Principles guiding 2019 allocations

Background
In view of the evolution of the Syria crisis and the escalation of needs in the neighbouring countries, the existing Syria Emergency Response Fund (ERF) was decentralized into four independent funds in 2014: Syria, Turkey, Jordan and Lebanon.

The Humanitarian Coordinator (HC) in Lebanon has the overall responsibility for oversight and management of the Lebanon Humanitarian Fund (LHF), with strategic and operational support from OCHA Lebanon. Under his leadership, the LHF aims to manage the timely allocation and disbursement of donor resources to the most critical humanitarian needs defined by the Lebanon Crisis Response Plan (LCRP).

2017-2018: Strategic Reorientation on the LHF Comparative Advantages
The LHF successfully launched in 2014 and more than US $35 million were mobilised through mid-2016, during what is commonly considered the height of the crisis in Lebanon. The contributions to the LHF started to decrease by Q3 of 2016, and only 2.9 million were mobilised in the first 3 quarters of 2017, bringing the LHF to the brink of closure. The Humanitarian Coordinator and OCHA Head of Office convened the first LHF Donor meeting in October 2017 and vowed to address the concerns of LHF donors. The main issues voiced by donors included:

- Allocations not sufficiently strategic/prioritised to address most urgent humanitarian needs
- Fragmentation of the money across the sectors
- Targeting not strictly humanitarian (shift towards development)

More than $9 million were contributed in the quarter following the Donor meeting (Q4 2017), which was considered a vote of confidence to the LHF to address these issues.

Throughout 2018, the LHF strove to define the LHF’s comparative advantage and refocus the Fund accordingly. The following findings were made:

- The LHF is comparatively a small donor in Lebanon, with $5.4 million allocated in 2017 and $14.5 million in 2018, against a $2.6 billion LCRP appeal. The LHF’s advantage is therefore not residing in its scale, but in its scope.
- The big donors and agencies are positioned to target and reach the biggest numbers. To achieve this, compromises must be made, sometimes through standardizing approaches to gain efficiency. Persons whose needs are specific may not be adequately covered by a standardized approach designed to serve the majority.
- The persons affected by the conflict in Syria are scattered throughout Lebanon. Furthermore, there are more than 5,600 ITS, and the average number of tents per ITS is 8. This implies that to cater for people with specific needs, local solutions must be found, which, subsequently, suggests small and tailored projects.
- Small projects (US $100,000 to US $500,000) are not cost, time or resources-efficient, can’t necessarily be scaled-up, and many donors/agencies are not geared to manage such grants (as opposed to the LHF).
- In the majority of instances, National NGOs are the best positioned actors to implement such projects locally.

In parallel, the LHF’s strengths are:

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1 The analysis of the timeline of contributions to the LHF suggest that there is a correlation between the LHF donors’ adhesion to the Fund’s strategic orientation and the amount of the contributions made (see Documents presented at the LHF Donor Event, October 2018).
- Inclusive governance and inclusive programming; integration within the existing coordination systems and strong analysis to determine what are the priority humanitarian needs within the scope set by the HC.
- Flexible allocation processes and implementation that add value to the overall humanitarian response.
- Timeliness of allocations and disbursements
- Strong supporter of Localisation. Notably funds are accessible to National NGOs that have passed a Due Diligence and Capacity Assessment (may provide a way to meet, at least in part, several of the commitments in The Grand Bargain, including to channel 25% of financing to “local national and responders as directly as possible” by 2020).
- A detailed Operational Manual and a strong Risk Management Framework that can be adapted to allow for high-risk profile partners and guarantee robust procedures to comply with donor conditions
- A strong and capitiated HFU and the resources to manages 20-40 grants per year (could be expanded with increased contributions)
- A strong resource mobilisation strategy developed and implemented. Broad donor support and strong communication channels with all donors.
- Regular Advisory Board members scheduled with an active and engaged membership under the strong leadership of the HC and UNOCHA

The comparative advantages of the LHF is therefore to focus on the population groups that are the most vulnerable and at risk: persons with Specific Needs, under-covered population groups that have pre-identified vulnerabilities. Due to the nature of the activities in such projects, it is expected that the amounts/grant will, on average, range US $100,000 to US $500,000 (of course depending on actual activities and number of persons targeted). This financial volume is aligned with the LHF’s management capacity. Targeting persons with Specific Needs also addresses initial concerns of donors pertaining to strategic allocation of resources and the humanitarian nature of the response implemented with LHF funding.

2019 Guiding principles
Taking stock of the Fund’s comparative advantages, the following principles should guide future LHF allocations in 2019:

- Allocations based on strong analysis and needs based. The strategy of the LHF is formulated in the LHF Operational Manual as well as in the Fund’s allocation papers.
- Continued person-centred approach, with a focus on persons with Specific Needs (see Annex)
- Prioritization of direct implementation and best positioned actors through non-governmental partners, with national partners accounting for at least 50% of available annual LHF funding (if, when and where feasible);
- Seek integration across clusters and complementarity with other funding sources, to ensure timely and efficient prioritization in support of a stronger collective response and maximum impact of limited resources.

