Yemen Humanitarian Fund (YHF)

First Standard Allocation – Strategy
January 2019

OCHA

YHF Yemen Humanitarian Fund

Overview

1. The objective of this First Standard Allocation (SA1) is to help cover key gaps in the existing operation and support the immediate scale-up of activities in highly vulnerable communities. Only current YHF partners are eligible to apply for funding. USD 80 million is available for this round[1].

2. On 6 December, the YHF Advisory Board (AB) endorsed the following three parameters for the SA1:

   a) Expanding high impact programs in districts classified as IPC 4 and above
   b) Scaling up assistance in priority IDP hosting sites
   c) Scaling-up first line assistance in areas of new displacement

3. The AB requested clusters to submit dossiers outlining their strategy to meet needs within these parameters.

4. On 27 January, **the clusters presented their dossiers and the AB recommended a total of US$ 94 million out of the US$ 131 million being requested by clusters** as follows:

   1. **Parameter 1**: **High-impact programmes in IPC4+ areas**: out of the US$ 61,1 million requested, the AB endorsed US$56,13, or the entire dossier with the exception of the additional nutrition element, as follows.

Cluster	Funding requested (US$)
Total	**56.13**
Education	5.43
FSAC	12.6
Health	15.4
Nutrition	9.3
WASH	13.4

   2. **Parameter 2: Scaling up assistance in priority IDP hosting sites**. The AB endorsed the entire dossier of US$26 million as presented.

   3. **Parameter 3: Scaling-up first line assistance in areas of new displacement**. The AB endorsed US$ 11.9 million of programming out of a total ask of US$ 43,6 million put forward in the various dossiers presented under this parameter, as follows:

      - Protection dossier as presented - US$3.9m
      - WASH dossier as presented for US$5m
      - Replenishment of RRM kits for $3m out of a total RRM request of US$13 million

5. The AB is now requesting clusters to work with their partners to submit proposals based on the agreed AB endorsed clusters' strategies. Only the best-scored projects will be selected to stay within the available envelope of $80 million.

6. This SA1 will be launched on **31 January with a deadline of 15 February, 17:00**, to submit proposals through the online Grants Management System (GMS).

[1] This amount could increase slightly if expected pledges materialise before the end of February.

Allocation strategy and rationale

7. Since the war in Yemen escalated in 2015, armed conflict, displacement, food insecurity and disease outbreaks have created the world's worst man-made humanitarian crisis. More than three years of conflict, severe economic decline, and collapsing essential public services have exacerbated existing vulnerabilities. Nearly 80 per cent of the entire population requires some form of humanitarian assistance and protection services. Twenty million people across the country are food insecure, including 9.6 million who are suffering from extreme hunger. At least 65,000 Yemenis are in a catastrophic situation and barely surviving; that number could rise to 238,000 people if more aid does not get through soon. Two-thirds of all districts in the country are already in a pre-famine status, a staggering 57 per cent increase from last year and at least 12 million Yemenis may require food assistance in the months ahead unless urgent steps are taken to increase household incomes, expand imports and ease monetary restrictions.

8. The unprecedented rapid and uncontrolled depreciation of the Yemeni Riyal (YER) across the country during September and October 2018 worsened the economic crisis, resulting in soaring prices of basic commodities. At its highest the exchange rate was 860 YER /USD in Aden, a 300 per cent depreciation compared to the pre-crisis rate (215 YER /USD). The average cost of the monthly minimum food basket in October 2018 rose by 15.7 per cent from September (increase from 4,840 YER in September to 5,600 YER in October 2018 – in August it was 4,229 YER). Moreover, the cost of food basket in October 2018 is 137 per cent higher than in the pre-crisis period.[2] Due to all these persistent price increases, hundreds of thousands of families are being forced out of local markets, unable to purchase the basic necessities required to survive. More people are vulnerable now than at any time during the recent conflict.

