature	HC approves project	HC	19-25 April
	IP Grant Agreement signature	IP signs / start of eligibility	IP	19-25 April
	Grant Agreement final clearance	GA cleared and signed	OCHA	26-28 April
Disbursement 	First disbursement	Payment request processed	OCHA	10 working days

IV. HFU Information and Complaints Mechanism

- The following email address, OCHA-Syria-HFUComplaints@un.org, is available to receive feedback from stakeholders who believe they have been treated incorrectly or unfairly during any of the SHF processes. OCHA will compile, review, address and (if necessary) raise the issues to the HC, who will then take a decision on necessary action. Please send any complaints with the subject line “SHF COMPLAINT”.
- OCHA-Syria-HFUComplaints@un.org

V. Annexes

Annex 1: SHF Operational Modality

Risk level / capacity	Project duration (months)	Project value (thousand USD)	Maximum Amount per (project thousand USD)	Disbursements (in % of total) *	Financial reporting			Narrative reporting		Monitoring		Audit
					For disbursements	31 January	Final	Progress	Final	Field visit	Financial spot check	
H risk / low capacity	Less than 7	≤ 250	250	50-50	Yes	Yes	Yes	Yes (1 mid)	Yes	1	1	As per plan
		> 250	500	50-50	Yes	Yes	Yes	Yes (1 mid)	Yes	1	1	
	Between 7-12	≤ 250	250	40-40-20	Yes	Yes	Yes	Yes (2)	Yes	1***	1	
		> 250	800	40-30-30	Yes	Yes	Yes	Yes (2) **	Yes	1-2***	1	
M risk / medium capacity	Less than 7	≤ 250	250	60-40	Yes	Yes	Yes	Yes (1 mid)	Yes	1	-	
		> 250	700	80-20	Yes	Yes	Yes	Yes (1 mid)	Yes	1	-	
	Between 7-12	≤ 250	250	80-20	Yes	Yes	Yes	Yes (1 mid)	Yes	1***	-	
		> 250 - 1,200	1,200	60-40	Yes	Yes	Yes	Yes (1 mid) **	Yes	1***	0-1	
L risk / high capacity	Less than 7	≤ 400	400	100	No	Yes	Yes	No	Yes	1	-	
		> 400	2000	80-20	Yes	Yes	Yes	No	Yes	1	-	
	Between 7-12	≤ 400	400	100	No	Yes	Yes	Yes (1 mid)	Yes	1***	-	
		> 400	2,000	80-20	Yes	Yes	Yes	Yes (1 mid)	Yes	1***	1 / partner	

* To stagger grant payment to 3 instalments to hedge against exchange rate fluctuations to NNGOs (after consultation with NNGO) regardless of their risk ranking
 ** Additional progress report is only required for projects of 10 months or more.
 *** Additional field visits are only required for projects of 10 months or more

Link to SHF Operational Manual:

<https://www.humanitarianresponse.info/en/operations/syria/document/operational-manualshf-may-2018>

Annex-2: Budget preparation guidance

Please see enclosed document.

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Annex 3: Sector Coordinator Contacts

Contact List - Sector Coordinators Syria			
	Name	Title	E-mail
PROTECTION/COMMUNITY SERVICES			
	Elisabetta Brumat	Protection Cluster Coordinator - UNHCR	brumat@unhcr.org
	Kehkashan Beenish Khan	Child Protection Specialist - UNICEF	kbkhan@unicef.org
	Francesca Paola Crabu	Gender Based Violence Sub-Sector Coordinator - UNFPA	crabu@unfpa.org
	Rania Zakhia	Education Sector Coordinator - UNICEF	rzakhia@unicef.org
	Samantha Chattaraj	Food & Agriculture Sector Co-Coordinator - WFP	samantha.chattaraj@wfp.org
	Joseph Oneka	Food & Agriculture Sector Co-Coordinator - FAO	joseph.oneka@fao.org
	Usman Qazi	ERL coordinator - UNDP	Usman.Qazi@undp.org
	Azret Kalmykov	Public Health Officer - WHO	kalmykova@who.int
	Pankaj Kumar Singh	Senior Shelter Coordinator - UNHCR	singhpa@unhcr.org
	Najwa Rizkalla	Nutrition Coordinator - UNICEF	nrizkallah@unicef.org
	Madhav Pahari	Wash Specialist sector coordinator OIC - UNICEF	mpahari@unicef.org

Annex 4: List of acronyms and abbreviations

AB	Advisory Board
CP	Child Protection
EO	OCHA Executive Officer
FCS	Funding Coordination Section
GBV	Gender-based violence
GMS	Grant Management System
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HFU	OCHA Syria Humanitarian Financing Unit
HRP	Humanitarian Response Plan
IP	Implementing Partner
INGO	International Non-Governmental Organization
NFI	Non-food items
NGO	Non-Governmental Organization
NNGO	National Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PLW	Pregnant and Lactating Women
SHF	Syria Humanitarian Fund
SC	Sector Coordinator
SRC	Strategic Review Committee
TRC	Technical Review Committee
WASH	Water, Sanitation and Hygiene

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