# Aid Fund for Northern Syria (AFNS)

## Regular Allocation Strategy June 2023

24 May 2023 – FINAL

### Allocation Details

<table>
<thead>
<tr>
<th>Allocation Title</th>
<th>AFNS Regular Allocation June 2023 (RA1)</th>
</tr>
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<tbody>
<tr>
<td>Allocation Launch Date</td>
<td>Early May 2023</td>
</tr>
<tr>
<td>Expected Value</td>
<td>US$ 40 million</td>
</tr>
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<td>Start Disbursement</td>
<td>July 2023</td>
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</table>

### Section 1: The Aid Fund for Northern Syria (AFNS)

#### 1.1 Mission

The AFNS brings together donor countries, multilateral agencies, nongovernmental organisations, and the private sector in a collaborative arrangement with a collective mission to maintain the continuity of flexible multi-donor humanitarian assistance to northern Syria in a dynamic context and in harmony with the Humanitarian Response Plan (HRP).

#### 1.1 Principles

The AFNS is a Humanitarian Multi-donor Pooled Fund established in November 2022 to meet priority needs of the north of Syria with a primary focus on the northwest of the country, and to maintain continuity and complementarity of humanitarian assistance to vulnerable communities. The AFNS is additional and complementary to the overall response and is based on humanitarian needs alone. The AFNS is:

- Focused on providing flexible humanitarian assistance and humanitarian protection to affected people in northern Syria with un-earmarked funding from a diversity of donor countries.
- People-centred; ensuring we are accountable to affected populations, committed to the prevention of sexual exploitation, abuse and harassment, and striving for gender equality and social inclusion in everything we do.
- Demand-driven, financing activities that directly address humanitarian needs and considering the capacity and agency of affected populations.
- Committed to localisation, promoting locally driven mechanisms to identify, define and address humanitarian needs and capacity constraints.
- A responsible partner; we are inclusive and transparent, coordinating and collaborating with others responding to the humanitarian crisis in Syria.
- Committed to following International Humanitarian Law and International Human Rights Law and alignment with relevant international frameworks, including the Grand Bargain and the Sustainable Development Goals.
- Striving to ensure the activities we fund respect humanitarian principles and meet standards of best practice, including Core Humanitarian Standards and Sphere standards.
- Committed to ensuring funds are used solely to deliver humanitarian assistance to Syrians and determined to prevent the diversion of funds for any illegal purpose, including financing terrorism or breaching applicable sanctions.
### 1.2 Objectives

- **Save lives:** Provide lifesaving and life-sustaining humanitarian assistance to the most vulnerable people with an emphasis on those in areas with high severity of needs.
- **Strengthen localisation, early recovery, and harmonisation:** Supporting community-based, inclusive, rights-based and conflict-sensitive action that does no harm, contributes to positive change, and drives gender, age and ability equality.
- **Enhance protection:** Enhance the prevention and mitigation of protection risks and respond to protection needs through supporting a protective environment in Syria, by promoting adherence to the rule-of-law, International Humanitarian Law and International Human Rights Law, and through principled assistance.
- **Increase resilience:** Increase the resilience of affected communities by improving access to more sustainable livelihood opportunities and basic services, especially among the most vulnerable households and communities.

### 1.3 Programmes

- **Regular Allocations:** Regular Allocations are rounds of grant funding for implementing partners to deliver humanitarian assistance that is executed strictly in line with pre-defined procedures set out in the AFNS policy and procedural framework.
- **Special Allocations:** Special Allocations are rounds of grant funding for implementing partners to deliver humanitarian assistance that is executed in line with pre-defined procedures set out in the AFNS policy and procedural framework, subject to amendments to deal with any special circumstances. Any such amendments must be explicitly approved by the AFNS Steering Board (SB).

### Section 2: Strategic Statement

#### 2.1 Specific Objectives

The first AFNS Regular Allocation will provide complementary support to the overall response in June 2023. The Allocation is launched on May 5th, 2023, at the fifth AFNS Steering Board (SB) meeting, to a value of US$ 40 million [subject to donors’ contributions]. This allocation aims to support the following objectives:

- Provide timely and relevant humanitarian assistance to the population in the northwest of Syria, including life-saving and life-sustaining interventions promoting early recovery outcomes, taking gaps and challenges in the overall response to the February earthquakes into account.
- Support specialised Syrian-led NGOs and enhance their capacity to provide essential services to those in need.
- Conduct AFNS Due Diligence and Capacity Assessments to select highly experienced partners who can efficiently execute impactful projects that address significant humanitarian needs identified during the allocation process.
- Ensure maximum inclusivity, gap coverage, and accountability towards affected populations by selecting projects through the AFNS Strategic and Technical Review Committee (SRTC) and Steering Board (SB), and by consulting the target population starting from the project design phase.

### Section 3: Humanitarian Context

Between February and March 2023, AFNS collaborated with an independent research entity to evaluate the needs of areas impacted by February’s earthquakes (EQs) in the northwest of Syria, further exacerbating the humanitarian crisis and the needs identified in the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP). This report aimed to provide a comprehensive, evidence-based assessment, identifying critical gaps concerning target groups, locations, and sectoral capacities.

The evaluation involved a systematic desk analysis of available assessment reports, the SCHF Allocation Strategies, and interviewing a variety of local and international stakeholders. The findings from this report, combined with latest information provided by the STRC Cluster representatives and AFNS technical advisors, have led to the identification...
of immediate and medium-term priority gaps as the earthquake response transitions from First-line Emergency Response (FLER) to an emergency and recovery response.

### Main gaps in the current response:

**Shelter/NFI:** UN- OCHA estimates the number of newly displaced people as a result of the EQs to be greater than 103,000, with more than 280,000 people requiring shelter and NFIs. Due to 12 years of displacement, affected populations are no longer content with temporary shelter solutions and are instead seeking more permanent options for dignified shelter and living conditions. Efforts by the Cluster to provide emergency shelter and non-food items are ongoing as needs in camps and IDP site have worsened after the EQs. The earthquake response has two phases. The first phase provides emergency assistance, such as NFIs and shelter, to address the immediate needs of those affected. The second phase focuses on providing more sustainable shelter options, including repair and rehabilitation assistance for minor and moderate damage houses, as well as access to dignified living conditions for those who lost their homes. As the situation evolves, three critical priorities have emerged: firstly, providing dignified shelters to safeguard vulnerable groups, such as women and children, from abuse, exploitation, harassment and worsening of seasonal diseases, as well as providing the infrastructure improvements for those who have lost their homes. Secondly, addressing the needs of the populations affected by the EQs to obtain safe access to their shelters, buildings that have been damaged through shelter checks, rehabilitation and repairs. Thirdly, addressing shelter needs need to consider self-help modalities through restricted conditional cash for shelter interventions and cash for work where the partners can show good capacity and experience to deliver life-sustaining shelter support both for dignified shelter establishment and shelter rehabilitation and repairs. Effective interventions in housing, land, and property (HLP) will be necessary to manage disputes related to ownership and renters rights in accessing damaged or destroyed buildings. It is crucial to implement measures that would enable the affected populations and displaced individuals to access their shelters, home communities, or at least to provide them with adequate housing in the meantime.

