I. Allocation Overview

A) Introduction / Humanitarian Situation

Introduction

The Humanitarian Response Plan (HRP) for 2020 calls urgent attention to the realisation that in Sudan people have humanitarian and protection needs across the country, in all states. Economic crisis is engulfing the entire country, meaning that the response required to meet the needs of the 6.1 million people in need – in itself a notable increase on previous years – must be mounted over a far larger geographic area, including locations where humanitarians have less presence, knowledge, partners or capacities.

The OCHA managed pooled funds of Sudan Humanitarian Fund (SHF) and the Central Emergency Response Fund (CERF), have acted on this realisation early; anticipating that humanitarians must step up in support of the government priorities. The CERF has made an allocation of US$ 100 million in support of government efforts to address the economic fallout on people in the eastern regions and support durable solutions in the western ones. The SHF prioritization strategy for 2020 complements with the delivery of relevant, efficient HRP interventions.

The underpinning logic of SHF in 2020 will be to get actions in early, using a blend of forecasting and reflection on responses of the past to inform a relevant programme of financing. This is led by the humanitarian coordinator (HC) and guided by the Humanitarian Country Team (HCT) and SHF Advisory Board (AB); consultations with the Inter-Sector Coordination Group (ISCG) and field offices have been integral to the drafting.

Table 1. 2020 SHF Funding Situation (as of 27 April 2020)

<table>
<thead>
<tr>
<th>Detail</th>
<th>Amount in USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry over from 2019 + Refund less transfer to Ips and HFU direct cost for 2020</td>
<td>8,653,671.49</td>
</tr>
<tr>
<td>Cash - Beginning Balance (January 01, 2020)</td>
<td>9,971,711.49</td>
</tr>
<tr>
<td>Refund from participating organizations in 2020</td>
<td>1,427,815.26</td>
</tr>
<tr>
<td>Transfer to participating organizations (2019 projects)</td>
<td>(463,321.26)</td>
</tr>
<tr>
<td>HFU direct cost for 2020</td>
<td>(2,282,534.00)</td>
</tr>
<tr>
<td>Contributions and Commitments</td>
<td>49,935,264.00</td>
</tr>
<tr>
<td>1. Denmark</td>
<td>2,172,064.00</td>
</tr>
<tr>
<td>2. DFID (GBP 27M)</td>
<td>33,511,280.00</td>
</tr>
<tr>
<td>3. SIDA (SEK 55M)</td>
<td>5,600,016.00</td>
</tr>
<tr>
<td>4. Switzerland (CHF 1M)</td>
<td>1,064,991.00</td>
</tr>
<tr>
<td>5. Netherland (EUR 4M)</td>
<td>4,311,804.00</td>
</tr>
<tr>
<td>6. Irish AID (EUR 3M)</td>
<td>3,275,109.00</td>
</tr>
<tr>
<td>Pledges*: Germany (EUR 5M) and USAID/OFDA (USD 5M)</td>
<td></td>
</tr>
<tr>
<td>Total Cash and Contributions/Commitments</td>
<td>58,588,935.49</td>
</tr>
<tr>
<td>MPTF Administrative Agent Fee (1% of contribution)</td>
<td>(585,889.36)</td>
</tr>
<tr>
<td>Total Allocation in March</td>
<td>(1,500,000.00)</td>
</tr>
<tr>
<td>1. RfE 1st Locus Response - FAO: $1M</td>
<td></td>
</tr>
<tr>
<td>2. RfE Covid Response - WHO: $0.5M</td>
<td></td>
</tr>
<tr>
<td>Total Estimated Allocation in April</td>
<td>56,503,046.13</td>
</tr>
<tr>
<td>1. First Standard Allocation</td>
<td>36,200,000.00</td>
</tr>
<tr>
<td>2. Special envelope on responses in newly accessible areas in SK, BN, CD and SD (April)</td>
<td>1,000,000.00</td>
</tr>
<tr>
<td>3. Reserve for Emergencies</td>
<td>19,300,000.00</td>
</tr>
<tr>
<td>a. 2nd Locus Response – FAO: $2.4M</td>
<td></td>
</tr>
<tr>
<td>b. Emergency core pipelines for ES/NFI, Health &amp; WASH: $1.5M</td>
<td></td>
</tr>
<tr>
<td>c. ERRM (response &amp; anticipatory) in 7 states ES/NFI, Health &amp; WASH: $3M</td>
<td></td>
</tr>
<tr>
<td>d. CPRP COVID-19 response: $10.5M</td>
<td></td>
</tr>
<tr>
<td>e. Floods response (June-July): $1.9M</td>
<td></td>
</tr>
</tbody>
</table>