While the LHF is guided by the long-term global target of XX per cent of funding to Country-Based Pooled Funds funding to be channelled through the non-governmental organizations (NGOs), with some 50 per cent through national partners, the overarching objective remains that funding should be channelled through partners that are best-placed to deliver prioritized activities in accordance with humanitarian principles in a timely, effective and impactful manner at the given time and location.

Notwithstanding this criterion and in accordance with the globally endorsed Operational Handbook for Country- based Pooled Funds (page 6, paragraph 37), the Humanitarian Coordinator has the final responsibility to approve the use of and define the strategic focus and amounts of Fund allocations; and to make final decisions on projects recommended for funding. According to the guidelines this responsibility is exclusive to the HC and cannot be delegated. Funding decisions can be made at the discretion of the HC,
without a recommendation from the AB, for circumstances which require an immediate response. **Annex:**

**List of groups with Specific Needs**

<table>
<thead>
<tr>
<th>Description</th>
<th>Definition</th>
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<tbody>
<tr>
<td>1 Child at risk</td>
<td>Person below the age of 18(^4) who is at risk due to his/her age, dependency and/or immaturity.</td>
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<tr>
<td>2 Unaccompanied or separated child</td>
<td>Person below the age of 18 who is currently not under the care of either parent or other legal or customary primary caregiver.</td>
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<tr>
<td>3 Woman at risk</td>
<td>Woman of 18 years old or above, who is at risk because of her gender, such as single mothers or caregivers, single women, widows, older women, women with disabilities and survivors of violence.</td>
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<tr>
<td>4 Older person at risk</td>
<td>Person of 60 years old(^6) or above, with specific need(s) in addition to his/her age. This includes single older persons and older couples. They may be the sole caregivers for others, suffer from health problems, have difficulty adjusting to their new environment, and/or otherwise lack psychological, physical, economic, social or other support from family members or others.</td>
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<tr>
<td>5 Single parent or caregiver</td>
<td>Single person of 18 years or above with one or more dependants, including biological or non-biological children, or other dependants (such as an older person). The single parent/caregiver is both the primary income earner and/or caregiver.</td>
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<tr>
<td>6 Disability</td>
<td>Physical, mental, intellectual or sensory impairments from birth, or resulting from illness, infection, injury, trauma or old age. These may hinder full and effective participation in society on an equal basis with others. Note: Assessment of the patient to define whether the condition is moderate or severe would require a specialist/qualified personnel.</td>
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<tr>
<td>7 Serious medical condition</td>
<td>Serious medical condition that requires assistance, in terms of treatment or provision of nutritional and non-food items, in the country of asylum. Note: Assessment of the patient to define whether the condition is moderate or severe would require a specialist/qualified personnel.</td>
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<td>8 Family unity</td>
<td>The right to family unity is inherent to the universal recognition of the family as the fundamental group unit of society and as a fundamental principle of refugee protection. The right to family unity may, depending on the circumstances, be infringed on when action is taken to separate an existing family unit, or when family members who already have been separated are not able or permitted to reunite. <em>This category was not retained in Lebanon</em></td>
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<tr>
<td>9 Specific legal and physical protection needs</td>
<td>Person with legal protection needs because of a threat to life, freedom or physical safety.</td>
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<tr>
<td>10 Torture</td>
<td>Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a</td>
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\(^2\) UNHCR, Guidance on the Use of Standardized Specific Needs Codes


\(^4\) The Convention on the Rights of the Child (CRC) defines, in Article 1, a “child” as “every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier”. See: http://www.unhcr.org/refworld/docid/3ae6b38f0.html.


\(^6\) The UN-agreed cut-off is 60 years to refer to older persons, but exceptions can be made to the age requirement depending on the physical state of the individual. See, for example, World Health Organization, *Definition of an older or elderly person*, http://www.who.int/healthinfo/survey/ageingdefolder/en/.
third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.\(^7\)

Torture, therefore, includes four main elements: 1) severe physical or mental pain and suffering; 2) intent; 3) purpose; and 4) State involvement. Acts of torture may include, but are not limited to, beatings, kicks, burns, cuts, electric shock, suffocation, submersion, suspension, solitary confinement, toe/finger nail removal, and sexual assault/violence.

Note: Certain forms of SGBV have been found to amount to torture, e.g. FGM and rape.

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<th>11</th>
<th>SGBV</th>
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<td>Any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to persons on the basis of their sex or gender, including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or private life.</td>
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It encompasses, but is not limited to: (i) physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; (ii) physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; (iii) physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Please note that the Protection Sector in Lebanon will be holding its annual retreat in Q1 2019 and may release a specific document pertaining to Persons with Specific Needs categories, Definitions and Obstacles to reach humanitarian assistance. Upon validation of stakeholders, the LHF will ensure alignment.

**Full details on sub-categories:**


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\(^7\) Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984, Article 1, http://www.unhcr.org/refworld/docid/3b00f2224.html.