**CCCM:** As of March 13, the CCCM Cluster has recorded that more than 108,000 IDPs from the EQ-affected communities have been relocated to newly established IDP sites and reception centres. The CCCM Cluster has taken on the responsibility of managing, and operating 107 reception and collective centres established after the earthquake. Additionally, Cluster partners are coordinating multi-sectoral life-saving services in 1,437 IDP sites, which require a concerted effort to coordinate effectively among humanitarian sectors to avoid gaps and overlaps in the reception centres. To address these challenges, the Cluster has identified three strategic priorities. The first priority is to focus on effective camp management, coordination, and participatory structures to ensure that the needs and concerns of IDPs are addressed in a timely and efficient manner. The second priority is to maintain basic infrastructure and facilities in the IDP sites, such as water and sanitation facilities, to ensure that IDPs have access to basic needs. The third priority is to ensure a rapid response to emergencies such as fires, floods, and storms to minimise the potential harm to the IDPs and the reception centres.

**Early Recovery:** As of March 14, 1,869 buildings including schools, hospitals, utility infrastructures, stores had been completely destroyed and 8,731 had been partially destroyed in the northwest of Syria. Rehabilitation of these buildings is essential for the resumption of basic services for water, electricity, health, education, food security, and logistic/transportation, as well as the full resumption of economic activities. Moreover, despite the availability of limited funding in specific sectors, there is some donor reluctance to fund and implement rehabilitation due to a perceived lack of capacity among engineering and construction partners in the affected areas and the fiduciary and safety risks inherent in these activities. Alongside first-line emergency response efforts, there are opportunities to provide more medium-term strategic interventions to address infrastructure that was already inadequate prior to the EQs. These interventions could ensure that facilities are accessible to all including persons with disabilities, that there are schools to which children can return, health facilities catering to primary and specialised needs, and infrastructure for agricultural supply-chains for cash crops, nutrition-sensitive food, and climate-smart farming approaches, and all other services facilitating local economic connectivity and activity to generate income and employment.

**Health:** The coordinated Health response is starting to re-orient towards more sustainable solutions for non-EQ related Health service infrastructure. The Health Cluster has insufficient funding to cover all of the Health sub-sectors, especially for early recovery and resilience interventions that should be implemented over the coming year. An estimated 55 primary healthcare centres were destroyed or damaged in the EQs. The Health Cluster’s infrastructure needs assessment has highlighted key needs in this area. The current condition of WaSH
In the aftermath of the EQs, markets continue to function, but food insecurity gaps, and strengthened referral pathways, capacity building, and human resource support are needed to enable quality service provision.

**Food Security and Livelihoods (FSL):** In the aftermath of the EQs, markets continue to function, but food pricing and security concerns persist. Initial response efforts prioritised cash assistance, ready-to-eat kits, and market reopening, yet essential items remain scarce in the most affected areas. Factors worsening the situation include high commodity prices, damaged livelihoods, looming agricultural input shortages, and impaired market infrastructures and services. The FSL Cluster is now concentrating on cash assistance for food, food basket distribution, rehabilitating bakeries, silos, and grinders, and resuming wheat cultivation and bread subsidisation for normalisation post-earthquake. The FSL sector is aiming to strengthen local markets and rehabilitate damaged community infrastructures. Funding limitations and partner coverage challenges persist, with gaps in restoring pre-earthquake conditions. Immediate support is required to re-establish food production in affected areas, as much of the food-supply infrastructure remains unassessed. Emergency food provisions should be supplemented in the coming months, with medium-term strategies focusing on revitalising nutrition-sensitive food production. Early recovery efforts could support food and cash crop value chains such as olives, chickpeas, and cotton, promoting economic viability and opportunities for farmers, ultimately fostering long-term recovery and resilience. Encouraging better farming water and soil management techniques and integrating climate change approaches are vital. Additionally, reinforcing the market -business environment and value chain beyond agriculture is crucial for individual and community resilience.

**Education:** The education sector in the northwest of Syria faces multiple critical challenges, limiting its ability to address diverse needs through various interventions. As the Education Cluster conducts a comprehensive school assessment, recent reports show 452-509 formal schools with EQ damage. This will increase the number of children without schools to attend in the coming months, adding to the 800,000 already out of school before the EQs. The EQs have also inflicted both immediate and long-term psychological and social distress on children and caregivers. Main sources of suffering include traumatic event exposure, loss or separation from family members, displacement, and weakened family, community networks, and social support systems. Addressing psychological needs is crucial since they can persist long after the EQs. Over 5,000 unsupported teachers represent the largest specialised labour gap in the northwest of Syria. Education is crucial for children's protection, and reopening schools can help reduce displacement, promote stability, and facilitate return. Inadequate support risks widening disparities among children, especially the most vulnerable, such as working children, children with disabilities, and girls, who may lack equal opportunities. Although formal education is a priority, non-formal education and alternative learning with clear pathways to formal education are also necessary. Therefore, priority support requirements include rehabilitating educational facilities, creating temporary learning spaces, providing teacher skills training, following up on children dropped out of school to be re-enrolled and delivering mental health and psychosocial support to children and caregivers with and to receive specialised child protection case management services by CP actors through integrated approach.

**Protection:** The EQs in the northwest of Syria have resulted in a significant increase in the number of vulnerable individuals, with over 270,000 people targeted for protection response in addition to the 2.8 million targeted for the Humanitarian Response Plan in 2023. A Rapid Protection Assessment conducted by the protection cluster after the EQs identified significant gaps in the provision of specialized and tailored protection services for the most affected population groups, including people with disabilities, destitute older persons, pregnant and lactating women, homeless persons, and ethnic groups. The assessment also showed impacts on housing, land, and property (HLP) and civil documentation-related rights, such as evictions and homelessness, as well as insufficient

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1. [Rapid Protection Assessment Dashboard 2023 | ReliefWeb Response](https://reliefweb.int/rapid-protection-assessment-dashboard-2023)
services for mental health and psychosocial support (MHPSS), which increases the exposure to trafficking and recruitment. The survey also identified restrictions on freedom of movement and the presence of explosive remnants of war within 5 km of the sites as key protection-related issues. To mitigate protection risks and exposure faced by vulnerable populations, scaled-up provision of protection services is needed, including legal, trauma management, and tailored services. Additional funding is required to cover gaps, increase field operational capacity, strengthen partners’ technical capacity, and improve protection monitoring capacity. Enhanced specialised protection services can be provided, existing gaps can be addressed, and partners’ technical capacity can be strengthened with increased funding. Improved protection monitoring capacity will allow for the identification of protection risks and the development of targeted interventions.

**Gender Based Violence:** The EQs have worsened pre-existing needs, placing women and girls at a higher risk of gender-based violence (GBV), including sexual exploitation, abuse, harassment, and intimate partner violence, in reception centres and displacement camps. The EQs have also intensified families’ financial instability, resulting in fewer job opportunities, particularly for women, who are already marginalised in the labour market, and the inability to afford housing costs for many families. As reported by GBV service providers, economic vulnerability may encourage the adoption of negative coping mechanisms and harmful practices, such as forced and early marriage, leading to increased cases of marital rape and physical violence. To address the anticipated surge in cases of gender-based violence, abuse, and harassment, there is a need for interventions that can fill previous funding gaps in case management, psycho-social support, prevention and mitigation programmes as well as access to livelihood opportunities for survivors and women at risk. However, the current number of active case workers and case managers has declined since the earthquake which led to loss of many specialist case management centres and has compromised general case management services. To ensure effective response, additional support is needed for the Cluster’s first line gender-based violence response, which includes risk mitigation, prevention, and response interventions through GBV case management, provision of Women and Girls Safe Spaces (WGSS), and expansion of outreach via mobile response in the reception centres and camps. One recommended strategy is to enhance the capacity of specialized service providers, particularly Syrian-led NGOs and Women Led Organisations (WLOs), and strengthen safe and efficient referrals to better connect GBV, SRH, and other services for survivors (including livelihood opportunities, legal services, cash, and food).