*The allocation will consider only contributions and commitments as of April 2020

About Country-based Pooled Funds (CBPFs):
CBPFs allow donors to pool their contributions into single, unearmarked funds to support local humanitarian efforts. This enables humanitarian partners in crisis-affected countries to deliver timely, coordinated and principled assistance.
Sudan Humanitarian Fund
Allocation Strategy Paper

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Humanitarian Situation

The context of Sudan has changed profoundly this past year; months of civil protest culminated with President Omar Al Bashir’s removal from power in April, a Transitional Military Council (TMC) set up and ultimately as civil protests continued, a Transitional Government convened in September. The top priorities this new government has set are an equitable, durable peace and addressing the dysfunctional, failing the economy.

The economic situation has had an impact on communities across the country, including areas where current humanitarian operations are concentrated and others which have not had significant humanitarian programming. By prioritizing peace and ending the economic crisis, the transitional government is pursuing issues closely intertwined with the drivers of humanitarian need in the country.

Acute and chronic food insecurity continues to threaten people’s lives, livelihoods and is mainly driven by the prolonged conflict, environmental deterioration, natural disasters such as drought and floods and more recently the economic crisis. The government led Food Security Technical Secretariat (FSTS) estimates that about 5.7 million people are experiencing crisis or emergency levels of food insecurity in Sudan.

Health systems are at risk of collapsing, water and sanitation coverage remains poor, and the education system is ill equipped to accommodate existing, let alone increasing, needs. In rural areas, the delivery of basic services is even lower. The effects of climate change have also weakened an already stretched system.

Each year, the rainy season results in floods in parts of the country and affects upwards of a third of a million people, destroying or damaging homes and livelihoods. Floods also increase the risk of disease outbreaks, including acute watery diarrhoea, particularly in areas where people have limited access to water and sanitation facilities and with limited health infrastructure. Due to effective, timely response in 2019 with a vaccination campaign against cholera, this disease is mitigated in 10 high-risk states.

In the north of Abyei, a lack of implementation capacity means we should continue supporting the NGOs. The communities in north of Abyei as well as the seasonal migrants have had no access to health and nutrition services for the past six months. These include tens of thousands of resident Missiryas in north of Abyei, Misseriya nomads, 3,000 displaced people from South Sudan who have settled in north of Abyei, and 5,000 Falata nomads. Therefore, support to the clinics should be prioritised.

Social instability and inter-communal flare-ups in violence during 2019 and in early 2020 in urban areas, including Khartoum, Omdurman, Geneina and Nyala, show that sections of society risk of abuse, exploitation and violence. The UN and partners support, but the chronic lack of capacity for gender-based violence (GBV) services has been starkly revealed.

Fuel and cash shortages, as well as high local prices, continue to impact ordinary people, as well as humanitarian operations to address them.

The World Health Organization (WHO) rated Sudan as at high-risk and categorized in the priority one group for countries in need of support in EMRO region for CoVID-19 spread based on risk profile and capacity of the country to respond to a potential outbreak. As of 3 April 2020, ten cases of COVID-19 have been confirmed in Sudan with two associated fatalities. Sudan’s health system is marked by decades of limited to no investment, underfunding, and lack of qualified staff, infrastructure, equipment medicines and supplies. The surveillance system doesn’t cover the entire country and is structurally weak with long delays between alert and confirmation of an outbreak. The SHF Reserve for Emergency has immediately allocated $0.5 million to WHO and released up to $0.7 million Emergency Rapid Response (ERR) standby partners in seven states to support community outreach activities. In addition, the CERF has allocated $2.6 million to Sudan to support with CoVID-19 Iresponses through UN agencies.
B) Humanitarian Response Plan

Humanitarian needs in Sudan are substantial and continue to grow. In 2020, some 9.3 million people – 23 per cent of the population – will need humanitarian assistance. In 2020, the humanitarian community will target 6.1 million people, focusing on those living in 120 localities with the highest convergence of inter-sectoral needs as identified by the Humanitarian Needs Overview (HNO). Corresponding with the growing level of needs, this represents a significant increase from the 4.4 million people targeted in 2019. However, the response will remain prioritized, focusing on roughly two-thirds of the total people in need.