9. In 2018, an estimated 685,000 people fled the intensive conflict in 2018 mainly from Al Hudaydah Governorate, where conflict escalated significantly in June 2018. To ensure the continued delivery of life-saving assistance to people in need and support to vital installations in the city that are under threat due to the expansion of the conflict near populated areas, humanitarian partners continue to pre-position supplies according to the Al Hudaydah preparedness plan. Six warehouses are operational in Al Hudaydah City to store supplies and have at hand 40,000 food rations, 15,000 rapid response mechanism kits, 500 non-food items (NFIs), over 1,000 tents and other emergency shelter kits.

10. In 2018, the YHF has allocated over US$ 188 million through three Reserve Allocations (RA) and one Standard Allocation (SA) as follows:

    RA1 June: Support for preparedness activities and scale-up in health and nutrition clusters.
    RA2 July: Support for Al-Hudaydah emergency.
    SA1 August: Support for first line activities.
    RA3 November: Support for winterization.

Allocation Priorities and Activities

11. As recommended by the Advisory Board, the SA1 will focus on the following priorities:

    a) **Expanding high impact programs in districts classified as IPC 4 and above**

According to the latest IPC analysis, an estimated 20.1 million Yemenis (67% of the entire population) are food insecure and represents a 13% increase from last year when 17.8 million people were hungry - an unprecedented situation. The number of people who are in IPC Phase 4 has risen to 9.6 million people. This figure is 14% higher than last year and almost twice the number of severely food insecure individuals before the escalation of the conflict in Yemen nearly four years ago. For the first time ever, close to a quarter of a million people (238,000 Individuals) are in IPC Phase 5 catastrophe (one step from famine) and barely surviving. Any change in their circumstances, including any disruption in their ability to access food on a regular monthly basis will bring them to the brink of death. 190 of Yemen's 333 districts are classified as Phase 4 emergency, which means that almost two thirds of all districts in the country are experiencing pre-famine conditions and are one step away from catastrophe. This is a staggering 57% increase from last year, when 107 districts were classified as Phase 4 emergency! Food insecurity is more severe in the areas with active fighting and is particularly affecting Internally Displaced Persons (IDPs) and host families, marginalized groups, fishing communities, as well as landless wage labourers facing difficulties in accessing basic services and conducting livelihood activities. At least 2 million IDPs (out of the current 3.3 million IDPs) face comparatively worse food security

[2] WFP, Yemen Monthly Market Watch Report, October 2018

outcomes than other segments of the population. In terms of severity (areas in IPC Phase 3 and above), the worst affected areas are located in Al Hudaydah, Amran, Hajjah, Taiz'z and Sa'ada Governorates. In terms of magnitude, each of the governorates of Al Hudaydah, Amanat Al Asimah, Dhamar, Hajjah, Ibb and Taiz'z have more than one million people in IPC Phase 3 (Crisis) and above. 13 governorates have populations experiencing catastrophic conditions (IPC Phase 5) (Abyan, Aden, Al Bayda, Al Dhaleé, Al Hudaydah, Al Mahwit, Amran, Hadramout, Hajjah, Ibb, Lahj, Sa'ada and Taiz).

The SA1 will give priority to high impact projects in districts classified as IPC 4 and above, especially the 45 districts with pockets of populations in IPC phase 5 and facing catastrophic conditions. In particular, the SA1 will support the scaling up of cash-based food security and livelihoods projects as well as programmes designed to identify, prevent and treat malnutrition. The SA1 will seek to meet key programmatic gaps in the target districts and scale-up interventions across the below activities.

The core food security and livelihoods response will include:

- Distributing food, cash, or vouchers to severely food insecure families, newly displaced IDPs and host families facing extreme hunger
- Distributing conditional, and season-specific cash or vouchers and employing adults on public works schemes including projects that rehabilitate public infrastructure and community assets

The core Nutrition response will include:

- Management of acute malnutrition- (SAM and MAM treatment) for under-five and Pregnant Lactating Women (PLWs) including supporting cash transfer for SAM cases with complications. Other cash transfer options like conditional cash transfer with respect to nutrition response packages will also be explored.
- Prevention of acute malnutrition including Infant Young Child Feeding (IYCF) and micro nutrient supplementation and Blanket Supplementary Feeding Program (BSFP).
- Capacity building of partners on Community Management of Acute Malnutrition (CMAM), Nutrition in emergency, Coverage assessment (Semi-Quantitative Evaluations of Access and Coverage / Simplified Lot Quality Assurance Sampling Evaluations of Access and Coverage), IPC for acute malnutrition, etc.
- Procurement of Nutrition supplies.
- Conducting SMART surveys in priority districts.
- Strengthening monitoring and supervision and coordination at hub level.