**Child Protection:** The fragility of the context has increased the risks to child protection, with over 450 unaccompanied and separated children reported in the last two months after the EQs, and more than 200 adolescents identified as being homeless. Coping strategies such as child marriage, child labour, and school dropouts are also prevalent, particularly among adolescents. While the CP AoR has technical guidance notes to support partners in responding to child protection concerns, additional support is needed to build resilience among adolescents, unify information management systems to facilitate case registration, assessment, planning, and referrals among partners, and further strengthen the capacity of partners on using new tools and adolescent resilience packages. This support will enable partners to take action and address the challenges faced by children in the affected areas.

**Nutrition:** As food insecurity rises and the humanitarian system becomes increasingly strained, malnourishment among children and pregnant and lactating women (PLWs) is expected to increase. February 2023 malnutrition admissions nearly doubled compared to the same period in the past three years. The situation is chronic and not solely due to EQs consequences, making nutrition interventions essential for managing food insecurity's impact. Expanding cash vouchers for nutrition activities can supplement existing efforts, as the procurement of micronutrients, high-energy biscuits, and other supplies may face logistical challenges due to the dependency on the UN pipeline. Supporting PLWs and other vulnerable groups is crucial, with interventions like mother-baby corners and stabilisation centres. As response efforts continue over the next three to nine months, emerging gaps in all intervention areas are expected to worsen. Securing nutrition commodities and scaling up interventions are necessary, especially in reception centres, displacement camps, and other affected locations. This can be achieved through more Rapid Response Teams, Outpatient Centres, and Mother Baby Areas, while integrating Health (SRH and EPI), WaSH, and FSL services. Currently, poor partner coverage and delivery capacity are seen especially in Raju, Sheikh al-Hadid, and Al Rai sub-districts in Northern Aleppo.

**WaSH:** The EQ has displaced over 108,000 people, necessitating comprehensive WaSH services in IDP locations. After 12 years of conflict, the northwest of Syria has access to 200 water production stations and distribution through various networks, managed by over 80 NGO partners. However, key institutions and resources, including management offices, laboratories, and water and wastewater treatment plants, are scarce, creating a leadership
vacuum. The pre-conflict infrastructure, designed for under 2 million people, now struggles to serve 4.7 million. Many rely on trucked water in displacement camps and irregular piped water in communities. Communities previously used to high water supply volumes and individual family latrines and showers now cope by purchasing trucked water from unregulated entrepreneurs. This has turned water supply into a high-risk business, with 71% of cholera cases occurring in communities rather than IDP camps, which account for 20% of the caseload. The first response priority is providing comprehensive WaSH services in IDP camps in collaboration with CCCM and Shelter sectors. The second priority involves cholera preparedness and control by ensuring sufficient water quantity and quality and implementing infection prevention and control measures in institutional health facilities. This is particularly important for cholera treatment centres in collaboration with the Health Sector. The WaSH-Health response should include rapid information exchange on new cases by location, allowing for a community-level WaSH response using the CATI/CORT approach when feasible. The third priority is developing a resilient WaSH package to secure a healthy and productive population.

Section 4: Priorities

4.1 Regular Allocation prioritisation per sector

Launched by the AFNS Steering Board in consultation with the AFNS Strategic and Technical Review Committee (STRC), the AFNS first Regular Allocation (RA2023-001) intends to disburse an estimated US$ 40 million to rapidly scale up and sustain the emergency response to the populations in the northwest of Syria, with a focus on those affected by the EQ, including lifesaving and early recovery interventions that are currently not covered by other priority areas and other donors in the following integrated programme areas (CVA and CCCM cross-cutting).

Partners can choose one main priority only to apply based on their expertise and portfolio. Applicants are encouraged to collaborate with specialised NGOs to address all sub-priorities in an integrated manner and maximise impact. Partnership with CBOs/WLOs also strongly encouraged when feasible.

AFNS regards Cash Assistance as a cross-cutting delivery method in this allocation strategy and strongly encourages partners to prioritise it whenever feasible and possible.

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<th>Priority area</th>
<th>Sector (Integrated programming approach)</th>
<th>Max. Grant Budget per Priority Area (US$)</th>
<th>Tentative Allocation (US$)</th>
<th>% of Allocation</th>
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<tr>
<td>1</td>
<td>Shelter/NFI, WaSH, Protection, CCCM</td>
<td>2M</td>
<td>9M</td>
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<tr>
<td>2</td>
<td>Early Recovery and Livelihoods WaSH and Shelter</td>
<td>2M</td>
<td>9M</td>
<td>22.5%</td>
</tr>
<tr>
<td>3</td>
<td>Health, Nutrition and WaSH</td>
<td>1.5M</td>
<td>8M</td>
<td>20%</td>
</tr>
<tr>
<td>4</td>
<td>Food Security, Livelihoods and Nutrition</td>
<td>1.5M</td>
<td>6M</td>
<td>15%</td>
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<tr>
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<td>Education CP, and WaSH</td>
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<td>4M</td>
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<tr>
<td>6</td>
<td>Protection (including MA), Child Protection and GBV</td>
<td>1.5M</td>
<td>4M</td>
<td>10%</td>
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<tr>
<td>Total</td>
<td></td>
<td></td>
<td>40m</td>
<td>100%</td>
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4.2 Allocation Priority Description

Priority 1: Shelter/NFI, integrated with WaSH, Protection (HLP), and CCCM

Organisations covering four sectors (Shelter/NFI, CCCM, WaSH, and Protection) will deliver assistance across four sub-priorities:

Sub priority 1.1: Dignified shelter linked to infrastructure improvements, shelter rehabilitation, repair, and upgrading; rehabilitation of collective shelters and IDP sites, dignified learning and child friendly spaces, upgrading of unfinished buildings in compliance with HLP/CD and ERW consideration related issues of HLP. | Avg. target: 40%
Sub-priority 1.2: MPC for winterisation (winter season 2023-2024). 15%

Sub-priority 1.3: Full WaSH service delivery at household level; resilient WaSH in rehabilitated or planned dignified shelters to follow the institutional/resilient approach. 30%

Sub-priority 1.4: Improving the management quality in and accountability of camp management in IDP sites, strengthening basic infrastructure in IDPs sites. 15%

Priority 2: Early Recovery and Livelihoods, integrated with WaSH
Organisations covering two sectors (ERL, WaSH) will deliver assistance across three sub-priorities:

| Sub-priority 2.1: | Restoration of basic and essential services, including affected health facilities, schools, small businesses/shops, marketplaces, utilities infrastructures, access roads in affected areas, as well as relevant debris management interventions, including recycling. | Avg. target: 50% |
| Sub-priority 2.2: | Creation of livelihood opportunities through employment creation and enterprise recovery, including self-employment, support to MSMEs, emergency employment, technical and vocational education training (TVET), on-job training. | 20% |
| Sub-priority 2.3: | Resilient water production, treatment and distribution and strengthened sewage management, wastewater treatment and garbage collection and disposal. | 30% |