This allocation is in support of 2020 Humanitarian Response Plan (HRP) and contributes to all the three outcomes:
1) Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity
2) Contribute to building resilience to recurrent shocks and improving vulnerable people’s access to basic services
3) Enhance the prevention and mitigation of protection risks and respond to protection needs through quality and principled humanitarian action

Under the first outcome, SHF will put aside an allocation under Reserve for Emergency to provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity. This allocation will also align with outcomes two by contributing to building resilience to recurrent shocks and improving vulnerable people’s access to basic services through multi-sector allocation under the general standard allocation in ten states and special allocation to newly accessible areas in two states. To support outcome three, this allocation will have a standalone envelope for protection sector (covering general, child protection and GBV), as well as mainstream protection in multi-sector project with at least one protection-related indicator.

II. Allocation Strategy

A) Purpose of the Allocation Strategy

In line with the 2020 HRP, the purpose of the allocation strategy is to place a primary focus on life-saving activities in areas with the most severe humanitarian needs, while also to advocate for improving access to basic services, supporting the restoration of livelihoods, and promoting durable solutions to displacement to lessen reliance on humanitarian assistance.

In addition, the allocation strategy is taking into consideration the Emergency Relief Coordinator’s four priorities in the following areas:
- support for women and girls, including tackling gender-based violence, reproductive health and empowerment;
- programmes targeting disabled people;
- education in protracted crises; and
- other aspects of protection.

Partners are encouraged, when feasible and relevant, to significantly translate the four priorities into their programming approach.

This allocation will promote integrated area-based approaches, sustainability and self-reliance to strengthen the impact of interventions to affected people. Recognizing critical humanitarian needs of the extremely vulnerable people, SHF allocations will be needs-based as identified primarily by the 2020 HNO and HRP.

The SHF promotes where possible multi-sectoral projects as a means to ensure that needs are addressed in a comprehensive manner in a targeted localities. A multi-sectoral project could consist of several sectors addressing a target group of beneficiaries in some localities, thereby promoting synergy and increasing impact, as well as enhancing value for money. Multi-sectorality is also ensured by partners working in different sectors in a locality targeting the same beneficiaries and creating synergies and ensuring complementarity.

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This allocation will focus on partnership with the best positioned responders Non-Government Organization (NGOs). SHF will partner with UN agencies to ensure critical life-saving emergency stock pipelines are sufficient to support emergency rapid response. SHF will promote strengthened collaboration between national and international partners through partnership approaches that promotes effective field presence of partners, while gradually building the national partners’ capacity.

Taking into consideration Sudan’s vulnerability due to current global CoVID-19 pandemic, as well as re-occurrence of floods, waterborne and vector-borne diseases outbreaks across the country, this allocation requires partners to include a strategy to support the overall humanitarian efforts to respond to CoVID-19 and to prepare the community for floods and diseases outbreaks in the second half of the year.

The SHF welcome innovative approaches that remain in line with the sector strategies to support partners addressing emerging issues, evolving situation and specific local context in the respective target locations. This is particularly relevant to strengthen community preparedness and responses to the annual floods, diseases outbreaks and current CoVID-19 pandemic.

B) Allocation Breakdown
The allocation breakdown is as follows:

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Allocation</th>
<th>Funds (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>First Standard Allocation</td>
<td>36.2 million</td>
</tr>
<tr>
<td>2</td>
<td>Special envelope: responses in newly accessible areas in Jebbel Marra and Two Areas</td>
<td>1 million</td>
</tr>
<tr>
<td>3</td>
<td>Reserve for Emergencies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. ERR (response &amp; anticipatory) in 7 states ES/NFI, Health &amp; WASH</td>
<td>3 million</td>
</tr>
<tr>
<td></td>
<td>b. Emergency corepipelines for ES/NFI, Health &amp; WASH to support ERR</td>
<td>1.5 million</td>
</tr>
<tr>
<td></td>
<td>c. 2nd Locus Response – FAO</td>
<td>2.4 million</td>
</tr>
<tr>
<td></td>
<td>d. CPRP Covid-19 Response</td>
<td>10.5 million</td>
</tr>
<tr>
<td></td>
<td>e. Floods response (June – July)</td>
<td>1.9 million</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>56.5 million</td>
</tr>
</tbody>
</table>

1. First Standard Allocation ($37M)
The allocations will focus on those localities which:
   a. are included in 2020 HRP Multi-sectoral Priority 1;
   b. have not received SHF or CERF allocations in 2019;
   c. have not covered by 3-4 sectors under special 2020 CERF allocation; and
   d. have a high-level of multi-sector humanitarian severity, as measured by an HNO severity scoring of 4 and 5.