The core WASH response will include:

- Provision, rehabilitation and maintenance of water supply systems for affected populations
- Provision, rehabilitation and maintenance of sanitation systems for affected populations
- Provision of emergency safe water supply to IDPs, vulnerable groups and other affected people
- Provision of emergency sanitation for IDPs, vulnerable groups and other affected people
- Provision of adequate and appropriate hygiene items, community engagement for hygiene awareness, and capacity building of community volunteers
- Reinforce coordination and information management capacity within the relevant national and sub-national structures to respond effectively and efficiently to acute and structural emergencies

The core health response will include:

- General services, communicable diseases prevention and control, minimum initial service for RH, inpatient care for SAM & immunization
- Emergency training, operational support and incentives for health staff
- Health education, Training of CHW/Vs on health preventive measures
- Distribution of safe delivery kits
- Case investigation by health RRT, follow up of contacts

The core education response will include:

- Providing access to quality accredited formal education to conflict affected children aged 6-17
- Provision of TLS, School rehabilitation, School furniture, teachers Kits, teacher training, facilitating exams
- School feeding, Provision of school bags and essential learning materials

The clusters' interventions will be implemented to the fullest extent possible in a joined-up manner in order to contribute significantly to the improvement of the situation in the project locations and lower the high-risk of famine. It will also ensure that the underlying determinants, such as access to continuous and un-disrupted emergency food assistance, nutritious foods, health and sanitation environments, education needs are

addressed as well. Inter-cluster monitoring will be given priority to measure the impact of the proposed actions and will include:

- A common baseline with each cluster implementing the Integrated Famine Risk Reduction assessment tool;
- A roving team of multi-sector technical experts will visit and monitor implementation of the integrated package, provide technical support and take corrective actions;
- Quarterly Reporting to ICCM-HCT on impact and outcome indicators & Impact evaluation at the end;
- Bi – Weekly situation monitoring (Nutrition admission and health morbidities including risk of cholera);
- Bi-monthly monitoring of food security outcomes at household level;
- Beneficiary feedback to be included in quarterly report.

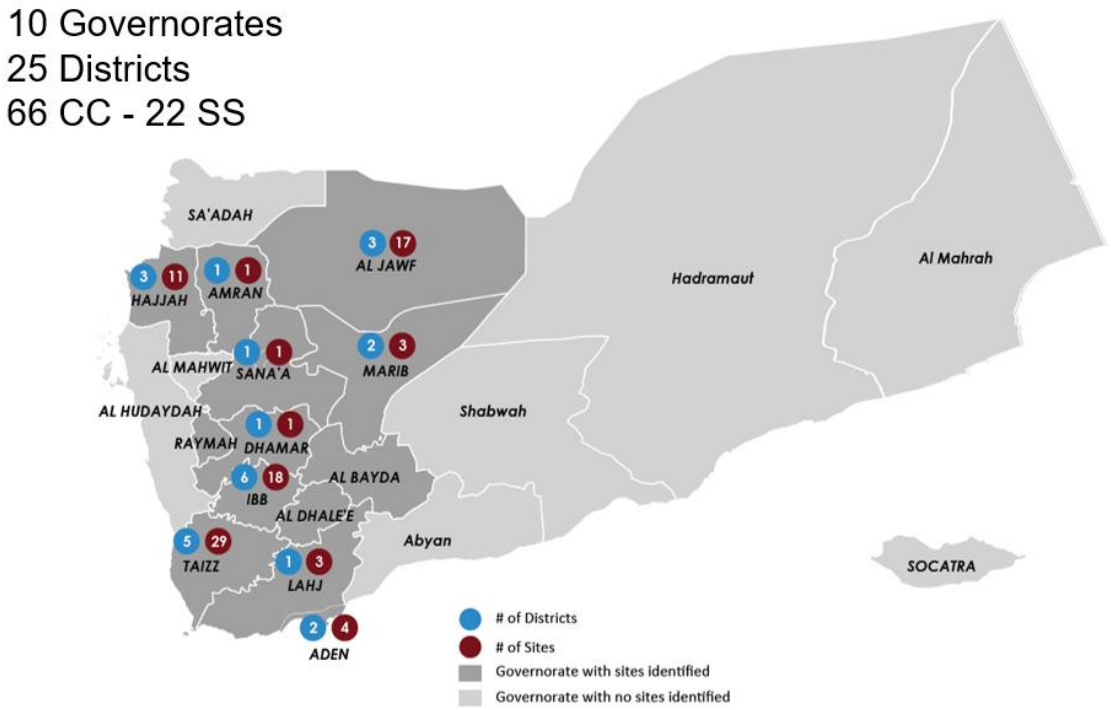
The joint cluster approach is summarized in the next table.