Priority 3: Health, integrated with Nutrition, WaSH
Organisations covering three sectors/areas (Health, Nutrition, WaSH) will deliver assistance across three sub-priorities:

| Sub-priority 3.1: | Specialised and basic Health services, MHPSS, static clinics, trauma and disability services, cholera prevention/treatment, capacity building, training on sectoral prioritised topics, health system strengthening activities. | Avg. target: 50% |
| Sub-priority 3.2: | Prevention and treatment of malnutrition, maternal and child mortality and morbidity through static and mobile teams, and specialised facilities, IYCF-E. | 20% |
| Sub-priority 3.3: | WASH interventions in Health facilities and communities: WaSH to prioritise resilient services and emergency health support to the cholera/AWD response. | 30% |

Priority 4: Food Security and Livelihoods, integrated with Nutrition
Organisations covering two sectors (FSL and Nutrition) will deliver assistance across three sub-priorities:

| Sub-priority 4.1: | Food Security (CVA for food, agriculture based CFW, business support programming, Livelihoods recovery in rural settings, in-kind assistance). | Avg. target: 65% |
| Sub-priority 4.2: | Nutrition (in kind food basket, supplementary vouchers for fresh food, CVA for nutrition outcomes). | 20% |
| Sub-priority 4.3: | Rural livelihoods, incl. agricultural value chains, small-medium farming activities and home gardening, irrigation systems, CFW/Livelihoods support. | 15% |

Priority 5: Education (Integrated CP, WaSH)
Organisations covering three sectors/areas (Education, WaSH, and Child Protection) will deliver assistance across three sub-priorities:

| Sub-priority 5.1: | Formal and nonformal education, incl. early childhood education, primary, secondary, and vocational education for adolescents/youth. Light school rehabilitation and | Avg. target: 65% |
establishment of safe TLS when needed with furniture. Winterisation in schools (winter 2023/2024), cash for education.

**Sub-priority 5.2:** Institutional water and sanitation services delivered through the resilient WaSH programme in schools. Application of national standards for water points, plumbing, latrines and solid waste.

15%

**Sub-priority 5.3:** Child Protection including case management and referral to specialised services, PSS targeting the children and their caregivers, as well as adolescent initiatives in schools or learning child friendly spaces.

20%

**Priority 6: Protection, Child Protection and GBV**

Organisations delivering specialised Protection, Child Protection and GBV services when possible integrated with livelihoods-based interventions, CVA/MPC, will deliver assistance and specialised protection services across three sub-priorities:

**Sub-priority 6.1:** Child Protection integrated response, incl. case management, awareness raising activities, parenting programmes, and reduction of negative coping mechanisms among adolescents as well as strengthening the child protection information management system (CPIMS+).

Avg. target: 30%

**Sub-priority 6.2:** GBV integrated response and prevention services for most vulnerable groups in WGSS and through mobile teams, including case management and psychosocial support, livelihood support, safe and effective referral systems especially with the SRH, cash, legal services, Civil Documentation, MHPSS, and livelihood, food service providers, capacity building of women-led grassroots organisations.

30%

**Sub-priority 6.3:** Integrated response for protection risks mitigation to most affected population groups identified in the PC RPA, guaranteeing access to assistance and concrete and tailored protection services (including MHPSS, legal assistance).

40%

**Section 5: Complementarity**

This Regular Allocation aims to be fully complementary to the first AFNS Special Allocation and the SCHF allocations in 2023. Partners will seek to complement the relevant Cluster coordination strategies, taking into consideration ongoing discussions with other donor mechanisms, the current funding situation of the partner(s) and the sector, and anticipated gaps.

**Section 6: Partner Selection**

**General partner selection approach and criteria:** The AFNS SB has endorsed a set of guiding principles and processes to ensure funding is allocated to partners who can deliver activities according to humanitarian principles and identified objectives. These principles and processes align with the scope and objectives of the AFNS and support the proposal design phase by highlighting key elements to consider, ensuring the proposed intervention meets the needs of affected populations. Please refer to the AFNS Manual for these guiding principles and processes.

AFNS launched a general registration process on 27th March 2023 to allow eligible partners to apply to become a qualified implementing partner. The registration process has been designed to capture each applicant's particular areas of delivery experience (in terms of sectoral expertise and geography). The FMA will prioritise due diligence and capacity assessment of those partners with recent experience in the sectors and locations prioritised in this Regular Allocation Strategy. When the Regular Allocation is launched in May 2023, all qualified implementing partners will be invited to submit proposals.
Section 7: Project Selection

Project proposals will be evaluated based on the principles and processes laid out in the AFNS Manual. For this Regular Allocation, the project proposal scoring process will particularly emphasise the following:

- Active Cluster membership in relevant cluster and following Cluster guidelines for both Lead applicants as well as sub-partners.
- Demonstrated recent experience in integrated quality programme delivery in at least one of the priority areas (this can be internal and/or in partnership with key specialised SNGOs).
- Capacity to deliver in all sub-priority areas under the selected priority area through effective partnership, will be considered a plus.
- Delivery in prioritised areas highly affected by the EQs, including locations with a large concentration of IDPs from EQ-affected areas.
- Supporting AFNS’s aspiration to increase the proportion of its allocations going to Syrian NGOs directly (including strong encouragement of partnerships between SNGOs with larger portfolios and SNGOs with smaller, specialised portfolios, especially women-led organisations).
- Clear demonstration of the advantages of existing partnerships with smaller, specialised Syrian-led NGOs, CBOs, WLOs (including effective capacity building).
- For project proposals that include sub-grantees, a clear commitment (reflected in the budget) to share programme support costs equitably.
- Money transfer to northern Syria should be done only through an active PTT registration.

Applicants should submit clearly written proposals that clearly highlight their capacities in one or more sub-priority areas (not necessarily all of them) and how they will enhance integration between different sectoral elements (and possibly among different specialised partners) to contribute to the achievement of the strategic objectives of this Regular Allocation. Funding will be geared towards mid-term projects of maximum 15 months that scale up existing capacities.

Each partner can submit a maximum of one proposal as direct implementer in one overall priority area and be included in maximum of one additional proposal as a sub-implementer.

Project selection criteria by Sector:

Shelter and NFI
- Demonstrated experience in dignified and accessible shelter and shelter rehabilitation, including creative sustainable and environmentally friendly shelter solutions.
- Capacity to establish proper due diligence approaches for Housing, Land and Property rights to allow for shelter repairs, dignified shelter and infrastructure improvements.
- IDP camp full WASH package: Proven capacity to deliver a full WASH package in IDP camps with protection lens to mitigate against abuse, exploitation and harassment.
- Specific for S/NFI activities in displacement camps (CCCM): Participate in using ISIMM, ISIMM Plus tools; previous experience in working with IDPs and stakeholders in IDPs sites; previous experience in implementing CCCM activities and participate in CCCM 4Ws reports; good understanding of CCCM programmes and activities; demonstrated experience in the multi-sectoral and integrated approach under the CCCM Cluster (including MPC and CCCM).