Three additional localities that partially fit into the above categories will also be included to ensure SHF coverage across the country.

<table>
<thead>
<tr>
<th>No</th>
<th>State</th>
<th>Locality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Abiyei</td>
<td>Abiyei</td>
</tr>
<tr>
<td>2</td>
<td>Kassala</td>
<td>North Delta</td>
</tr>
<tr>
<td>3</td>
<td>Red Sea</td>
<td>Halayeb</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Sinkat</td>
</tr>
</tbody>
</table>
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**Table 4. Envelope per Sector**

<table>
<thead>
<tr>
<th>Sector</th>
<th>SHF envelope ($M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSL (Livelihoods)</td>
<td>8.5</td>
</tr>
<tr>
<td>Health</td>
<td>9.5</td>
</tr>
<tr>
<td>Nutrition</td>
<td>7</td>
</tr>
<tr>
<td>Protection (General, CP &amp; GBV)</td>
<td>2.7</td>
</tr>
<tr>
<td>WASH</td>
<td>8.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36.2</strong></td>
</tr>
</tbody>
</table>

SHF partners will use sectoral strategy in the 2020 HRP to guide designing project strategies. The projects will be those already approved by the sectors in the OCHA’s Online Project System (OPS). The sectors are advised to encourage SHF eligible partners with approved projects in OPS to apply for this allocation.

2. Special Envelope for responses in newly accessible areas in Jebel Marra and Two Areas ($1M)

Since December 2019, the UN has made significant progress opening access into SLA controlled areas in Jebel Marra in Central and South Darfur, and SPLM-N controlled areas in Two Areas in South Kordofan and Blue Nile. A number of inter-agency rapid assessments as well as some preliminary interventions, were made to initiate engagement.

The initial assessment in Jebel Marra identified food, WASH, NFI as the most pressing needs. The areas accessed included Manab, Dorsa, Bolol, Goldong, Aja and Boulay (Central Darfur) and Sundu Farta, Al-Karo area, Suni, and Feina East JM as well as Gundi-Tu (Tarantawara and Kerri villages) in South JM (South Darfur). Priority interventions in the Two Areas include education, health and nutrition, WASH support, and
livelihoods activities that can build on existing interventions and support community resilience. The accessible areas includes Kauda, Yabus, and Ulu.

In support of current responses in these areas, SHF is allocating $1M for four multi-sectors projects in the four states ($0.250M per state). SHF partners will consult with respective sectors and OCHA to select target localities and appropriate intervention based on recent inter-agency assessment. A separate strategy paper will be launched in close consultation with relevant authorities and the HCT. Partners will be informed accordingly on the timing for allocation and call for proposal.

3. Reserve for Emergency: Emergency Rapid Response and Anticipatory Response ($4.5M)
As part of 2019 2nd Standard Allocation, SHF piloted an Emergency Rapid Response mechanism in seven states (i.e. Blue Nile, Centra Darfur, North Darfur, South Darfur, West Darfur, South Kordofan and West Kordofan). Based on recommendations from the Strategic Review Committee (SRC), nine partners with approved projects are given a top-up of $200,000 each for emergency health and WASH activities. The standby partner in West Darfur has utilized the fund for chikungunya outbreak and recent displacement crisis in Geneina. This mechanism has proven for a quick response by the frontline. Based on consultation with the relevant sector coordinators and partners, OCHA has developed an SoP and included this mechanism in the 2020 SHF Operational Manual.

Considering the recent experience in West Darfur and encouraging support from the sectors and partners, SHF is applying the same approach in this allocation. Additional seven states (i.e. Abiyei, Kassala, Red Sea, Senar, Gedaref, White Nile and North Kordofan) will be covered. The mechanism will also expand to cover anticipatory actions and to include ES/NFI activities. The budget for each state is $425,000, consisting of $175,000 each for health and WASH, and $75,000 for ES/NFI related activities. While these NGO partner’s activities will focus on service delivery, SHF is allocating $500,000 each to sector lead agency for health (WHO), WASH (UNICEF) and ES/NFI (UNHCR) to pre-position emergency stocks, that will be exclusively channelled to the standby SHF partners to deliver emergency response services in 14 states. These emergency stocks will be reviewed in the upcoming allocation to ensure sufficient quantity for a smooth running of service delivery.

