



Syria Humanitarian Fund

Allocation Strategy

Allocation Details	
Allocation Title	Saving lives through averting further deterioration of the nutritional situation and strengthening resilience of the most critically affected people
Allocation Type and Round	First 2022 Standard Allocation
Emergency Type	Multiple Emergency
Allocation launch Date	29 June 2022
Proposal Submission Deadline	26 July 2022 (5pm Damascus time)
Section 1: Strategic Statement	
<p>The prioritization for this allocation builds on the priority needs expressed in the recent Multi-sector Needs Assessment, and the 2022-2023 Syria Humanitarian Response Plan (HRP). The prioritization for this allocation was also informed by the outcomes of extensive consultations with the humanitarian community and analysis of other funding flows to Syria. To bridge some of the identified critical gaps in response, this allocation prioritizes a multi-sectoral response to the deteriorating nutrition situation, and strengthening the resilience of vulnerable people in areas with high severity needs and poor response reach.</p> <p>Within its first priority, the allocation will support the strengthening of a comprehensive multi-sector nutrition response through joint nutrition, food security, health, WASH, and Protection interventions. Considering the high number of malnourished children under five years of age and pregnant and lactating women (5.5 million), and the continuing drastic deterioration of the nutrition situation in Syria; this allocation will focus on supporting the provision of specialized treatment and management of malnutrition cases and averting the anticipated further deterioration of the situation in areas with the highest severity needs and poor nutrition response reach. The allocation will have additional strategic added value by boosting the currently limited nutrition response capacity and strengthening multi-sector programming to enable the humanitarian system to address the needs and risks holistically.</p> <p>Within its second priority, the allocation will contribute to strengthening the resilience of the most critically affected people in the areas with high needs and poor inter-sector response and reach. It will prioritize projects focusing on improving the protection environment, tailored food assistance to the vulnerable families, livelihood opportunities, and sustained access to critical basic services. This approach is in line with the 2022-2023 HRP priorities and will enable the humanitarian community to address some of the critical humanitarian needs more effectively, efficiently, and sustainably. Eleven years into the Syrian conflict, investing in resilience programming is critical to prevent a larger and more protracted crisis, and to ensure sustainability of humanitarian operations. The allocation will have a long-term added value countering the increasing needs with assistance that empowers people to meet their basic needs autonomously.</p> <p>Within both priorities, the allocation will put specific emphasis on the SHF's areas of effective programming, namely Accountability to Affected Populations, promoting the centrality of protection, preventing Gender-based Violence, and preventing Sexual Exploitation and Abuse as well as an area-based approach which responds to the whole population living in need in a specific geographic area by improving their overall living conditions.</p>	
Section 2: Humanitarian Context	
<p>The humanitarian situation in Syria continues to deteriorate. In 2022, 14.6 million people need humanitarian assistance, an increase of 1.2 million from 2021. The rapid rise in needs is driven by a deepening economic crisis, climatic shocks, going displacement, and recurring hostilities. Additionally, the unilateral coercive measures (UCM), and over a decade of conflict have damaged or destroyed much of the country's public infrastructure and services. Further, chronic electricity, and fuel shortages further undermine the functionality of essential services, livelihoods, and delivery of assistance. There are major gaps in the provision of, and access to essential basic services. Most notably at least 47 percent of the population rely on unsafe water sources, only half of the primary health care centers are functional, while one in two children between the ages of five to 17 years are out of school. There are also concerns that the war in Ukraine could deepen the decline.</p>	

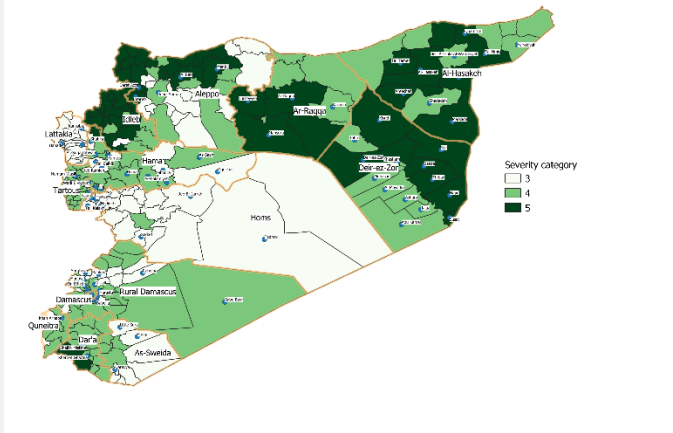
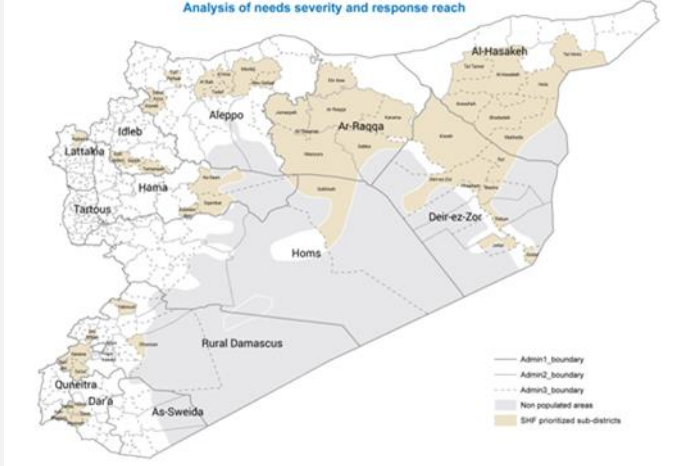
Food security remains a key concern. At least 13.5 million Syrians need some form of food or agricultural assistance and about 12 million of these are facing acute food insecurity. The majority of those affected are women and children, and consequently, acute, and chronic malnutrition are at alarming levels and continue to rise. About 5.5 million children under five years of age, and pregnant and lactating women urgently need nutrition assistance; including 3,387,142 anemic children, 553,390 stunted children, 254,941 acutely malnourished children U5, and 264,816 malnourished PLW, 1,732,281 anemic PLW, 252,014 infants deprived from exclusive breastfeeding and 823,054 children deprived of age-appropriate diet. Unless urgently addressed the situation is expected to continue to deteriorate further.

Protection risks and concerns also remain widespread. Civilians are still exposed to recurring hostilities, resulting in casualties, forced displacement and increased safety risks Gender-based violence and risks to the safety of children are assessed to have increased during the past year; while risks of exposure to explosive ordnance also remains very high, with one in two people estimated to be at risk. Coping capacities are extremely limited as more than 90 percent of Syrians are currently living below the poverty line. Many families are being pushed to destitution and are relying on negative coping mechanisms including credit, sale of assets, taking children out of school, early and forced marriages, and migration.

Whilst humanitarian response is ongoing in all 14 Governorates that have HCT coordinated response interventions and on average 4.5 million people in need are reached on monthly basis with critical multisectoral assistance; this is not commensurate to the needs. Response efforts are not up to scale in part due to resource gaps. This this allocation the SHF aims to support some prioritised tailored response to address some of the critical needs in areas with high severity of needs that are underserved.

Section 3: Allocation Priority/(ies)

3.1 Overview:

Priority	Amount allocated	Geographic Location
<p>Priority 1: strengthening nutrition response through the provision of multi-sector nutrition assistance in the areas with the highest severity of nutrition needs and poor response reach. The response will focus on addressing key determinants of malnutrition.</p>	<p>\$10-15 million</p>	 <p>Map 1 Identified geographic areas for Priority 1.</p>
<p>Priority 2: Strengthening the delivery of priority humanitarian assistance planned for in the 2022-2023 HRP in areas of high needs and low coverage of response. The response will focus on strengthening resilience.</p>	<p>\$15-20 million</p>	 <p>Analysis of needs severity and response reach</p>

		<p><i>Map 2 Areas of highest needs based on inter-sector severity and reach analysis.</i></p> <p>In general, areas of high needs (through compelling evidence-based needs analysis) are the targeted areas for Priority 2. Map 2 showcases extreme and catastrophic areas based on 2022 HNO inter-sector severity scale 4 and 5, with combined factors of reach and access analysis. To have an effective resilience building component, these areas must have an established life-saving interventions as a priority followed by complementary resilience building if applicable.</p>
Total	\$30 million	
3.2 Allocation Priority Description:		
<p>Priority 1: Strengthening nutrition response through the provision of multi-sector nutrition assistance in the areas with the highest severity of needs and poor response reach. The response will focus on addressing key determinants of malnutrition.</p> <p>The key objective of this priority is to reduce the burden of rising malnutrition on children and women through addressing immediate determinants of malnutrition: diet and care; and underlying determinants of malnutrition: food, service delivery, and harmful coping mechanisms.</p>		
<p>Guided by the conceptual framework to address immediate and underlying determinants of maternal and child malnutrition through comprehensive and multi-sector approach (see annex 1), below are listing of specific objectives and corresponding activities. Details of prioritized geographic locations are listed in annex 2.</p> <p>Objective 1: Contribute to reduction of wasting among children and women; and Objective 2: Contribute to reduction in low birth weight</p> <p>List of activities for objectives 1 and 2:</p> <p><u>Nutrition</u></p> <ul style="list-style-type: none"> • Early identification of all forms of malnutrition among children under 5 and pregnant and lactating women (PLWs) at community level for timely referral and treatment including in partnership with health and protection facilities (community centers, WGSS, CFS, etc.). • Capacity building caretakers of children under 5 to self-detect children with acute malnutrition. • Treatment of Severe and moderate Acute Malnutrition among U 5 children and PLWs through CMAM approach. • Procurement and prepositioning of essential nutrition supplies in strategic locations. • Support the national nutrition assessments (MICS/SMART surveys). • Training of nutrition and health care workers and community health workers to deliver an integrated package of health and nutrition services as well as on GBV safe referrals and GBV mainstreaming. • Use Cash Plus approach (integrating cash transfers with other programme components/interventions) to improve access to nutrition services. <p><u>Health</u></p> <ul style="list-style-type: none"> • Strengthen the capacity of primary health care to provide quality mental health services to better support the MHPSS needs of nutritionally vulnerable children and their caregivers. • Growth Monitoring and malnutrition screening in primary health care centers. • In-patient management of severe wasting medical complications in health units, including MPHSS. • Integration of essential nutrition indicators in EWARS. <p><u>WASH</u></p> <p>In communities:</p> <ul style="list-style-type: none"> • Water supply (access to safe drinking water): undertake rehabilitation of water supply systems / facilities (e.g., network rehabilitation, promotion of use of renewable energy/solarization, especially on small to medium size of water pumping stations etc.). 		

- Operation and maintenance: Support operation and maintenance of drinking water supply system (includes, but not limited to, the provision of water treatment products).
- Sanitation / safe fecal disposal measures (including for people with disabilities): Support operation and maintenance of sanitation systems / options (e.g., connecting to sewer networks, promotion of simplified fecal sludge management systems etc.,).
- Conduct hygiene promotion / social and behavior change interventions with a focus on promotion of handwashing with soap and water at critical times¹ and targeting homes as well as communities.
- Support solid waste management interventions (as part of environmental hygiene).

At Nutrition Centres / Healthcare facilities:

- Undertake rehabilitation of WASH facilities (including waste management) in selected facilities.
- Conduct risk communication, and promotion of hand hygiene.

Food Security and Agriculture (FSA)

- Supplementary food assistance interventions that focus on the first 1,000 days i.e. targeting vulnerable families with children under 2 and Pregnant and Lactating Women (PLWs) in prioritized locations - alongside Social Behavior Change Communication (SBCC) and nutrition education through relevant approaches,
- Promoting and training on nutrition sensitive agriculture (NSA), including nutrition sensitive crop production, nutrition-sensitive livestock production, post-harvest handling, food preservation and storage,
- Linked to and integrated with the above FSA interventions above, sector partners are also encouraged to propose context-specific, evidence-based pre and post-production interventions that limit or minimize food loss and waste (FLW), with the aim of addressing some of the underlying causes of malnutrition.

Objective 3: Contribute to the reduction of number of women of reproductive age and children under 5 with anemia.

List of activities of Objective 3:

Nutrition

- Provision of micronutrient supplementation children (boys and girls aged 6-59 months) at household level, alongside nutrition education to prevent as well as accelerate anemia reduction.
- Provision of multiple micro-nutrient supplements for PLW respectively at household level household level, alongside nutrition education to prevent as well as accelerate anemia reduction.
- Cash and Voucher Assistance interventions to improve access to and consumption of safe, adequate, and dietary diversified complementary foods among vulnerable children aged 6-24 months and PLWs.
- Support the national Wheat flour fortification program
- Support salt iodization fortification programme.

WASH

- Hygiene promotion / behavior change communication.
- Access to sanitation services and access to safe water (quantity + quality)

Health

- Micronutrient supplementation through ANC and PHC platforms.
- Micronutrient screening and supplementation protocol for children including integration of screening through clinical exams and referral of suspected cases for clinical testing and provision of micronutrients.

Objective 4: Increase rate of exclusive breastfeeding in the first six months of life and improve awareness on the optimal Infant and Young Child Feeding (IYCF) practices.

List of activities for objectives 4:

¹ Critical time: (a) before preparing food or cooking, (b) before eating or feeding a child (including breastfeeding), (c) after cleaning a child's bottom and (d) after defecation

Nutrition

- Support the development of key Information, Education and Communication materials on MIYCN to be used by all sectors.
- Provision of maternal, infant, and young child skilled counselling to caregivers including pregnant and lactating women at community through mother-to-mother support groups.
- intensive mass education on EBF using different channels (community drama, village shows, TV and radio programs, etc.)
- Capacity built/orient key stakeholders on compliance to the code, monitor the code implementation and report all violations through 4Ws.

Health

- Training of caregivers of children under 5 to identify and refer children and adolescents at risk for mental health conditions for specialized support.
- Assess, adopt a final list of hospitals, and implement the Baby-Friendly Hospital Initiative in-cooperating prevention of mother-to-child transmission (PMTCT) of HIV and MPHSS.
- Coordinate with the 'healthy village programme' and build the capacity of women volunteers in relation to breastfeeding, maternal nutrition and nutrition of breastfeeding women.
- MHPSS integration into infant and young child feeding and counselling undertaken through ANC and PNC.

Protection:

All interventions to mainstream and budget for the following key components of protection related response.

- Provision of training and awareness-raising materials to protection workers (i.e. working at CC, WGSS, CFS, satellite centres and outreach volunteers) to identify and refer malnutrition cases, amongst children under 5 and pregnant and lactating women (PLWs).
- Provision of the identified required protection related comprehensive case management services and referral for children under 5 and pregnant and lactating women suffering from malnutrition (including provision of assistance).

Priority 2: Strengthening the delivery of priority humanitarian assistance planned for in the 2022-2023 HRP in the areas with demonstrated high needs and low coverage of response. To have an effective resilience building component, extreme and catastrophic areas must have an established life-saving interventions as a priority followed by complementary resilience building if applicable.

Objectives:

1. Improve the most vulnerable population access to basic critical services.
2. Enable resilience-building and integrated programming in targeted areas through striking a balance and ensure complementarity of life saving and life sustaining interventions.

Prioritized activities are listed below by sector²:

Note: Partners can submit sector-specific and/or multi-sector projects. Partners should demonstrate complementarity of assistance with other activities/ humanitarian actors. Details of inter-sector geographic priorities are listed in annex 3.

Early Recovery and Livelihoods

The sector activities contribute directly to scaling-up access to livelihoods and income generating opportunities, improving availability, access, and quality of basic and social services, as well as mainstreaming social cohesion.

By promoting such interventions, the sector will contribute to SO3 of the HRP, which focus on enhancing access to market-based livelihood opportunities and production, in close coordination with Food Security and Agriculture sector, and on improving access to basic services, in close coordination with Education, Health, Protection, Shelter/NFI, and WASH. Sectors will aim at ensuring a multi-sectoral response is achieved. List of activities:

- Provision of alternative sources of energy for electricity production and for water harvesting at household level.

² Sectors are listed in alphabetical order.

- Generating employment opportunities during harvest time through cash for work or food for work schemes (FSA sector)
- Support production line to increase the capacity of the mills in the governorate to mill fortified wheat as per the needs of the flour for the governorate
- Restoration of key bakeries in most vulnerable and food insecure areas through provision of quick impact inputs such as solar or fuel generators or small-scale equipment to increase bakeries' baking capacity
- Support to alternative livelihood opportunities also in agriculture prone areas
- Support seasonal Livelihood Planning (SLP) and Community Based Participatory Planning (CBPP)
- Income-generating activities, such as cash-for-work linked to rehabilitation works and training schemes, as well as in the form of labor-force support to productive sectors
- Grants and in-kind support to urban/rural Micro, Small, and Medium Enterprises (MSME), including locally organized community groups, impacted by multiple shocks as well as emerging entrepreneurial entities,
- Enhancing resilience-building through Vocational Training matching labor market characteristics, including through the facilitation of the encounter between labor demand and supply.
- Cash support to vulnerable families in urban and peri-urban areas to reduce their socio-economic vulnerability and their negative coping strategies
- Restoration of basic socio-economic and production services such as markets, shops, storages, warehouses as well as other labor-intensive infrastructures
- Enhance absorption capacity of services/infrastructures hindering the safe return of displaced people to their places of origin

Prioritized geographic locations are based on inter-sector severity analysis as well as ERL sector reach analysis. Further details in annex 4.

Education

Education activities aim to (1) facilitate access to basic education for thousands of children who are out of school, and continuity for vulnerable children that are at risk of dropping out, and (2) promote the resilience of vulnerable children and their families as part of the efforts to ensure they have access to and/or continue with their basic education.

List of activities:

In line with the education sector's priorities, the interventions aim at addressing some of the major the gaps that the sector is currently grappling with; that continues to hinder access to basic education for vulnerable children and youth and/or threaten their ability to continue. Some of these challenges relate to infrastructural gaps, and the prevailing socio-economic conditions that are forcing many families to resort to extreme negative coping mechanisms including child labour, forced marriages and withdrawal of children from school are affecting all levels of education. The sector is therefore prioritizing the following activities to address some of those major gaps.

- Rehabilitation of schools/classrooms, provision of prefab classrooms and furniture (incl. through vocational schools); and teaching and learning supplies/materials, including stationeries.
- Provision of solar panels to bridge the critical electricity supply gaps that continues to hinder the ability of schools to run double or more shifts which remain the only feasible option to bridge the current capacity gaps and address over-crowding in schools.
- Providing Non-formal education interventions to complement formal education or support the transition of students to formal education (Proposals including NFE interventions must include clear steps to support transition of students towards/or retention within formal education).
- Providing technical and vocational services for vulnerable adolescents (15-17 years) and youths (18-24 years) and foundational skills so that they are better able to join the workforce – both through formal and non-formal interventions.
- Providing incentives (cash/voucher/food to vulnerable children and youths who are either out of school and/or at-risk of dropping out of school. The CWG criteria scoring will be used to identify target groups, /beneficiaries; and school feeding will only be considered in the geographic areas overlapping with the prioritized locations for Priority 1 of this allocation strategy.
- Provision of transportation support for teachers and students (only for those rural areas where there are shortages/lack of teachers' due inability to commute because of the long distances and associated financial challenges).

- Providing support for capacity enhancement of (head) teachers as part of the efforts to enhance the quality of education (incl. child centres teaching skills, school curriculum, school/classroom management, positive discipline, PSS, mine risk education etc.) and safeguarding.
- Support vulnerable students from crossline areas that must commute to take their national examination in government held areas to meet their basic subsistence needs including transportation, food/water, accommodation, health including the hygiene related components. This is for summer 2022 (high school examination complementary round) and school year 2022-2023.

The provision of essential hygiene and sanitation consumables, including reusable PPE items, health/hygiene and sanitation/nutrition awareness raising activities, including those on Covid-19 will have to be conducted as an integral part of all interventions. 'Back to Learning Campaigns' to maximize the enrolment/retention of children/youths will also be carried out as part of the formal education and NFE interventions.

Further, PTA formation and training should also be an integral part of both formal and NFE interventions to ensure stakeholders' participation, ownership and sustainability of the interventions.

Prioritized geographic locations are based on inter-sector severity analysis as well as prioritized sub-districts where gaps in available school facilities in relation to the population sizes. Further details in annex 4.

Food Security and Agriculture

Using a resilience approach, FSA aims to (1) scale-up and sustain minimum food consumption needs through life-saving and life-sustaining food assistance; (2) support self-reliance of affected households by protecting and building productive assets and restoring or creating income generating opportunities to save and sustain lives; and (3) improve communities' resilience and capacity to sustain households' livelihoods by improving linkages with value chain through the light rehabilitation of productive and economic infrastructure.

List of activities:

- Provision of Food and Cash and Voucher Assistance to food insecure households in underserved and food insecure locations with the highest severity levels of food insecurity (phase 3 and above).
- Supporting Quick Impact Livelihoods Projects with immediate consumption benefits to enhance food consumption and availability at household level (HH vegetable production, poultry production, HH Fish, mushrooms production and food processing on a small scale and cash for work for rehabilitation actions),
- Supporting Livestock and Poultry production targeting vulnerable small-scale breeders, in particular livestock feed/support to fodder production provision and vaccination and provision of veterinary kits, artificial insemination (To protect productive assets and minimize distress selling of animals).
- Provision of Critical Agriculture Inputs to support the production of staple food crops in locations facing high levels of food insecurity such as cereals, and legumes crops.
- Scale-up support to Market-driven Income-Generating Activities (IGAs) including vocational training based on beneficiary preferences (Beekeeping, food/dairy processing, mushroom production, and vegetable production) and finally,
- Light Rehabilitation of Critical Livelihoods Infrastructure with direct benefits for food production and distribution (irrigation canals, rainwater harvesting, Gray Water Treatment, bakeries, and flour mills to assist the wheat value chain, wells and irrigation systems).

Prioritized geographic locations: the sector has factored in a robust geographical targeting process to identify and prioritize the underserved and underfunded locations, which have high severity of needs (i.e., scale of 4) and high prevalence of food insecurity above 70% as indicated in annex 4.

Health

The health activities aim to (1) increase access to life saving and life sustaining health services for those most vulnerable and in need; (2) strengthen health sector capacity to prepare for, detect and deliver timely response to disease outbreaks, including COVID-19; and (3) strengthen health system capacity to support continuity of care, strengthen community resilience, and respond to IDP movements and changes in context.

List of activities:

- Providing life-saving primary health care support (including reproductive, maternal, new-born and child health care) with appropriate modalities such as fixed and mobile health clinics, static medical points, and mobile outreach health teams.
- Supporting diagnostic and treatment services through procurement and provision of medicines, medical supplies (including non-GAVI vaccines) and medical equipment to the health facilities or mobile teams/clinics.
- Supporting specialized services, such physical rehabilitation, and dialysis, severe acute malnutrition with complications, and burns, including rehabilitation services for persons with disabilities.
- Supporting provision of safe and quality health services for communicable and non-communicable diseases.
- Supporting emergency referrals for secondary health care services, including referrals to specialized services mentioned above, only if coupled with direct service delivery (mobile teams and static medical points).
- Supporting minor rehabilitation of damaged public health facilities (PHC level) and replacement of damaged health and medical equipment.
- Strengthening mental health and psychosocial programs via maintained community mental health system.
- Training of health care workers and community health workers and supporting health education and promotion.

Prioritized geographic locations: as per the prioritized geographic locations identified for this allocation at the inter-sector level as well as camps and IDPs settlements. Details in annex 4.

Protection

The protection activities aim to (1) improve protection of population affected by the crisis through community-based and individually targeted protection interventions and through advocacy with duty bearers; (2) improve access to quality and lifesaving GBV response services for GBV survivors and women and girls at risk and put measures in place to prevent and mitigate risks of GBV; (3) increased and more equitable access for boys and girls to quality child protection interventions in targeted locations in line with the Child Protection Minimum Standards in Humanitarian Action; and (4) minimize the impact of explosive ordnance for communities most at risk.

List of activities:

- Provide quality and integrated protection services, targeting especially PwDs and older persons, with a focus on community-based approaches, including awareness-raising, psychosocial assistance, targeted support to persons with specific protection needs and other community initiatives, through community centers and Women and girls safe spaces and child friendly spaces and outreach/mobile mechanisms services Provide individual assistance for specific protection and GBV needs (including PSS, Case management support, referrals, and material assistance in kind such as dignity kits or in cash/vouchers) through community-based protection services (prioritising people with disabilities, older persons, children, and GBV survivors).
- Support community-based initiatives and community-based protection structures to enhance wellbeing for women and girls and improve the protection and humanitarian situation of PwDs and older persons.
- Establish group-based activities to support psychosocial well-being (eg recreational and vocational activities) and group-based socio-economic support through community centres and Women and girls safe space.
- Provide legal advice/counselling and legal representation on civil status documentation /registration as well as on housing, land and property (HLP) issues in accordance with national legislation.
- Advocacy with duty bearers and key stakeholders to inform and enhance the response to GBV and protection risks.
- Establishment of Emergency women's protection safe shelter to provide immediate lifesaving GBV services to those at risk of life.
- Provide specialized child protection services including case management, tracing and reunification and survival assistance to disabled girls and boys.
- Strengthen technical capacity of GBV and protection service providers to respond to protection needs of people with disability including children and GBV survivors.
- Carry out technical and non-technical surveys to ascertain the presence or absence of explosive contamination and support safe delivery of humanitarian aid, safe access to services and livelihoods opportunities and foster resilience of community members.

- Provide assistance (including medical care, rehabilitation, psycho-social support, economic support) to survivors of GBV and explosive ordnance incidents and people living with a disability to support reintegration of survivors into society.

Prioritized geographic locations are as per the prioritized geographic locations identified for this allocation at the inter-sector level. Details in annex 4.

Shelter/Non-Food Items

The Shelter activities aim to strengthen support to resilience and early recovery through both needs and area-based approaches contributing to shelter sector objective 2: “: Reinforce an enabling protection environment and community cohesion by improving housing and related community/public infrastructure”.

List of activities:

- Rehabilitation of damaged or unfinished housing.
- Supply and installation of HH level solar energy systems.
- Enhancement of tenure security agreements in conjunction with rehabilitation activities.
- Rehabilitation of damaged or unfinished building common areas.
- Rehabilitation of community infrastructure.

Prioritized geographic locations: Shelter sector will complement ERL sector rehabilitation activities in the areas that have been damaged and people start to return to them. Details in annex 4.

The NFI activities aim to provide life-saving and life-sustaining NFI support.

List of activities:

- Provision of core NFIs as outlined in NFI sector guidance/ catalogues through in-kind, cash and/ or voucher modalities.
- Provision of seasonal and supplementary NFIs as outlined in NFI sector guidance/ catalogues through GiK, cash and/ or voucher modalities.

Prioritized geographic locations: NFI sector prioritized geographic locations based on the severity scale for NFI Winter response. Details in annex 4.

WASH

WASH activities aim to (1) support water, sanitation/sewage, and solid waste management systems to ensure regular services for affected people in Syria; (2) deliver humanitarian WASH supplies and services and improve hygienic behavior and practices of most vulnerable people; and (3) Improve WASH facilities and services in institutions to minimize substandard WASH conditions of the most vulnerable people in Syria.

List of activities:

With emphasis on resilience-focused, more sustainable, durable, and cost-effective solutions, the following WASH activities / interventions are prioritized:

In Communities (proposed interventions):

- Water supply (access to safe drinking water): undertake rehabilitation of water supply systems / facilities (e.g., network rehabilitation, promotion of use of renewable energy/solarization, especially on small to medium size of water pumping stations etc.).
- Operation and maintenance: Support operation and maintenance of drinking water supply system (includes, but not limited to, the provision of water treatment products).
- Sanitation / safe fecal disposal measures (including for people with disabilities): Support operation and maintenance of sanitation systems / options (e.g., connecting to sewer networks, promotion of simplified fecal sludge management systems etc.,).
- Conduct hygiene promotion / social and behavior change interventions with a focus on promotion of handwashing with soap and water at critical times, and targeting homes, communities.
- Support solid waste management interventions (as part of environmental hygiene).

At the IDP camps and sites:

- Undertake light rehabilitation of water supply (including, but not limited to supporting emergency water trucking etc.,) and sanitation facilities.
- Support operation and maintenance of water, sanitation and solid waste management systems.
- Conduct hygiene promotion interventions (to also include provision of hygiene supplies e.g., soap, hygiene kits etc.).

At educational centres / schools:

- Undertake light rehabilitation of WASH facilities in schools.
- Conduct risk communication, and promotion of hand hygiene (e.g., through availing of soap to students)

In Health care facilities:

- Undertake rehabilitation of WASH facilities (including hazardous waste management systems).

Prioritized geographic locations are as per the prioritized geographic locations identified for this allocation at the inter-sector level and WASH sector severity analysis. Details in annex 4.

Section 4.1: CERF Complementarity

The allocation will complement the \$25 million CERF Underfunded Emergency allocation (2022) provided to UN agencies in March. While targeting the best placed organizations to respond, the SHF allocation will primarily focus on funding NGOs including local and international organizations.

Section 4.2: Other Complementarity

The strategic prioritization for this allocation was informed by the prioritization done in the HNO and HRP and the analysis of the bilateral/multilateral funding flows to Syria. According to the HNO and HRP, the Syrian people identified food and nutrition as their top priority need, followed by livelihoods, electricity, winterization and WASH/Shelter assistance. Based on needs and reach analysis, this allocation focuses on strengthening multi-sector nutrition assistance and strengthening the resilience-related activities of the HRP in key geographic areas of highest needs.

Section 5: Project Selection Criteria

The selection of projects will be done based on the following key principles of inclusive programming, programming areas of contextualization and partner eligibility criteria.

Key Principles for Inclusive Programming: Projects that

- Demonstrate adequate considerations of gender equality in the project designing and implementation.
- Promote prevention, mitigation and response to GBV.
- Promote the centrality of protection and ensure that a protection lens is incorporated into project designing and implementation.
- Promote disability inclusion to reduce discrimination and barriers for Persons with Disability to fully engage with and benefit from the response.
- Promote involvement of affected people in all phases of the project cycle. Ensure accessibility of collective feedback and complaints mechanisms for affected people across gender, age, and disability groups and other diversity factors.
- Demonstrate that the implementing partner (and any sub-contractor) has the mechanisms in place to prevent, detect, report and manage incidents of Sexual Exploitation and Abuse (SEA) including providing assistance to victims.

Contextualized Programming Areas: Including projects that

- Demonstrate access and ensure timely delivery of assistance to the most vulnerable.
- Describe risks including operational, security, financial, personnel management to project implementation are identified, managed and mitigated.
- Describe the exit strategy and closure steps for the project and an assessment of the sustainability of the results.
- Promote coordination and complementarity with partners and other funding mechanisms.
- Propose realistic implementation duration and represent efficient use of resources in the current context.
- Demonstrate value for money with optimum outcome, beneficiary reach for each dollar invested and effectiveness of the intervention.

Direct submission of proposals by national and international NGOs as well as local Women led Organization (WLO) is strongly encouraged. In the event of sub-granting, a clear added value of the main applicant should be explained.

Section 6: Partners Eligibility

All partners who have completed their due diligence, passed capacity assessment as of 15 June 2022, have no outstanding SHF reports (including interim, final and financial reports), have no SHF compliance issues and are part of the sector coordination mechanisms in Syria are eligible for the Allocation. Additionally, project proposals should follow the criteria below:

- Be aligned with at least one priority of this allocation paper.
- Be aligned with at least one of the three Strategic Objectives of the 2022-2023 Syria HRP.
- Be implemented by partners with access and operational presence in the targeted locations.
- Minimum budget per project is \$250,000, while eligible grant size will be determined by partner's capacity assessment status as outlined in the Operational Manual.
- Submissions to be limited to two proposals per applying organization. Partner can submit sector-specific project proposal and/or multi-sector proposal. Priority will be given to projects with multi-sector approach, aiming at complementarity.
- Clear articulation on complementarity to ensure comprehensive provision of assistance whether in sector-specific projects proposal or multi-sector one.
- Project duration should not exceed 12 months.
- 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).
- Adhere to the OCHA Country Based Pooled Fund (CPBF) guidelines, for budget preparation guidance (Annex 5) as well as the general guidelines stated in the Operational Manual (Annex 7).
- Preference is given to projects implemented directly. Further sub-granting is strongly discouraged.
- All proposals should be submitted via the Grant Management System (GMS) -SHF online platform. Proposals submitted through other means will not be considered.
- Proposals should be submitted under one of the two priorities included in this allocation paper. Partners should indicate the priority number at the end of the project title in brackets. For example, "Addressing Immediate Health Needs in Deir-ez-Zor (Priority 2)".
- Proposals submitted for both priorities within the same proposal will be rejected.

Maximizing resources: localization, risk mitigation and vulnerable groups

- Recognizing that one of the major constraints in the implementing of activities in Syria is access, the SHF will give preference to those partners who have a proven track record of implementing projects directly. The allocation will focus particularly on front-line NGOs with operational capabilities or potential to operate in targeted areas. Partners with projects already included in the HRP will be further prioritized as part of this allocation.
- If administrative clearances are not secured by national partners within three months of paperwork submission, the projects will no longer be eligible for funding.
- Project proposals will be expected to articulate clear access strategies as well as robust risk mitigation practices demonstrating a strong understanding of needs and risks.

Section 7: Process and Timeline

7.1 Allocation Strategy Development Process

The Humanitarian Coordinator in consultation with the SHF Advisory Board and the Inter-Sector Coordination group identified the two priorities to address immediate needs of affected population. The decisions were informed by the priority needs outlined in the HRP and analysis of humanitarian funding flows to Syria. Sector objectives and activities were identified through consultations with sector coordinators and sector partners.

7.2 Allocation Timeline

Standard Allocation Workflow	Date		
	Start Date	End Date	Responsible body

Step 1. Allocation strategy development	2 May	20 June	OCHA/HFU, sectors
Step 2. Submission of project proposals	29 June	26 July	Partners
Step 3. Pre-screening of submitted proposals	27 July	27 July	OCHA/HFU
Step 4. Review of projects proposals	28 July	4 August	OCHA/HFU, Review committees
Step 5. Review and initial endorsement by HC for projects final technical and financial review	7 August	8 August	OCHA/HFU, HC
Step 6. Final technical and financial review	9 August	15 August	OCHA/HFU, Review committees, technical experts, Partners, CBPF Section
Step 7. Final approval by HC and Grant Agreement	11 August	17 August	OCHA/HFU, HC
Step 8. Disbursement	Within ten working days		OCHA/CBPF Section

Section 8: HFU Contacts and Complaints

8.1 Key Contacts

- Mateusz Buczek, Deputy Fund Manager, buczekm@un.org
- Serin Hetou, Senior Humanitarian Affairs Officer, hetou@un.org

For further details see Annex 10

8.2 Complaints and Feedback Mechanism:

The following email address, SyriaHF-feedback@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. All received information will be treated confidentially.

Section 9: List of Annexes

Annex 1: Conceptual framework on the determinant of maternal and child malnutrition [here](#)

Annex 2: Priority 1, list of prioritized geographic areas [here](#)

Annex 3: Priority 2, list of prioritized geographic areas [here](#)

Annex 4: Programmatic guidance by sector [here](#)

Annex 5: Budget preparation guidelines [here](#)

Annex 6: Project proposal template guidance [here](#)

Annex 7: SHF Operational Manual [here](#)

Annex 8: Sector contact details [here](#)

Annex 9: Link to GMS help portal (<https://gms.unocha.org/content/partner>)

Annex 10: SHF contacts details [here](#)