Early Recovery and Livelihoods
- Demonstrated experience in rehabilitation of buildings and infrastructure, adopting EQ-proof techniques and measures.
- Demonstrated experience in market and value chain assessment and analysis and in the implementation of market-oriented livelihood programmes including the provision of TVET, on-the-job-training, apprenticeships, job matching, and support to MSMEs restoration, establishment, and scale-up.
- Demonstrated experience in conducting short-term employment interventions to restore market and community infrastructures and such as CfW emergency employment.
● Ability to follow ERL Cluster guidance on debris management, short-term employment (including emergency employment), enterprise recovery, and community infrastructure rehabilitation.
● Demonstrated experience in gender-sensitive approaches from assessment to interventions with relevant risk analysis and mitigation measures.

Health
● Prioritisation of life saving health facilities & primary and secondary health care facilities in underserved areas.
● Prioritise facilities with multiple health services that has a catchment population area >37,500 individuals.
● Prioritise facilities that will have insufficient funding coverage from June 2023.
● Prioritise facilities that have a GESI inclusive approach, including access for PWDs.

WaSH
● Resilient water supply: Proven capacity to deliver Resilient WaSH services through rehabilitation and upgrading of water production, treatment and distribution systems, engaging local authorities and private entrepreneurs and reducing costs through solarisation and operational cost recovery.
● Resilient sanitation: Proven capacity to deliver sewage system and waste treatment sites recovery in collaboration with pertinent operators.
● Prioritisation of cholera response critical infrastructure (CTC/CTU) and proven experience in implementing WASH community level response activities, CATI/CORT where feasible.

Food Security and Livelihoods
● Ability to select and prioritise vulnerable households lacking livelihoods assets and financial support- impacted by the EQ.
● Ability to select and prioritise small businesses across the food supply chains impacted by the EQ.
● Ability to select and prioritise small and medium farmers impacted by the EQ.
● Demonstrated experience in CfW activities which provide emergency employment, while rehabilitating agriculture and food supply chain infrastructures; prioritising socio-economic vulnerable households impacted by the EQ.

Nutrition
● Experience in implementation of community engagement and social behaviour change activities, which is critical to improve infant and young child feeding, hygiene, and sanitation as well as early detection of malnourished children & women.

Education (incl. CP)
● Experience in integrated approach with Child Protection to ensure children survive, thrive, learn, and are protected.
● Experience in involving the community and the caregivers with the integrated Education-CP approach to not only respond to concerns, but also prevent them.

Protection (incl. MA, CP and GBV)
● Proven experience at the field level in the provision of legal assistance, including HLP and civil documentation.
● Proven experience in Child Protection Information management systems strengthening - applicants should be collaborated and coordinated with CP AoR and based on previous knowledge and experience.
● Proven experience and quality capacity in GBV service provision.
● Experience in supporting/collaborating with women-led and community-based organisations.

Section 8: Allocation Strategy Development, Process and Timeline

8.1 Allocation Strategy Development
This strategy has been developed through engagement with NGO Fora, Cluster Leads and Co-Leads alongside strategic guidance from the AFNS SB and the STRC. This strategy is supported by data and information sources including Cluster data and planning exercises, REACH MSNA, the current Humanitarian Response Plan (HRP), as
well as the AFNS’s own context analysis (in particular the AFNS meta-assessment on gaps and needs in the EQ response and systematic community consultations). For this Regular Allocation, and in order to maximise the impact of the interventions to address gaps in the current EQ response, the AFNS has decided, in pursuit of its mission “to maintain the continuity of flexible multi-donor humanitarian assistance to northern Syria in a dynamic context” to accelerate the allocation process.

### 8.2 Allocation Timeline

<table>
<thead>
<tr>
<th>Workflow</th>
<th>Start Date</th>
<th>End Date</th>
<th>Responsible body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation strategy development</td>
<td>6th March</td>
<td>28th April</td>
<td>FMA, STRC</td>
</tr>
<tr>
<td>Approval of Outline of allocation strategy</td>
<td>30th March</td>
<td></td>
<td>SB</td>
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<tr>
<td>Partner registration</td>
<td>27th March</td>
<td>30th April</td>
<td>Partners</td>
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<tr>
<td>DDCA</td>
<td>2nd April</td>
<td>15th June</td>
<td>FMA</td>
</tr>
<tr>
<td>Allocation strategy approval</td>
<td>4th May</td>
<td></td>
<td>FMA</td>
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<tr>
<td>Allocation strategy launch</td>
<td>5th May</td>
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<td>FMA</td>
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<tr>
<td>Proposal development and submission</td>
<td>5th May</td>
<td>24th May</td>
<td>Partners</td>
</tr>
<tr>
<td>Strategic and technical reviews of projects proposals</td>
<td>29th May</td>
<td>14th June</td>
<td>FMA, STRC</td>
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<tr>
<td>STRC endorsement of selected projects</td>
<td>15th June</td>
<td></td>
<td>FMA, STRC</td>
</tr>
<tr>
<td>Partner proposal revision and resubmission</td>
<td>16th June</td>
<td>21st June</td>
<td>FMA, Partners</td>
</tr>
<tr>
<td>Final review of project proposals</td>
<td>22nd June</td>
<td>23rd June</td>
<td>FMA, STRC</td>
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<tr>
<td>STRC endorsement of final project proposals</td>
<td>26th June</td>
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<td>STRC</td>
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<tr>
<td>Projects and allocation budget approval</td>
<td>3rd July</td>
<td></td>
<td>SB</td>
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<tr>
<td>Award letter signature</td>
<td>4th July</td>
<td></td>
<td>FMA</td>
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<tr>
<td>Start disbursement process</td>
<td>From 5th July on</td>
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<td>FMA</td>
</tr>
</tbody>
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### Section 9: Contacts and Complaints

#### 9.1 Key Contacts

- Silvia Andena, AFNS Executive Director, [Silvia.Andena@afns.org](mailto:Silvia.Andena@afns.org)
- Keir Prince, AFNS Fund Management, [Keir.Prince@afns.org](mailto:Keir.Prince@afns.org)

#### 9.2 Complaints and Feedback Mechanism

For complaints and feedback during any part of the Regulation Allocation process, please contact us under the following e-mail address: [info@afns.org](mailto:info@afns.org)

Complaints and feedback are dealt with in a confidential manner. The FMA, with support from the Safeguarding Adviser when needed, will compile, review, address and, when necessary, raise the issues to the AFNS management and/or the Steering Board, who will take a decision and recommend necessary actions. Partners that have any issue during the allocation are asked to share these issues to the extent possible before the Strategic and Technical Review Committee convenes if it is linked to process-related issues. Late submission of issues will be reviewed but may not be actionable.

### Section 10: List of Annexes

- Annex 1: Priority activities by Cluster/Inter-Cluster Working Group
Annex 1: Priorities by Integrated Programmatic Areas

Proposals are expected to select the relevant activities identified below to address the strategic objectives of the AFNS (1.2) and of this Regular Allocation (2.1).