4. Reserve for Emergency: CPRP Covid-19 Response ($10.5M)
The Humanitarian Country Team (HCT) and UN Country Team (UNCT) has developed a COVID-19 Country Preparedness and Response Plan (CPRP) based on the eight pillars outlined in the WHO guidance document (“Operational planning guidelines to support country preparedness and response”) which is also aligned to the FMOH COVID-19 plan. The plan is to support the government of Sudan in their effort with a total requirements USD $47 million to implement over three-month period. Given the evolving COVID-19 situation, the plan is currently being updated to consider the current community transmission scenario that Sudan is experiencing.

The SHF Advisory Board (AB) in a meeting on 20 April 2020 endorsed the allocation of $10.5M for SHF Reserve for Emergency (RFE) to support the CPRP. The HC tasked OCHA to liaise with the COVID-19 Strategic Coordination Group pillar leads, as well as WASH and Health sectors for submission of a concept note based on the CPRP. Pre-identified partners will be informed accordingly on the timing for allocation and call for proposal.

5. Reserve for Emergency: Floods response in June-July ($1.9M)
A separate allocation strategy paper on floods response will be launched in close consultation with ISCG. Partners will be informed accordingly on the timing for allocation and call for proposal.
**C) Selection Criteria for Projects and Partners**

**Project eligibility criteria:**

a. In line with Strategic Outcomes of the 2020 HRP (displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance) and relevant sector strategies;

b. Adhere to SHF Operational and Programmatic Manuals;

c. Adhere to the cross-cutting issues (gender – and protection mainstreaming, accountability to affected populations, environmental sustainability and climate resilience, early recovery, sustainability and value for money).

d. Have relevant project(s) in 2020 HRP with valid OPS code(s).

e. Apply an integrated multi-sector approach where feasible and appropriate that covering multiple sectors in one project proposal. The integration/ multi-sector approach should demonstrate clear linkages and added value.

f. Proposal should well define the target beneficiaries that may include displaced populations, refugees, returnees and/or host communities. Disaggregated beneficiary figures by by population category should be well reflected in the proposal.

g. Show value for money with maximum 12 per cent for staffing cost and 10 per cent for general and operating costs.

h. Maximum project duration is 12 months.

i. For projects under the regular standard allocation:

- encourage a consortia approach that promotes partnership between national and international NGOs. Consortia proposals should demonstrate the added value of each partner, and how the partners will support each other to the overall benefit of achieving the objectives of the project. The results of consortia projects should be clearly linked, with each partner contributing to a common goal.

- for consortia arrangement under the regular standard allocation, the 7 per cent PSC is proportionately shared among the partners within one project. An additional consortia management staff (i.e Programme Coordinator, MER Officer and Finance/Admin Officer) can be included under the consortia leader budget.

- consortial leader should be a low risk partner preferably with proven experience as a consortia leader.

- maximum budget is $2M with maximum 4 members (including a leader).

- target only one state with a maximum of four (4) localities per project proposal.

- consortia members should be SHF eligible partner.

j. Well consider a feasible workplan that include foreseen situation due to current CoVID-19 pandemic, rainy season, floods and diseases outbreak.

k. Proposal should well define the target beneficiaries that may include displaced populations, refugees, returnees and/or host communities. Disaggregated beneficiary figures by by population category should be well reflected in the proposal.

**Partner eligibility criteria:**

a. National and international NGOs listed as eligible partners in GMS that have proven experience in 1) implementation the respective sector activities 2) in the area and 3) have proven capacity to implement projects in line with sector standards. This experience should be elaborated under ‘grant justification request’.

b. Selected UN agencies will be requested to submit a proposal for preposition emergency stock and other special envelopes.

c. Complete submission of outstanding financial, narrative and 4W reports; settle refund or any other financial-related obligation and respond to an email message or survey from OCHA regarding organization operational & project implementation challenges due to COVID-19 by **10 May 2020**.
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D) Approved Envelopes and Eligible Activities