Table 1: Parameter 1 joint cluster approach

Cluster	Systems / Facility	Community	Household	Cluster Indicator	Outcome Indicator
FSAC ($12.6m)	Reduce severe hunger among vulnerable families by distributing conditional and season -specific Cash for work/ Cash for Assets to rehabilitate community infrastructure and assets in health facilities	Reduce severe hunger among vulnerable families by distributing conditional and season -specific Cash for work/ Cash for Assets to rehabilitate community infrastructure and assets	Reduce severe hunger among highly vulnerable families by distributing food, cash, or vouchers for 6 consecutive months/rounds to the same household	# of individuals provided with access to emergency food assistance (in-kind, cash, or vouchers) on monthly basis # of individuals provided with access to conditional and season-specific cash for work/ cash for assets # of community assets/ infrastructure rehabilitated through conditional and season-specific cash for work/ cash for Assets programs	% of targeted households with Food Consumption Score (FCS) of >42 - target 60% % of Global Acute Malnutrition (Wasting) among U5 children
Nutrition ($9.3m)	Treatment of children with SAM without complications at OTPs BSFP for 6-23-month children and PLW Micronutrition supplements for 6-59 children. Treatment of children, PLW with MAM in supplementary feeding programme (TSFP)	identify and refer children with SAM and MAM with complications to treatment centres Treatment of children, PLW with MAM in TSFP Treatment of children with SAM without complications Capacity building on SAM and MAM management as well as IYCF	Provision of counselling on infant and young child feeding to pregnant and lactating women and care takers; Provision of food rations for caretakers at TFCs and provision of referral fees/transportation costs for families with SAM with complication.	# boys and girls aged 6-59 months admitted for SAM treatment without complications # children under five years with Moderate Acute Malnutrition newly admitted for treatment in TSFPs, MTs	
Health ($15.4m)	General services, communicable diseases prevention and control, minimum initial service for RH, inpatient care for SAM & immunization. Emergency training, operational support and incentives for health staff.	Health education, Training of CHW/Vs on health preventive measures,	Health education Distribution of safe delivery kits, Case investigation by health RRT, follow up of contacts	# consultations # children under one year received Penta 3	
WASH ($13.4m)	Water quality surveillance Rehabilitation of water schemes (CfW) and operational support	Temporary water trucking - (3months) Cleaning campaigns; areas with high SAM Training of CHVs on hygiene messages HP / community mobilization Cleaning Campaigns	Water storage containers and filters to SAM HHs. Latrine construction / rehab / desludging Provision of consumable hygiene kits to SAM HHs Coordination with RRTs - cholera	# people with improved access to safe sanitation # people access to improved water source	
Education ($5.4m)	Providing access to quality accredited formal education to conflict affected children aged 6-17	Provision of TLS, School rehabilitation, School furniture, teachers Kits, teacher training, facilitating exams	Provision of school bags and essential learning materials, School feeding	# % of children accessing and remained in formal education	

b) Scaling up assistance in priority IDP hosting sites:

The Shelter Cluster has identified 288 IDP Hosting Sites, out of a total of 1,170 sites across Yemen, where living conditions are sub-standard according to the 2017 and 2018 Baseline Assessment results. This number is believed to have increased recently. This SA1 will focus interventions in 88 prioritized sites[3] with critical and high multisectoral needs in 25 districts in 10 governorates, as illustrated in the map below.



These are spontaneous make-shifts, made of rudimentary materials, while a number are unfinished buildings, or structures that do not conform to any international or locally agreeable standards. The Shelter/NFI/CCCM Cluster's Site Coordination Support Teams (SCST) is operating, but is required to mobilize action from service providers, and link it to the community self-governing structures, Sub-National Clusters, the RCT and the National Clusters.

Site Management and Coordination capacity is expanding to enhance coordination, information management and service delivery; further ongoing efforts include strengthening partnership and collaboration with Clusters and key stakeholders; building the capacity of partners and national/local authorities, promoting accountability to affected populations, and integrating protection and mainstreaming of age, gender and diversity.

The SA1 will give priority to first and second-line and where appropriate full Cluster activities as summarized in table 2, estimated to amount to $26 million.

[3] See list in Annex 1

Table 2: Parameter 2 integrated approach

Cluster	First Line	Second Line	Full Cluster
Shelter/ NFIs/ CCCM	Distributing household kits and emergency shelter kits	Providing maintenance support and shelter upgrades	
	Constructing, rehabilitating, and helping to manage transitional shelters in areas where families require protection and additional support		
	Recommending concrete steps to ensure emergency and transit sites meet minimum requirements		
Protection	Identifying, referring and providing specialized services to people with specific needs, including women, children, the elderly and people living with disabilities	Training community volunteers and service providers on safety, resilience, conflict resolution and prevention of violence	Building the capacity of national, district and community partners and institutions to promote safety, support survivors of violence, and help resolve local level disputes
	Assisting people without documentation and referring them to appropriate authorities	Supporting community programmes, including skills and livelihood initiatives, for the victims of violence	
	Distributing cash assistance to people and households at extreme risk		
	Distributing family, transit and dignity kits		
	Releasing contaminated land, disposing unexploded ordnance and raising awareness of risks posed by mines		
WASH		Rehabilitating water schemes (network connection & solar) - temporary water trucking (3 months) Providing accessible and safe community water points	Training of CHVs on hygiene messages based on health indicators
		Monitoring Water quality and provision of water filters (where necessary)	
		Rehabilitating /constructing latrines, showers, laundry and handwashing (maintenance / desludging)	
		Distributing of sanitation kits and conducting cleaning campaigns	
		Provision of basic hygiene kits and consumables as required (in-kind / cash)	
FSAC	Distribution of food, cash, or vouchers on a monthly basis for 6 consecutive months to the same IDP household		
Health	Providing primary health care including outpatient consultation, basic reproductive health, immunization through existing static health facilities within 5 km radius or through outreach (mobile medical teams).		
	Assisted referral to secondary health care		
	provision of ORS and ensure assisted referral to the nearest DTCs		
	Health education through CHWs/CHVs		
Nutrition	Health and nutrition mobile team, outreach services and referrals for cases such as SAM with complications that cannot be managed in the IDP sites.		
	Transportation allowance to TFCs		
	Food distribution for care takers at the feeding centers		
Education	Providing allowances for unpaid teachers	Rehabilitating buildings, including WASH facilities	
	Providing schools meals to boys and girls		
	Establishing Temporary Learning Classrooms for displaced children		
	Distributing school kits, texts, Hygiene kits and materials, furniture and supplies to targeted schools		
	Providing specialized child-centered programmes in hard-hit areas		
	Facilitating national exams		

c) Scaling-up first line assistance in areas of new displacement:

In the expectation of new waves of people on the move, the SA1 will give priority to covering first-line and where appropriate second-line activities, in areas receiving people.

3.3 million people have been displaced since 2015 and remain displaced today[4]. At the same time last year, two million IDPs were identified across 21 governorates of Yemen thus representing an increase of 1.3 million displaced. Most of the IDPs are displaced from conflict hotspot areas including but not limited to Hudaydah, Amanat Al Asimah, Hajjah and Taiz'z. The largest increase in the number of IDPs is mainly attributed to the renewed offensive on Hudaydah started in mid-June with some 455,000 people being newly displaced. Approximately 3,000 households were also displaced by Tropical Cyclone "Luban" that hit the coast of Yemen on 14 October 2018. After three and a half years of the conflict, displacement is becoming a protracted status for the vast majority of the IDPs making them increasingly vulnerable and straining their and their hosts' ability to cope.

There are 32 frontlines in eleven governorates. In terms of access, 7.5 million Yemenis are living in most difficult to access and 1.4 million highly vulnerable Yemenis are in hard-to-reach areas.

This SA1 will support Protection, WASH and Rapid Response Mechanism (RRM) interventions. The key programmes under this parameter will include:

Protection ($3.9m)

- Assistance for victims of IHL violations in frontline and new displacement locations with a focus on Hudaydah, Hajjah, Taiz and Sa'ada;
- First-line responses providing integrated protection, child protection, GBV and mine action responses through two community centers in Hajjah and Taiz'z, linked to RRM
- Strengthening GBV response in Hudaydah, Taiz, Hajjah, Sana'a, Aden, Al Bayda and Marib.

WASH ($5m):

WASH interventions will provide access to basic services through a minimum service package that addresses the protection needs of people in displacement sites, people on the move and people who return to their place of origin. Additional interventions will include the distribution of immediate, life-saving emergency assistance to newly displaced / hard-to-reach families and recent returnees through RRM packages, cash assistance and other timely and sequenced multi-sectoral responses. The detailed list of activities include:

- Providing operational support, disinfecting agents and repairs to public water supply systems
- Trucking water and providing storage containers at communal and household levels
- Providing filters and chlorine tablets to at-risk households
- Monitoring water quality at household and systems level
- Providing Operational support and maintenance to sanitation systems in elevated risk areas
- Constructing and desludging of emergency latrines
- Distributing basic hygiene kits and cholera kits
- Messaging on safe hygiene practices
- Conducting emergency cleaning campaigns

RRM ($3m)

The RRM is being used during the initial period of the onset of the emergency to cover the life-saving immediate needs for the first 5 days (phase 1) and 1-3 months (phase 2), kicking in 72 hours after displacement, until a full-fledged assessment-based Cluster response is in place.

This SA1 will cover the urgent procurement of the RRM kits used in the first phase. The kits include Immediate Response Rations (IRR), basic hygiene and transit kits. The RRM kits will be used in priority displacement areas in Hudaydah, Hajjah, Ma'rib, Al Jawf, Sa'ada, Lahj, Taiz'z and Al Bayda, and possibly for returnees in Hudaydah.

Prioritization of Projects and Eligibility

[4] Humanitarian Population Technical Working Group population projections 2019 (As of 3 November 2018).

12. All partners who have successfully completed their due diligence and capacity assessment as of 15 January 2019 are eligible for this allocation.

13. Projects that are submitted within the deadline of 15 February 2019 (17:00 Sana'a time) will be strategically and technically reviewed by the Clusters and OCHA's Humanitarian Financing Unit (HFU) using a standardized scorecard. Clusters defended their strategies before the YHF AB on 27 January 2019.

14. Clusters are asked to take the following criteria into consideration during the preparation of their funding dossiers and to give preference to projects that:

- are aligned with the strategic priorities of the HRP 2019;
- meet the strategic priorities of the clusters for this allocation, as endorsed by the AB on 27 January;
- include a recent needs assessment;
- can be implemented within the period of up to 12 months maximum;
- include gender and protection mainstreaming component
- demonstrate accountability to the affected population;
- demonstrate inclusive programming;
- clearly identify risks and outline mitigation strategies;
- demonstrate cost-effectiveness where: a) for comparable activities and outputs, the total cost is less; b) the cost per beneficiary ratio is reasonable; c) support costs are reasonable and in line with accepted levels for a given activity; and d) the proposed period of implementation represents the best use of resources at that time.

15. In addition, Clusters are asked to take into account the following:

- YHF partners need to factor in possible delays in project implementation and adjust their workplans and budgets accordingly, not exceeding 12 months.
- YHF partners ranked as high-risk should only directly implement their programmes and not use sub-implementing partners, while medium and low risk partners can.
- YHF partners will have to report on a regular basis to the Clusters and actively participate in the coordination mechanisms in Sana'a and at field level. Projects should have received prior endorsement by the national and sub-national Clusters. Partners should submit evidence of this by the time of submission (email to be uploaded in the GMS document depository).
- YHF partners should submit one proposal per parameter. Each YHF partner may not submit more than three (3) proposals in total[5].
- As per the YHF operational modalities, high-risk partners can apply for a maximum of USD 1.5 million per project (and hold a maximum of USD 3 million in active grant at the same time), medium-risk partners for a maximum of USD 2.5 million per project while low-risk partners do not have a ceiling. Please refer to the YHF Operational Manual for further details.
- The HFU will review projects according to their strategic and programmatic relevance, cost effectiveness, engagement in coordination, mainstreaming of cross-cutting issues and monitoring mechanisms.

Indicative Timeline and Procedures

16. This YHF Standard Allocation Strategy is published on 31 January 2018. From this day, eligible humanitarian organisations have until 15 February 2019 (17:00 Sana'a time) to submit project proposals through the YHF online Grants Management System (GMS), accessible at https://cbpf.unocha.org/.

Key Date	Phase	Step	What	Who
27 Jan	**Preparation**	AB endorses clusters' dossiers	Draft Allocation Strategy	CC, OCHA
28-29 Jan		Development of Allocation Strategy	Draft Allocation Strategy	CC, OCHA
30 Jan		Advisory Board approves draft SA strategy	Allocation Strategy	HC, AB
31 Jan		**SA launched**	**Proposals**	**Partners**

[5] Partners who may face ceiling restrictions per project can contact the HFU in advance. In case a different approach would be more practical, partners are welcome to contact the HFU for support. Possible variations on numbers of proposal and combinations of parameters will be decided on a case by case basis.

15 Feb	**Proposal Development and Review**	**Deadline to submit proposals (17:00)**	**Proposals**	**Partners**
17 Feb		Proposals are vetted by the HFU	Proposals	OCHA
18-25 Feb		OCHA, Hubs, Clusters read proposals	Proposals	OCHA, Clusters
26 Feb – 5 March		Strategic and Technical Review with scorecard[6]	Review	OCHA, Clusters
6–7 March		STRC recommendations presented to the AB (remotely)	Review	OCHA, AB
10-12 March		HC pre-approval of recommended projects	Pre-approval	HC, AB, OCHA
12 - 28 March		Proposal revision and adjustments	Partners address feedback, OCHA final clearance	Partners, OCHA
From 31 March	**Approval**	Grant Agreement (GA) preparation, HC and Partners signatures	GA prepared/start date agreed with Partners, HC approved project, Partners signs / start of eligibility	OCHA
From 10 April	**Disbursement**	Grant Agreement final clearance and first disbursement	GA cleared and signed	OCHA

17. Contacts information

- Yannick Martin, Fund Manager, martiny@un.org, +962 79 515 0695
- Romy Blickle, Programme, blickle@un.org, +967 71 2222 861
- Hamid Mohammed, Finance, hamid@un.org, +967 71 2222 849
- Marwa Amer, Finance, amer4@un.org, +967 712 222 857

18. Complaints Mechanism

YHF stakeholders with insufficiently addressed concerns or complaints regarding YHF processes or decisions can at any point in time contact the OCHA Head of Office or write to yemenhpfcomplaints@un.org with these concerns. Complaints will be compiled, reviewed and raised with the HC, who will then take a decision on necessary action(s). The HC will share with the Advisory Board any such concerns or complaints and actions taken thereof.

Annex 1. Parameter 2 – List of prioritized IDP hosting sites

Annex 2. Budget guidelines

[6] The AB recommended merging the Strategic and Technical review meetings since the detailed strategies have been presented by the clusters before the AB on 27 January and the clusters have pre-identified their partners.