<table>
<thead>
<tr>
<th>Area</th>
<th>Priorities</th>
<th>Integrated Sub-priorities</th>
<th>Prioritised Locations</th>
<th>Prioritised Activities</th>
<th>Partner Funding</th>
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<tbody>
<tr>
<td>1</td>
<td>Shelter/NFI, integrated with WaSH, Protection (HLP), and CCCM</td>
<td><strong>Sub-priority 1.1</strong>: Dignified shelter linked to proper infrastructure improvements, shelter rehabilitation, repair and upgrading; rehabilitation of collective shelters and IDP sites, dignified learning and child friendly spaces, upgrading of unfinished buildings in compliance with HLP/CD and ERW consideration related issues of HLP.</td>
<td>IDP sites and host communities in Idleb and Northern Aleppo (specific locations to be defined later on at proposal review stage)</td>
<td>● Dignified shelter (Different modalities; contractor, cash for dignified shelter, cash for work) including ensuring dignified learning and child friendly spaces of the overall design of camps. Consider protection specific needs when designing shelters (women, elderly, PWDs, etc.).&lt;br&gt; ● Shelter rehabilitation and repair (Different modalities; contractor, cash for rehab and repair, cash for work), including collective shelters.&lt;br&gt; ● Shelter (all type) damage assessments and repairs&lt;br&gt; ● HLP documentation safeguarding including the provision of legal related services.&lt;br&gt; ● Develop and disseminate information materials to raise awareness of HLP rights and obligations among affected populations and relevant authorities.&lt;br&gt; ● Host networking events with organisations and actors working on HLP-related issues to strengthen collective advocacy efforts.&lt;br&gt; ● Provision of legal services and awareness related to access/impacts on HLP related rights</td>
<td>US$ 9M</td>
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<td></td>
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<td><strong>Sub-priority 1.2</strong>: MPC for winterisation (winter season 2023-2024).</td>
<td>IDP sites and host communities in Idleb and Northern Aleppo (specific locations to be defined later on at proposal review stage)</td>
<td>● CASH for winterisation, distribution of $150 in three rounds ($50 each) in Nov, Dec 2023 and Jan 2024, to ensure winterisation response for the coming season.</td>
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|      |            | Sub-priority 1.3: Full WaSH service delivery; resilient WaSH in rehabilitated or planned dignified shelters to follow the institutional/resilient approach. | Prioritise: Azaz, Jebel Saman, Al Bab, Ariha, Jisr Ash Shughur, Afrin, Harim, Idleb, Jarabulus | • Full WASH service delivery in IDP locations, this includes household or shared water storage, domestic and personal hygiene facilities like showers and laundry and service point drainage. Latrines with septic tanks or sewage connection (if possible, inside the dignified shelter), solid waste bins and for sludge and garbage collection and cartage to appropriate disposal points, hygiene kits, cholera focal points.  
• Resilient WASH service package to connect to dignified shelters through piped water or sewage (not trucking).  
• waste management -collection of garbage at HH level  
• Consider focusing on PWD (adapted latrines and showers). | |
|      |            | Sub-priority 1.4: Improving the management quality in and accountability of camp management in IDP sites, strengthening basic infrastructure in IDPs sites | IDP sites and host communities in Idleb and Northern Aleppo (specific locations to be defined later on at proposal review stage) | • Establishment of Camp Coordination and Camp Management mechanisms.  
• Establish and mobilise committees to support community level activities.  
• Strengthening emergency preparedness and (fire) response in IDP sites.  
• Improve service monitoring tools (AAP) and ensure members' monitoring capacity.  
• Develop and strengthen the capacity of CCCM Cluster members and camp management actors on camp governance.  
• Care and maintenance to IDP sites through light infrastructure repairs of lighting poles, water taps, latrines, fire points, equip the fire points and communal areas. | |
| 2    | Early Recovery and Livelihood, integrated with WaSH | Sub-priority 2.1: Restoration of basic and essential services, including affected health facilities, schools, small businesses/shops, marketplaces, utilities infrastructures, access roads in affected areas, as well as relevant | IDP sites and host communities in Idleb and Northern Aleppo (specific locations to be defined later on at proposal review stage) | • Rehabilitation of education facilities (severe and moderate)-facilities to be agreed with relevant Cluster.  
• Rehabilitation of water systems, sewage services, and drainage systems, including those directly related to the rehabilitation of markets/business/production facilities/roads and other civilian infrastructures- facilities to be agreed with relevant Cluster.  
• Rehabilitation/repairs of marketplaces, and shops. | US$ 9M |
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|      |            | debris management interventions, including recycling. | IDP sites and host communities in Idleb and Northern Aleppo (specific locations to be defined later on at proposal review stage) | ● Rehabilitation for health facilities (severe and moderate damages damages)- facilities to be agreed with relevant Cluster.  
● Removal, disposal, and recycling of debris linked to the general restoration of services in a given community.  
● Road rehabilitations for prevention of natural hazards during the winter, to ensure full access to IDPs sites, host communities, and market.  
● Rehabilitation of other civilian community infrastructures.  
● Distribution of solar systems.  
● Support to other forms of renewable energy provision.  
● Consider an integrated/complementary approach in selecting locations for these type of activities.  
● Possible complementary activities:  
  ● Capacity-building activities for the identification of ERL needs and implementation of ERL interventions.  
  ● Promotion of social cohesion interventions associated to the restoration of basic services interventions. |      |
| Sub priority 2.2: Creation of livelihood opportunities through employment creation and enterprise recovery, including self-employment, support to MSMEs, emergency employment, technical and vocational education training (TVET), on-job training. | | | | | |

Sub priority 2.2: Creation of livelihood opportunities through employment creation and enterprise recovery, including self-employment, support to MSMEs, emergency employment, technical and vocational education training (TVET), on-job training. | | | | | |
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|      |            | Sub priority 2.3: Resilient water production, treatment and distribution and strengthened sewage management, wastewater treatment and garbage collection and disposal. | Prioritise: Azaz, Jebel Saman, Al Bab, Ariha, Jisr Ash Shughur, Afrin, Harim, Idleb, Jarabulus | and/or linked to placement in MSMEs for goods/service provision.  
- Labour market-informed vocational and skills training, on-job trainings with at least 50% women beneficiaries.  
- Support to businesses for start-up, enterprise recovery, and business scale-up, including through the provision of business grants, group livelihood activities and product/service concentric and horizontal diversification methods. Possible inclusion of green/organic initiatives.  
- Support to non-agricultural functioning value chains and restoration/reactivation of non-functioning value chains  
- Establish/support VSLA and other community-savings groups.  
- Possible complementary activities:  
  - Capacity-building activities for the identification of ERL needs and implementation of ERL interventions.  
  - Promotion of social cohesion interventions associated to the restoration of basic services interventions. |
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</table>
| 3    | Health, integrated with Nutrition, WaSH | **Sub-priority 3.1:** Specialised and basic Health services, MHPSS, static clinics, trauma and disability services, cholera prevention/treatment, capacity building, training on sectoral prioritised topics, health system strengthening activities. | IDP sites and host communities in Idleb and Northern Aleppo (specific locations to be defined later on at proposal review stage) | • MHPSS - focus on frontline Health workers.  
• Physio, rehabilitation for post OP trauma (EQ and war related).  
• Specialised laboratories: Microbiology for antibiotic resistance laboratories, general lab and blood banks.  
• Reconstructive surgery programmes with multidisciplinary approach (MH, physio, pain management and nutrition).  
• SHR in PHCC.  
• NCD prevention and treatment in OPD.  
• Hospitalisation in internal medicine for NCD unstable patients.  
• Lifesaving treatments: Thalassemia, Cancer, other blood diseases.  
• Health system strengthening actions: health information system management, coordination mechanism, and health system recovery.  
• Light rehabilitation to health facilities.  
• Cash for health. | US$ 8M |
| 3    |          | **Sub-priority 3.2:** Prevention and treatment of malnutrition, maternal and child mortality and morbidity through static and mobile teams, and specialised facilities, IYCF-E. | IDP sites and host communities in Idleb and Northern Aleppo (specific locations to be defined later on at proposal review stage) | • Procure, tranship, warehouse, and distribute the needed essential health and nutrition supplies and essential medicines.  
• Strengthen early identification and referral pathways for both outpatient and inpatient management of moderate and severe wasting among CU5 and PLWs using family MUAC Approach.  
• Provide quality integrated services for the management of moderate and severe wasting among CU5, pregnant and lactating mothers at scale, through both rapid response teams (RRTs) in hard-to-reach locations and integrated within the primary health care services. | 
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<td>● Capacity building on Community Health Workers to implement comprehensive health and nutrition services at community level.</td>
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<td>● Screen PLW on infant feeding difficulties and provide facility and community-based skilled counselling on WHO-recommended Infant and Young Child Feeding in Emergencies (IYCF-E) and maternal nutrition practices.</td>
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<td>● Establish and support community-based mother to mother support groups.</td>
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<td>● Provide micronutrient supplementation to PLW, children U5 and adolescent girls in through community levels and through ANC/PNCs.</td>
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<td>● Establish Baby Friendly Hospital Initiative to strengthen uptake of recommended IYCF practices.</td>
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<td>● Cash for Nutrition using the cash plus approach in line with Nutrition Sector CVA guidelines.</td>
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<td>● Prevention of chronic and acute malnutrition in children.</td>
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<td>● Services to decrease anaemia for PLW and Infant/children.</td>
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<td>● Increase adherence to vaccination by including EPI in nutrition programmes.</td>
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<td>● Increase ANC/PNC service utilisation to include nutrition surveillance and Tetanus vaccine with education on breastfeeding.</td>
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<td>● Increase nutrition and screening coverage to decrease hospitalisation, morbidity and mortality for PLW and infant/children.</td>
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<td>● Consider including more GBV related services at health facility level - when possible.</td>
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</table>

Sub-priority 3.3: WASH interventions in Health facilities and communities: Azaz, Jebel Saman, Al Bab, Ariha, Jisr

● Including sanitation and medical waste equipment and facilities, i.e., the construction of appropriate, at standard
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<th>Area</th>
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<th>Integrated Sub-priorities</th>
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<th>Partner Funding</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>WaSH to prioritise resilient services and emergency health support to the cholera/AWD response.</td>
<td>Ash Shughur, Afrin, Harim, Idleb, Jarabulus</td>
<td>latrines, water points, plumbing, drainage, storage, laundry, medical waste facilities (incinerators, sharps) to the scale of the hospital/facility including CTCs and solarisation.  ● Medical waste management (incinerators) or centralised the collection to a main incinerator/waste management (Organic, sharps, soft).  ● Cholera preparedness and control, including ensuring that the water supply in communities and camps is chlorinated, HF/CTC are adequately supplied with water and implementing the community level WASH response, CATI/CORT if feasible. Training/refresh training for HF/CTC personnel in case of need.  ● Cholera/AWD awareness and RCCE at community and HF/CTC levels.</td>
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<tr>
<td>4</td>
<td>Food Security and Livelihoods, integrated with Nutrition</td>
<td>Sub-priority 4.1: Food Security (CVA for food, agriculture based CFW, business support programming, Livelihoods recovery in rural settings, in-kind assistance).</td>
<td>IDP sites and host communities in Idleb and Northern Aleppo (specific locations to be defined later on at proposal review stage)</td>
<td>● Cash for food, MPC (preferred modality) and/or vouchers for food.in those areas where markets are functional, and supply of food commodities is in place.  ● In-Kind: Food basket, Ready to Eat Rations (RTERs), Bread distribution (free and subsidised), and bakery support on rehabilitations and inputs supply. Cooked meals delivered at the collective centres, open field and informal settlement of IDPs affected by the flood, storm and conflicts.  ● Providing practical skill-trainings coupled with start-up kits or/and cash grants for business start-ups, conducts weekly monitoring of the beneficiaries’ established businesses, and provides related business management guidelines.  ● Consider targeting at least 50% women beneficiaries.</td>
<td>US$ 6M</td>
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<td>Sub-priority 4.2: Nutrition (in kind food basket, supplementary cash for fresh food, CVA for nutrition outcomes).</td>
<td>IDP sites and host communities in Idleb and Northern Aleppo (specific locations to be defined later on at proposal review stage)</td>
<td>● Provision of cash (preferred modality) and vouchers (or supplementary and/or therapeutic food) to support the nutritional needs of children, individuals with chronic diseases, injured, disabled, and lactating/pregnant women.  ● Improve MIYCN (Maternal, Infant, and Young Child Nutrition) through social and behavioural change communication.</td>
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<td>Sub-priority 4.3: Rural livelihoods, incl. agricultural value chains, small-medium farming activities and home gardening, irrigation systems, CFW/Livelihoods support.</td>
<td>IDP sites and host communities in Idlib and Northern Aleppo (specific locations to be defined later on at proposal review stage)</td>
<td>● Improve access and consumption of age-appropriate complementary food and maternal diets.</td>
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</table>
| 5    | Education (integrated with CP, WaSH) | Sub-priority 5.1: Formal and non-formal education, incl. early childhood education, primary, secondary, and vocational education for adolescents/youth. Light school rehabilitation and establishment of safe TLS when needed with furniture. | IDP sites and host communities in Idlib and Northern Aleppo (specific locations to be defined later on at proposal review stage) | ● Agriculture, supporting value chains (wheat, olive, pistachio, fig, barley, legumes, and vegetable).  
● Supporting intercropping agriculture systems that include small-medium farming activities and home gardening (considering disease transmission and the need for irrigation for the proposed crops under this approach) in specific areas.  
● Livestock value chains with priority on smallholder dairy and poultry value chains with related extension services. Capacity building, Technicians and Vets (technical training for vets & zoo technicians) inside Syria, and awareness sessions for livestock breeders.  
● Irrigation, considering climate change and water scarcity by using modern irrigation systems such as drip irrigation.  
● Support solar system to avoid dependence on fuel.  
● Provision of grants and/or inputs to farmers to ensure the continuation of farming activities.  
● Consider also collective/ group livelihoods activities.  
● Support the start-up of market-driven income-generating agribusiness activities.  
● Provision of emergency employment through cash for work to rehabilitate market, community, roads, water canals and other critical agricultural infrastructure.  
● Consider targeting at least 30% women beneficiaries. | US$ 4M |
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</table>
|      | Winterisation in schools (winter 2023/2024), cash for education. | proposal review stage | learning materials, recreational kits, exam support and winterisation.  
  ● Light repairs and small rehab work to school buildings that are damaged.  
  ● Establishment of TLS when schools are not available.  
  ● provide cash for education prioritising out-of-school children.  
  ● Activities that increase enrolment and retention of most marginalised children in schools due to improved safety measures, accessibility of schools, and quality of the teaching and learning.  
  ● The most marginalised girls and boys, particularly those with disabilities, have viable pathways to gender- and age-appropriate learning in safe formal and non-formal learning spaces.  
  ● Learning and skills development activities empower adolescents and youth, especially girls, and most at-risk groups, to have access to learning opportunities, life skills, and employability skills.  
  ● Winterisation in schools (winter 2023-2024): Insulation of buildings and heating systems, warm clothes.  
  ● Support and development of the information management system in the school.  
  ● Support for public exams for the academic year of 2023/2024.  
  ● Initiate technical supervision procedures on a community-based approach by hiring and supporting local school supervisors who oversee school-level activities, including learning circles, individual supervision sessions, class observations, and more.  
  ● Establish/support and empower the protection committees and parent-teacher committees by involving them in all stages of project management and promoting their initiatives and responsibilities. |
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</table>
|      |            | Sub-priority 5.2: Institutional water and sanitation services delivered through the resilient WaSH programme. Application of national standards for water points, plumbing, latrines and solid waste. | Azaz, Jebel Saman, Al Bab, Ariha, Jisr Ash Shughur, Afrin, Harim, Idleb, Jarabulus | ● Activities to ensure learning environments have improved safety with adequate access to Water and sanitation for boys and girls.  
● Minimum package for Wash in schools: water points, plumbing, latrines and solid waste. | |
|      |            | Sub-priority 5.3: Child Protection including case management and referral to specialised services, PSS targeting the children and their caregivers, as well as adolescent initiatives in schools or learning child friendly spaces. | IDP sites and host communities in Idleb and Northern Aleppo (specific locations to be defined later on at proposal review stage) | ● Child protection activities to strengthen community-based or school-based disaster risk reduction and improve protection of children in their communities. (MHPSS, Awareness raising activities).  
● Children and their caregivers impacted by the earthquake are supported through access to group-based, planned activities that (a) promote protection, well-being and learning and (b) are delivered in safe and inclusive spaces integrated with the existing formal or non-formal education spaces such as MHPSS structured and sustained activities, and parenting programme.  
● Safety, Child Safeguarding, and multi-sectoral referral pathways and safe referral systems from schools/NFE to available health, nutrition, protection and cash assistance.  
● CP case management for children who are dropped out of school and who are involved in child labour, worst forms of child labour, and child marriage.  
● Official and systematic connection between the Protection or PSEA focal points in schools and the local protection committees/other formal protection actors. | US$ 4M |

6 Protection, Child Protection and GBV Sub-priority 6.1: Child Protection integrated response, incl. case management, awareness raising activities, parenting programmes, and reduction of negative coping mechanisms among adolescents as well as strengthening the child | IDP sites and host communities in Idleb and Northern Aleppo Prioritise:  
● Idlib | ● Children who face protection concerns are identified and provided with specialised Child Protection services including case management, family tracing and reunification, alternative care, and other CP concerns.  
● Alternative care options in child protection for UASC with continuous family tracing and reunification: 1. extended family or kinship care; 2. foster family; 3. independent living in camps | US$ 4M |
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|      |            | protection information management system (CPIMS+) | ● Daret Azza  
● Atareb  
● Azaz (District)  
● Harem (District)  
● Salqin  
● Al-Bab  
● Afrin (District)  
● Jarablus and Ghandoura | under camp management and CP actor’s supervision for adolescent boys; 4. living in women shelter or women safe spaces under GBV and CP actor’s supervision for adolescent girls. Other solutions might be considered on a case-by-case basis, with a clear rationale and with CP AOR/cluster approval.  
● Parents are supported with cash for protection and Livelihoods activities - especially parents of children at risk of abandonment or parents moving towards family reunification.  
● The child protection information management system (CPIMS+) is used as an inter-agency tool for case management and child protection caseworkers are trained on using the system with received required mentoring and support.  
● Children are engaged in structured and unstructured MHPSS activities in safe spaces in an integrated way with Education. Standalone activities are the last resort.  
● Caregivers participate in awareness raising activities, parenting programs, MHPSS activities to increase their well-being and understanding of Child Protection concerns.  
● Adolescents are engaged and actively participate in gender, age sensitive programs to address negative coping mechanisms such as child labour and child marriage, that includes comprehensive interventions: a) Life skills; b) Vocational training and education; c) Temporary shelter for Adolescents; d) Livelihood opportunities,  
● Promotion of inclusion and CWD-targeted interventions.  
● Light repairs of Child friendly spaces.  
● Provision of legal services and counselling. |      |
<p>|      |            | Sub-priority 6.2: GBV integrated response and prevention services for most vulnerable groups in WGSS and through mobile teams, including case management and psychosocial | IDP sites and host communities in Idlib and Northern Aleppo (specific locations to be) | ● Reinforce referral pathways and enhance access to quality and lifesaving GBV response services for the most vulnerable groups, including case management and psychosocial support. |      |</p>
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<th>Integrated Sub-priorities</th>
<th>Prioritised Locations</th>
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|      |            | support, livelihood support, safe and effective referral systems especially with the SRH, cash, legal services, Civil Documentation, MHPSS, and livelihood, food service providers, capacity building of women-led grassroots organisations. | defined later on at proposal review stage | • Provision of GBV case management including cash & voucher (for protection) assistance to survivors of GBV through trained case workers.  
• Provide PSS interventions targeting adolescents and women via safe spaces and through outreach approach.  
• Awareness raising and responsive information services and GBV safety audits especially for camp settings.  
• Livelihoods support for survivors of GBV.  
• Ensure safe entry points for GBV disclosure through integration with different sectors, i.e., Health.  
• Light repairs of Women safe spaces. | Sub-priority 6.3: Integrated response for protection risks mitigation to most affected population groups identified in the PC RPA, guaranteeing access to assistance and concrete and tailored protection services (including MHPSS, legal assistance). | IDP sites and host communities in Idleb and Northern Aleppo (specific locations to be defined later on at proposal review stage) | • Promote GBV, CP, PSEA, and Safeguarding risk mitigation into other humanitarian sectors by equipping different sectors with qualified focal points that lead efforts of awareness raising, referral pathways and protection concerns/risks identification and reporting.  
• Regular protection risk analysis (and rapid assessment in case of emergency) to inform programming and foster protection advocacy along with protection monitoring through household and community level engagement.  
• Provision of legal counselling and legal information provision according to the PC legal strategy (including HLP related issues)  
• Parents and caregivers, with a particular focus on women, have strengthened social networks by supporting or establishing social groups, peer-to-peer support groups, self-help groups, and women's safe spaces – standalone and integrated.  
• Individual and group psychosocial interventions to increase the wellbeing of women, men, older persons and adolescents with clear linkages to available mental health services.  
• Partnering with women-led grassroots as well as youth organisations and local protection committees on a community basis. |
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<td>level to address sensitive issues and improve access to support for most affected populations is the key approach. By strengthening their community-based mechanisms and the capacity of these organisations, they can provide effective, practical access and solutions to challenges faced by vulnerable populations.</td>
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<td>• Identification of particular needs of most affected population groups (including destitute older persons, PwD, ethnic minorities, homeless persons) for the design of tailored services (including legal) for the mitigation of protections risks (recruitment, trafficking).</td>
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<td>• Temporary reception centre for unaccompanied elderly people with clear pathways towards long term/ sustainable solutions.</td>
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