A. Regular standard programming

Health
Standard Activities:
1. Deliver minimum basic package of primary health care services (including maternal and child health)
2. Support referral systems across levels of health services including mobile clinics.
3. Support or conduct public health alert investigation, verification, and response, to all diseases outbreaks.
4. Expand and maintain disease surveillance system with early warning component.
5. Conduct awareness/orientation sessions at the health facility on community and personal health and hygiene, as well as as well as CoVID-19, floods and diseases outbreak preparedness and responses
6. Conduct Training of health staff on various health topics.
7. Significant support to Reporductive Health targeting women and bearing-age girls.
8. Construction/rehabilitation of latrines, handwashing and safe water facilities in health clinics

FSL (Livelihoods)
Standard Activities:
1. Provision of agricultural inputs (eg. seeds, tools etc.) and services (eg. training, community awareness session etc.).
2. Provision of veterinary (i.e. vaccination and treatment) and livestock inputs and services (eg. animal feed, watering, training, community awareness session etc.).
3. Provision of emergency livelihood start-up activities (eg. agrifood processing, restocking, fisheries, the establishment of VSLA, multi-purpose cash programming etc.) and services (eg. training, community awareness sessions etc.).
4. Activities particularly targeting livelihoods for women, people with disability and old people are highly encouraged.
5. Cash-for-Works (or other feasible modality, eg. Seeds, tools etc) for maintenance or clean-up of public facilities, such as irrigation, water channel, cannals, public toilets etc.
6. Community awareness on sustainable and responsible farming, as well as CoVID-19, floods and diseases outbreak preparedness and responses-related topics

Nutrition
Standard Activities:
1. Provision of CMAM services for SAM and MAM cases of US children and PLW (incl. refurbishment of OTP/TSFP/SC, community outreach and MUAC screening, treatment referral service of SAM with complication case etc.)
2. Conduct training for nutrition workers, community volunteer on CMAM, IYCF etc.
3. Conduct community awareness campaign on CMAM and IYCF, as well as on mother’s role to support community health and hygiene, and CoVID-19, floods and diseases outbreak preparedness and responses-related topics
4. Establish mother support group for the promotion of IYCF.
5. Inclusion of GBV, child protection and reproductive health topics during MSG sessions is highly encouraged.

Protection
Standard Activities:
1. Only where necessary and with a clear justification, construct, rehabilitate and/or operate protection services centres (eg. child friendly spaces, women centres and/or community centres) with handwashing facilities.
2. Provision of protection services for vulnerable people (boys, girls, women, men), eg. psychosocial and counselling; family tracing and reunification of unaccompanied and separated children (UASC); reintegration of ex-child soldier (only in N. Darfur); referral services; GBV case management; assistive devices for PwD/PwSS etc.
3. Conduct trainings for protection workers/volunteers.
5. Establishment of referral mechanism and services mapping.
6. Conduct community awareness sessions on protection-related issues, as well as CoVID-19, floods and diseases outbreak preparedness and responses-related topics
7. Special activities targeting people with disability and old people are highly encouraged.
8. Distribution of dignity kits.

**WASH**

**Standard Activities**
1. Construction, rehabilitation and/or upgrading of water sources and/or system (eg. handpump, water taps, hafir, solar panel, water tank etc.) at an institution and/or community level.
2. Support the operation and management of existing water sources/system.
3. Conduct water quality testing and monitoring.
4. Construction and/or rehabilitation of sanitation facilities (eg. latrines, bath shelter, etc) including but not limited to schools, health facilities and other institutions access by targeted beneficiaries.
5. Conduct WASH-related training at community and/or institution level.
6. Establish WASH committee at community and/or institution level.
7. Conduct community raising awareness activities (e.g. awareness sessions, campaign, IEC material printing etc.) on general WASH-related issues, as well as CoVID-19, floods and diseases outbreak preparedness and responses-related topics
8. Special WASH facility design for people with disability and limited movement is highly encouraged.
9. Cash-for-Works (or other feasible modality, e.g. etc) for maintenance or clean-up of public WASH facilities

8. Distribution of dignity kits.

**ES/NFI**
1. Distribution of emergency shelter
2. Distribution of emergency NFI
3. Conduct community outreach activities, e.g. production/distribution of EIC material, radio/TV PSAs, community awareness sessions etc. on CoVID-19, floods and diseases outbreak preparedness and responses-related topics

**Health**
1. Establish/strengthen service delivery through static and mobile health team (mobile clinic)
2. Establish/strengthen Rapid Response Team (RRT) mechanism in affected localities
3. Strengthen/establish Early Warning and Response System (EWARS) and community based focal points to detect and respond to epidemic alers in time
4. Conduct community outreach activities, e.g. production/distribution of EIC material, radio/TV PSAs, community awareness sessions etc. on CoVID-19, floods and diseases outbreak preparedness and responses-related topics

**WASH**
1. Distribution of emergency hygiene kits
2. Provide water services to the rate of 7.5 liters per day to emergency affected people living in and out of camps
3. Provide access to improved sanitation facilities to emergency affected people living in and out of camps to a ratio of 50 persons per latrine
4. Conduct community outreach activities, e.g. production/distribution of EIC material, radio/TV PSAs, community awareness sessions etc. on CoVID-19, floods and diseases outbreak preparedness and responses-related topics

*Note: supplies will be provided by respective sector lead agencies.*
III. Timeline and Procedure

All partners are strongly encouraged to liaise with their respective IASC sector coordinators and RCF during project proposal preparation to discuss proposed interventions. Please refer to the SHF Operational Manual for process related issues and for the minimum programmatic requirement and programmatic guidance. Full project proposals shall be submitted under “2020 – SHF 1st Standard Allocation” in the Grant Management System.

<table>
<thead>
<tr>
<th>Step</th>
<th>Phase</th>
<th>Responsible</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The launch of allocation</td>
<td>OCHA</td>
<td>29 April</td>
</tr>
<tr>
<td>2</td>
<td>Proposal submission deadline</td>
<td>Partner</td>
<td>16 May</td>
</tr>
<tr>
<td>3</td>
<td>Strategic Review</td>
<td>Strategic Review Committee</td>
<td>18 – 21 May</td>
</tr>
<tr>
<td>4</td>
<td>HC/Advisory Board proposal recommendations and endorsement</td>
<td>HC, AB</td>
<td>24 May</td>
</tr>
<tr>
<td>5</td>
<td>Technical review</td>
<td>Technical Review Committee</td>
<td>25 May – 6 June</td>
</tr>
<tr>
<td>6</td>
<td>Finance and administrative process</td>
<td>OCHA</td>
<td>7 - 13 June</td>
</tr>
</tbody>
</table>

I. Information on Humanitarian Financing Section (HFS)

The Humanitarian Financing Section (HFS) is a section in OCHA Sudan that supports the HC in managing the SHF and CERF. Under the overall supervision of the OCHA Head of Office (HoO), OCHA-HFS will ensure adequate and efficient management of the SHF. The OCHA-HFS engages in a constructive relationship with IASC sector coordinators and will communicate differences in opinion, recommendations, and decisions in a transparent way. In support of the RC/HC and SHF AB, and with the assistance of relevant units at OCHA headquarters, OCHA-HFS undertake responsibilities in term of the management of the SHF operations and policy advice to the HC and OCHA Head of Office; management of the entire project cycle; and implementation of the SHF Accountability Framework and monitoring system.

SHF stakeholders with concerns or complaints regarding the SHF processes or decisions should first contact the OCHA Pooled Fund Manager on shfsudan@un.org.

Important links

- The GMS Support Help-Portal assists users to navigate through the GMS system with step-by-step instructions and screenshots. [https://gms.unocha.org/content/project-submission](https://gms.unocha.org/content/project-submission)
- The OCHA Sudan website also provides detailed information about the SHF at [http://www.unocha.org/sudan/about-sudan-hf](http://www.unocha.org/sudan/about-sudan-hf)
- The GMS Business Intelligence is a newly developed tool to display the data on the ongoing business processes with a consolidated view at [http://gms.unocha.org/bi](http://gms.unocha.org/bi)

Contacts

HFS – OCHA will provide guidance to partners during the submission process.

<table>
<thead>
<tr>
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<th>Contact Number</th>
<th>Email</th>
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</tr>
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</table>

Annexes

Annex 2: 2020 SHF NGO Eligible Partner

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About Country-based Pooled Funds (CBPFs):

CBPFs allow donors to pool their contributions into single, unearmarked funds to support local humanitarian efforts. This enables humanitarian partners in crisis-affected countries to deliver timely, coordinated and principled assistance. [http://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpfs](http://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpfs)