



## Rapid Response Fund

### Approval

Project Code 07/2025

Project Name

Humanitarian support to Syrian people affected by the hostilities in South Syria

The ACT Secretariat has approved the use of **USD148,900** from its Global Rapid Response Fund (GRRF25) and would be grateful to receive contributions to wholly or partially replenish this payment.

Reporting Deadlines	
SitRep ( <i>one month after approval</i> )	1 Sept 2025
Final Reports (narrative and financial)	28 Feb 2026
Audit Report ( <i>for projects &gt;USD50,000</i> )	28 Mar 2026

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ACT Alliance Secretariat



## Rapid Response Fund

### Project Proposal

Do you have an EPRP	Yes
When was the last update?	
Do you have a Needs Assessment for this response?	Yes, it will be attached with the RRF Proposal

Please submit this form to the Humanitarian Coordinators in your region

Date submitted to ACT Secretariat

28 Jul 2025

### Section 1 Project Data

#### Project Information

Project Name	Humanitarian support to Syrian people affected by the hostilities in South Syria
Project Code	07/2025
Country Forum	Act Syria Forum
ACT Requesting Member (if there are more than one member, please use ALT+<Enter> to add another member)	St. Ephrem Patriarchal Development Committee (EPDC)
Name of person leading the project	Yamen Almoussa
Job Title	Programs Manager
Email	<a href="mailto:programs.manager.y@epdc-syria.org">programs.manager.y@epdc-syria.org</a>
Location(s) of project (city / province)	Southren Area- Daraa, Rural Damascus governorates
Project start date (dd/mm/yyyy)	1 Aug 2025
Project end date (dd/mm/yyyy)	31 Dec 2025

Which sectors your response activities most relate to

(please indicate number of planned beneficiaries per organisation in each sector where you plan to give assistance)

Sectors	Member 1 (please write the name of your organisation)		Member 2 (please write the name of your organisation)		Member 3 (please write the name of your organisation)	
	Male	Female	Male	Female	Male	Female
Cash/ Vouchers	250	250				
Food						
Health						
Household items						
Livelihood						
Psychosocial						
Shelter	1300	1950				
WASH						

### Section 2 Project Description

#### 2.1 Context

1. CHS Commitment 1. Summarize the crisis event and how it is likely to develop over the duration of the project (extend rows 43, 44 and 45 if more space is needed)

On July 2, 2025, a reported criminal incident along the As-Sweida-Damascus highway triggered armed clashes between local factions and Bedouin tribes, resulting in civilian casualties and the closure of the highway. From July 13 to July 18, hostilities persisted for six consecutive days, prompting the deployment of internal security forces to protect civilians and facilitate de-escalation. A curfew was imposed, and limited hostage exchanges were negotiated.

On July 16, airstrikes impacted As-Sweida, Damascus, Rural Damascus, and eastern Dar'a, causing further civilian harm and infrastructure damage. This was followed by a local agreement between the interim government and community leaders, resulting in the withdrawal of national military forces and the transfer of security responsibilities to local authorities. Despite this, the security landscape remained highly volatile, particularly in As-Sweida city and the surrounding rural areas.

Two days later, on July 18, a presidential statement preceded the imposition of full roadblocks by general security forces, effectively sealing off access to As-Sweida. Additionally, a ceasefire was reached following the intense infighting.

On July 19, intense armed clashes erupted between tribal-affiliated groups and local factions, particularly in western rural areas and along strategic access routes, including the Damascus-Dar'a and Damascus-As-Sweida highways. Sporadic violence extended into urban neighborhoods and rural towns, prompting curfews and roadblocks imposed by security forces. Airstrikes and drone activity further escalated tensions across As-Sweida and surrounding regions, where death toll estimates vary. On the same day, the Syrian Observatory for Human Rights reported that 1,120 people had been killed since July 13, including civilians.

A formal directive was issued calling for the immediate withdrawal of tribal fighters, emphasizing the need to preserve national unity and civil peace. Religious leaders publicly condemned the violence and disinformation, rejecting any sectarian framing of the conflict.

Regarding humanitarian responses, humanitarian access to As-Sweida remained severely constrained despite ongoing coordination efforts involving the Syrian Arab Red Crescent (SARC) and international partners. While humanitarian corridors were discussed, physical access for large-scale operations was not secured. However, on July 20, a high-level delegation, including interim government officials and the president of SARC, arrived at the outskirts of the governorate to support emergency response efforts. The delegation's convoys carried critical medical supplies and relief items intended for the evacuation and assistance of civilians in high-risk areas.

## **2. CHS Commitment 1,2,3,4. Explain the impact of the crisis specific to the people you want to help. Why did you choose to give aid to them and what makes them vulnerable?**

EPDC chose to assist the affected populations in As-Sweida, Daraa, and Rural Damascus based on conducted needs assessments, community consultations, and secondary data from other organizations working on the ground. These people are among the most acutely affected by recent escalations, ongoing displacement, and collapsing services. The humanitarian response is designed to be needs-based and inclusive, targeting the most vulnerable; internally displaced persons (IDPs), women-headed households, children, the elderly, and people with disabilities. Also, to be effective and timely, delays could result in further harm to vulnerable groups. EPDC has strong community-based networks and field presence that enable timely and life-saving interventions. Our response plan includes providing one-time MPCA to internally displaced households currently residing in collective shelters, with host families, or in informal and temporary arrangements, since cash assistance allows households to prioritize their most pressing needs, thereby upholding their dignity and agency in crisis response. Along with the light rehabilitation works across selected collective centres, tailored to the specific needs of each centre, this approach will provide a safe environment for the affected population, shielding them from any form of harassment and safeguarding their dignity.

## **3. CHS Commitment 9. Explain the availability of funding each of your organisation can access for this crisis.**

EPDC leverages a network of committed partnerships with national and international actors to respond to urgent needs. Given the rapidly evolving situation in As-Sweida, Daraa, and Rural Damascus, EPDC has reallocated a small portion of its flexible resources to support initial needs assessments and coordination activities on the ground.

However, sustainable and scaled response to this crisis requires external funding. EPDC is actively engaged in resource mobilization efforts, including submitting proposals to donors and INGOs. EPDC has already initiated discussions with key partners who have expressed interest in supporting localized and community-driven responses in the region.

Aligned with CHS Commitment 9, EPDC ensures that all available resources are used efficiently, transparently, and for their intended humanitarian purpose. Financial management systems are in place to track expenditures, report to partners, and mitigate risks of misuse. EPDC maintains donor compliance standards and prioritizes cost-effectiveness without compromising on quality or accountability to affected populations.

## 2.2 Activity Summary

**1. CHS Commitment 1, 2, 4. Explain your proposed project and why you have selected this particular response to the crisis and the length of time needed to respond.** *If multiple members are responding, please explain the role of each member in the coordinated response as indicated in your EPRP Contingency Plan.*

In response to the growing humanitarian needs, EPDC proposes a multi-sectoral project to support the Syrian population affected by the recent escalation in southern Syria through:

1. Providing one-time MPCA (USD 150) to 500 internally displaced households currently residing in collective shelters, with host families, or in informal and temporary arrangements.
2. Implementing light rehabilitation works in selected collective centers, tailored to the specific needs of each center to ensure the safety and security of people who have been displaced and temporarily living in these centers.

### **MPCA for 500 households**

The project will be implemented across the southern governorates of Daraa and Rural Damascus, targeting IDPs currently residing in collective shelters, with host families, or in informal and temporary arrangements.

The selection of MPCA as a response modality is based on its flexibility and proven effectiveness in meeting the urgent and diverse needs of crisis-affected populations. Cash assistance allows households to prioritize their most pressing needs, thereby upholding their dignity and agency in crisis response. Given the volatility of the situation and the varied needs of displaced households, MPCA offers the timeliest and context-appropriate intervention. Additionally, the chosen modality of MPCA was based on the rapid needs assessment conducted by EPDC.

To preserve the value of the assistance and protect beneficiaries from the impact of currency volatility, the currency will be in USD. This approach is based on lessons learned from previous interventions, where local currency fluctuations significantly reduced the purchasing power of the assistance provided. Disbursing in USD ensures that each household receives the full intended value of USD 150, without loss due to market instability or unfavorable exchange rates.

Beneficiaries will be identified in coordination with local authorities. A formal list of eligible households will be requested from the authorities, who maintain up-to-date records of displacement trends and household vulnerabilities. EPDC will ensure that the process is inclusive and does not unintentionally exclude marginalized groups. In addition, EPDC will consult with local stakeholders and community representatives to ensure that the list of beneficiaries reflects actual needs on the ground.

EPDC will ensure that the assistance will reach the affected households promptly but with proper coordination and

verification. EPDC will adhere to the Core Humanitarian Standard (CHS) commitments by ensuring relevance and appropriateness, strengthening coordination and complementarity, and delivering timely and effective assistance. Community feedback mechanisms will also be in place to enhance accountability and allow beneficiaries to raise concerns or suggestions regarding the intervention. Volunteers will support key activities including registration, verification, paperwork, and organizing distributions in the field.

#### **Repair of collective centers:**

Despite the scale of displacement, the collective centers' rehabilitation efforts remain limited, especially when compared to the scale of distribution of essential items carried out by other organizations. These collective centers, which include schools, places of worship, and hotels, serves as temporary homes of affected people who have been displaced by the recent clashes especially coming from As-Sweida. There are currently 61 active collective centers Dar'a governorate alone, with additional centers operating in Damascus and Rural Damascus mostly independently managed by local communities with little support from the government.

As a quick response, initial emergency assistance such as food parcels, hygiene kits, and basic medical support, has been provided by various humanitarian actors, yet these collective centers remain under-equipped, as it needs a lot of rehabilitation work, as most of them lack the minimum required standards to ensure safety, dignity, and privacy for displaced families.❏

To address this, EPDC aims to implement light rehabilitation works across selected collective centers to ensure safety and security, tailored to the specific needs of each center based on an assessment and in coordination with the local communities and authorities, such as:

- 1-Basic rehabilitation works which suit the needs of each collective center, like (WASH facilities, lighting, windows, doors, etc)
- 2-Provision of essential supplies, tools, and requirements for these centers as needed, including: solar lamps, water tanks, curtains, and plastic garbage cans, etc.

This intervention will be carried out over five months, with activities staggered across multiple collective centers depending on needs, security, and the changing dynamics of these centers, where the goal is to enhance shelter conditions in a way that promotes protection and dignity.❏

**2. CHS Commitment 2. Explain how you will start your activities promptly.** *Project implementation should start within two weeks. The project should be a maximum of 6 months.*

**MPCA Intervention:**

MPCA activity is designed to begin as soon as the proposal is approved, with a structured implementation plan that ensures timely, accountable, and coordinated delivery of assistance. From the outset, EPDC will coordinate closely with the local authorities and relevant community stakeholders across Daraa and Rural Damascus. Coordination will also extend to the selected Financial Service Provider (FSP) to finalize logistical arrangements for safe and efficient cash distribution.

**The implementation is as follows:**

Launch of coordination activities with local authorities and the FSP, beneficiary registration and verification. This preparatory phase will include reviewing and validating beneficiary lists, confirming transfer modalities with the FSP, and establishing feedback and complaint mechanisms.

Distribution of the MPCA (USD 150 per household) to 500 verified beneficiaries, accompanied by on-site monitoring and field-level support to ensure smooth and dignified delivery of assistance.

Post-distribution monitoring (PDM), including beneficiary feedback collection, review of lessons learned, and final reporting to assess effectiveness, relevance, and accountability in line with the Core Humanitarian Standard.

This phased approach enables an efficient and timely response while ensuring quality control and community engagement at every stage.

**Repair of collective centers:**

Rehabilitation works will commence immediately through coordination with the relevant sectors and authorities responsible for the shelters. We will prioritize needs and repair efforts based on the number of individuals and the condition of each center. A technical assessment will be conducted by the specialized team, noting that the needs of most shelters have already been identified.

Execution will either be carried out through direct procurement workshops or by contracting specialized vendors, depending on the specific requirements and the scope of work. Activities will take place in multiple locations, though not necessarily simultaneously.

All actions will be guided by the dynamics of the shelter's situation, its conditions, occupancy levels, family movements, and the opening and closing of new centers. This will provide clarity as we begin implementation.

By maintaining strong collaboration with local structures and humanitarian coordination bodies and adhering to CHS Commitment 2, EPDC is committed to delivering a timely and relevant response that meets the urgent needs of displaced populations in the southern governorates.

**3. CHS Commitment 6. How are you co-ordinating and with whom?** *Coordination ensures complementarity of interventions within forum members and other humanitarian actors to maximise the use of our resources and will address all unmet needs*

Effective coordination is central to the proposed intervention and will be maintained throughout the project cycle to ensure complementarity, avoid duplication, and maximize the impact of available resources. EPDC will coordinate closely with local authorities, including the governorate office and the relief office in Daraa, and Rural Damascus, sector partners, and other humanitarian organizations to ensure complementarity of interventions, where regular meetings and information-sharing platforms are established to align our efforts, maximize resource utilization, and address all unmet needs effectively, as this collaborative approach enhances the overall impact of our initiatives. These local entities will also provide updated lists of displaced households and facilitate access to targeted communities.

#### **MPCA Intervention:**

In parallel, EPDC will actively participate in relevant coordination platforms, particularly the Cash Working Group (CWG) and the Inter-Agency coordination mechanisms operating in southern Syria. Through these forums, we will share information on our targeting approach, coverage areas, and delivery timelines to ensure synergy with other humanitarian actors providing assistance in the same locations.

Coordination with the selected FSP will be integral to planning and executing the distribution process, ensuring cash transfers are delivered in a safe, timely, and accessible manner.

Furthermore, EPDC will maintain open communication with local community leaders and representatives to enhance contextual understanding and facilitate community acceptance. Their input will also be sought to validate lists and support the resolution of any grievances or overlaps.

#### **Shelter Intervention:**

Additionally, Coordination will be carried out with several concerned parties, including the office of the targeted governorate, as well as the managers of the collective centers of the same governorate, in addition to the HAC office and relief office operating there.

In addition to coordination with the Shelter sector and other organizations participating in the response within the targeted area, in order to ensure that there is no duplication in the provided services.

By aligning our efforts with national and local coordination structures and humanitarian partners, we aim to deliver a well-targeted and complementary response. This approach supports CHS Commitment 6 by ensuring that assistance is harmonized, coordinated, and responsive to the real needs of affected communities, while contributing to broader response efforts in southern Syria.

#### **4. CHS Commitment 3, 9. Where are you planning to procure your goods or services? Please tick boxes that apply.** *Goods and services procured locally supports and revitalises economic activity either as livelihood for people or income for*

Locally or within the affected areas	<b>x</b>	Nationally	<b>x</b>	Regionally or neighbouring countries		Internationally	
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Do you have a procurement policy? What factors did you consider when you made this decision?

Procurement is planned in accordance with the procurement plan developed by the EPDC procurement team. This plan includes all project activities that require purchasing, specifying the procurement method for each activity (direct purchase, quotation or general tender), along with the timeline for implementation and the delivery of the required goods or services.

EPDC has written policies and procedures explaining how to conduct purchases according to the principles of the best value for money and include responsibilities, accountability and procurement processes, with appropriate procedures that include sub-purchases and simple to more complex purchases with high purchasing value and justice between all suppliers.

## **2.3 Description of Target Population**

**1. CHS Commitment 1, 9. How do you calculate the participants of this project?** *For example, food and hygiene kits given to 2500 families, and 1 family = x beneficiaries.*

**MPCA Intervention: (2500 Individuals)**

This project targets 500 internally displaced households across Daraa and Rural Damascus with one-time MPCA. Based on contextual understanding and demographic data from previous interventions in the region, EPDC estimates an average household size of five individuals.

Accordingly, the total number of direct project participants is calculated as follows:

$500 \text{ households} \times 5 \text{ individuals per household} = 2,500 \text{ individuals}$

**Shelter Intervention: (3250 Individuals)**

Collective centers in Dar'a governorate as of 23 July reached 61 collective centers, hosting around 5600 HHs. EPDC intervention will target around 650 HHs (1 HH = 5 individuals) in different collective centers. (The HHs' numbers are from Dar'a governorate update on 23-07-2025)

This calculation provides a realistic estimate of the population that will benefit from the proposed intervention, ensuring alignment with CHS Commitment 1 by designing the intervention based on the actual needs and characteristics of the affected population. It also reflects CHS Commitment 9 by supporting transparent, accurate reporting and enabling effective monitoring and evaluation of the project.

**3. CHS Commitment 4. Explain how the target population is involved in the planning of your proposed intervention? How will they be involved in the implementation and the rest of the project cycle?**

The target population will be meaningfully involved in the planning, implementation, and follow-up stages of the project to ensure the response remains relevant, inclusive, and accountable.

**MPCA Intervention:**

During the planning phase of MPCA activities, EPDC will engage with community leaders, representatives of displaced households, and local civil society actors to validate the needs and gather input on the design of the intervention. While the initial beneficiary lists will be provided by local authorities, community input will play a key role in verifying household presence, avoiding exclusion or duplication, and identifying overlooked vulnerable individuals.

During the implementation phase, beneficiaries will be informed in advance about the cash transfer timeline, and how to access support if needed. Information will be shared through accessible channels including flyers, posters, complaints and suggestion cards.

To ensure participation continues throughout the project cycle, a dedicated feedback and complaints mechanism will be established, including a hotline and feedback boxes where feasible. This will allow beneficiaries to raise concerns confidentially and receive responses in a timely manner. Additionally, the Post-Distribution Monitoring (PDM) will assess satisfaction, and identify areas for improvement in future interventions.

**Shelter Intervention:**

All needs of the shelters have been identified by the authorities responsible for these centers, based on clear observations on the ground, as well as the requirements of the families housed in these facilities.

During implementation, we will conduct focus group discussions with the displaced families, along with the center management, to explore the necessary needs according to their opinions regarding the equipment to be supplied to the shelters. This participatory approach ensures that the voices of the target population are heard and considered throughout the project cycle.

By incorporating community voices at each stage, the project ensures that affected populations are not passive recipients of aid, but active contributors to shaping and improving the assistance they receive. This participatory approach aligns with CHS Commitment 4, which emphasizes that communities must influence decisions that affect them and be involved in how humanitarian responses are delivered.



## 2.4 Expected Results

**1. What will this project's success look like based on your time frame?** *Please write your activities milestones including dates.*

### **MPCA Intervention:**

The success of this project will be defined by the timely and accountable delivery of MPCA to 500 internally displaced households (approximately 2,500 individuals) across Daraa and Rural Damascus, enabling them to meet their most urgent needs with dignity.

The following activity milestones are planned within the four-month operational timeframe:

#### **August:**

- Project launch, internal mobilization, and formal coordination with the local authorities and stakeholders.
- Coordination with the selected FSP will also be initiated.
- Collection of beneficiary lists from local authorities, verification of household presence, and registration of targeted households. Community sensitization and establishment of feedback and complaint mechanisms will be carried out in parallel.

#### **August & September & October:**

Distribution of one-time cash transfers (USD 150) to 500 households. On-site monitoring during disbursement will ensure smooth implementation, address any emerging issues, and provide immediate support as needed.

#### **November:**

PDM will be conducted to assess beneficiary satisfaction, identify usage patterns of the cash assistance, and gather feedback on overall project implementation. Final documentation and reporting will follow.

### **Shelter Intervention:**

Within five months, EPDC's shelter rehabilitation project will be executed in distinct phases. The project will begin with rapid assessments conducted during the first week of August to evaluate the selected collective centers and finalize the technical assessment of shelters while gathering input from displaced families.

#### **August:**

In the second week of August, EPDC will complete the procurement of necessary equipment and materials based on finalized needs, in addition to contracting with suppliers. Simultaneously, coordination with local authorities and active partners will also be finalized.

#### **August & September & October & November & December:**

Over 18 weeks (from the 3rd week of August to the end of December), the implementation of the rehabilitation process will commence, with an intensified focus on the privacy, dignity, and safety of displaced families. **Handover of the completed work is expected to be in December.**

Continuous monitoring will track progress through site visits and (KPIs) measuring shelter rehabilitation and family satisfaction. A mid-term evaluation will occur at three months, followed by a comprehensive evaluation at the project's end to assess impact and resource use. Engaging stakeholders throughout the process will enhance transparency and inform future efforts, ensuring the project achieves its objectives and supports displaced families effectively.

**2. What are the factors that may stop you from achieving the targets of this project? How will you manage them?**

While the project is designed to be implemented within a short and focused timeframe, several external and operational factors could potentially affect the achievement of its targets. These include:

- **Access and Security Constraints:**

Ongoing instability or sudden security incidents in the southern governorates may delay access to certain communities or pose risks to staff and beneficiaries during field activities.

Mitigation: EPDC will maintain close coordination with local authorities, community leaders, and security focal points to monitor the situation daily and adapt plans accordingly. Activities will be prioritized in accessible areas, and contingency plans will be in place to reschedule distributions or adjust locations if needed.

- **Delays in Coordination with Local Authorities or FSP:**

Possible delays in receiving verified beneficiary lists or finalizing logistical arrangements with the FSP may affect the timeline.

Mitigation: Early initiation of coordination immediately upon project approval will minimize administrative delays. Pre-existing relationships with key stakeholders will also support smoother collaboration. We will maintain consistent follow-up and flexibility in timelines to avoid bottlenecks.

- **Inaccurate or Incomplete Beneficiary Lists:**

Relying on lists provided by authorities may present risks of outdated information, duplication, or exclusion of vulnerable households.

Mitigation: Field teams will conduct household verification and community validation exercises to ensure accuracy. Community leaders and local committees will be engaged in this process to enhance accountability and inclusiveness.

- **Supply Chain or Procurement Delays:**

Disruptions in the supply of materials for shelter rehabilitation or logistical constraints could affect implementation timelines.

Mitigation:

- Undertake rapid technical assessments and pre-position procurement plans.
- Source goods locally and maintain multiple supplier options for critical items.

- **Closure of Collective Centers:**

If collective centers are closed during the rehabilitation process, it may displace families and disrupt the intervention.

Mitigation:

Advance Communication: Engage with local authorities and stakeholders to ensure clear communication regarding the rehabilitation timeline and the importance of maintaining shelter for displaced families.

- **Delay in Implementation:**

Delays in project implementation can arise from unforeseen circumstances, impacting the overall timeline.

Mitigation:

Robust Planning: Establish a detailed project timeline with built-in buffers for potential delays, and regularly review progress against this timeline.

Supplier Relationships: Build strong relationships with multiple suppliers to ensure timely procurement of materials and equipment, and have backup suppliers identified.

Regular Monitoring: Implement regular status updates and progress reviews to identify and address issues promptly before they escalate.

## 2.5 Monitoring, Accountability & Learning

**1. CHS Commitment 7. Describe how you will monitor the project. What monitoring tools and process will you use? How will you gather lessons from the project?**

#### Monitoring Approach

- Ongoing Field Monitoring: Project staff will regularly visit the field to check on and verify the delivery of cash transfers (MPCA) and shelter rehabilitation activities. This will help ensure compliance with the planned schedule and quality standards.

- Post-Distribution Monitoring (PDM): After cash distributions, EPDC will conduct PDM exercises to evaluate beneficiary satisfaction, the use of assistance, and immediate impacts. Data will be gathered through structured interviews and surveys with beneficiaries.

#### Monitoring Tools

- Beneficiary Registration and Verification Lists: These will be maintained and updated regularly in partnership with local authorities to ensure accuracy and reduce duplication or exclusion.

- Feedback and Complaints Mechanism: We will set up channels such as hotlines, suggestion boxes, and community points for beneficiaries to report issues, provide feedback, or file complaints about the project.

- Data Collection Tools: We will use structured questionnaires, mobile data collection apps, and checklists for efficient and consistent data gathering during field monitoring and PDM.

- Power BI Dashboard Reporting: When applicable, data from monitoring activities will be combined and displayed through dashboards to support real-time tracking and decision-making.

#### Learning and Adaptation

- Community Engagement: EPDC will hold meetings with beneficiaries and community representatives during and after the project to discuss performance and collect suggestions for improvement.

- Lessons Learned Workshops: At the mid-point and completion stages, we will organize workshops with key stakeholders, including the implementation teams, local authorities, and partner organizations, to review achievements and challenges in detail.

- Documentation and Reporting: We will document lessons and effective practices in reports and share them widely to inform future efforts and improve our approaches.

**2. CHS Commitment 8. Does your organisation have a Code of Conduct? Have all staff and volunteers signed the Code of Conduct?** *We may ask you to submit copies of the signed Code of Conduct. You can use ACT Alliance's Code of Conduct if your organisation does not have one.*

EPDC is fully committed to ethical and accountable humanitarian practice. EPDC has a comprehensive Code of Conduct, which all staff and volunteers are required to read and sign before engaging in any project activities. This Code is aligned with the Core Humanitarian Standard (CHS), Sphere standards, and other international best practices. It covers key areas such as protection from sexual exploitation and abuse, anti-fraud and anti-corruption, child safeguarding, respect for diversity, impartiality, and non-discrimination.

EPDC is firmly committed to ethical, accountable, and inclusive humanitarian action, guided by the values of the Syriac Orthodox Church and international humanitarian standards, including the IASC principles and the UN Secretary-General's bulletin (ST/SGB/2003/13).

Signed copies of the Code of Conduct are securely kept in the personnel file, and EPDC is prepared to provide them upon request for verification. Any proven breach of this policy is not tolerated.

**3. How will you ensure you and all stakeholders will be accountable to the affected population. How will you share information. How will you collect and use feedback and complaints? CHS 4 and 5**

EPDC is dedicated to maintaining transparency, accountability, and active participation of affected communities throughout the emergency response project. The following methods will be used to support CHS Commitments 4 and 5:

### 1. Ensuring Accountability to the Affected Population

- Inclusive Community Engagement: From planning through implementation and after distribution, EPDC will actively involve affected communities. This includes marginalized and vulnerable groups like female-headed households, people with disabilities, and the elderly. Regular consultations will happen with community leaders, representatives, and civil society members to validate beneficiary lists, shape project design, and find any overlooked groups.

- Transparent Information Sharing: EPDC will provide clear, easy-to-understand, and timely information about project goals, eligibility criteria, assistance options, timelines, and how affected people can access help. Various channels will be used, such as community meetings, social media, and collaboration with local authorities and community contacts to ensure broad outreach.

### 2. Sharing Information

- Pre-Distribution Communication: Beneficiaries will be informed ahead of time about the timing, location, and procedures for receiving assistance, such as MPCA distributions or shelter repairs. They will also learn about eligibility requirements and their rights.

- Ongoing Updates: Regular updates on project progress, changes, and options for feedback will be shared through trusted local networks.

### 3. Collecting and Using Feedback and Complaints

- Establishment of Multiple Feedback Channels: EPDC will create a confidential and accessible feedback and complaints system suited to the local context, which may include:

- A dedicated hotline for questions, complaints, or suggestions.
- Suggestion and complaint boxes placed at distribution sites and community centers.
- Trained community contacts and project staff to receive and document feedback fairly.

- Accessible and Safe Mechanisms: All feedback channels will ensure confidentiality and anonymity if requested. They will also protect complainants from retaliation. Special care will be taken to ensure vulnerable groups can share their views.

- Timely Response and Follow-Up: EPDC will set up a formal process to review, investigate, and resolve complaints quickly. Feedback outcomes and actions taken will be shared with complainants and the wider community when suitable.

- Integration of Feedback into Project Adaptation: Monitoring and evaluation efforts, including Post-Distribution Monitoring (PDM), will include beneficiary feedback. Lessons learned will be used to adjust program activities on the fly, improve future efforts, and boost overall accountability.

Description		Type of Unit	No. of Units	Unit Cost	Budget	
				local currency	USD	USD
DIRECT COSTS						
1 PROJECT STAFF						
1.2.1.	Project Manager - MPCA (50%)	Person/ Month	5	750	3,750	3,750
1.2.2.	Project Manager - SHELTER (30%)	Person/ Month	5	450	2,250	2,250
1.2.3.	Project Officer (50%)	Person/ Month	5	250	1,250	1,250
1.2.4.	Project Officer (50%)	Person/ Month	5	250	1,250	1,250
1.2.4.	Shelter Team Leader(100%)	Person/ Month	5	400	2,000	2,000
1.2.5.	Shelter Team Leader(100%)	Person/ Month	5	400	2,000	2,000
1.2.6	MPCA Team Leader (100%)	Person/ Month	5	350	1,750	1,750
1.2.7	Meal Monitor(100%)	Person/ Month	5	300	1,500	1,500
1.2.8	Meal Monitor(100%)	Person/ Month	5	300	1,500	1,500
TOTAL PROJECT STAFF					17,250	17,250
2 PROJECT ACTIVITIES						
2.1.	Cash/Vouchers				76,500	76,500
2.1.1.	MPCA cash distribution (500 household-150\$)	Household	500	150	75,000	75,000
2.1.2.	MTA Fees	Household	500	3	1,500	1,500
2.8.	Shelter				37,000	37,000
2.9.1.	Shelter light rehabilitation includes (Based on the Needs of Each Center): maintenance or installation of windows and doors, internal partitions, kitchens and washing facilities, drinking water sources, sewage systems, electrical fixtures, toilets, lighting, plastering, painting, tiling, and ventilation	Collective centers	4	5,500	22,000	22,000
2.9.2.	Providing Shelter with necessary equipment includes (Based on the Needs of Each Center): Kitchen set, water tanks, plastic garbage cans, internal and external solar lightning, fans, battaries an NFIs items if needed	Collective centers	4	3,750	15,000	15,000
TOTAL PROJECT ACTIVITIES					113,500	113,500
3 PROJECT IMPLEMENTATION						
3.2	Capacity Development				9,901	9,901
3.2.1	Volunteers- No. 206 -unit cost 6\$	Volunteer/Month	4	1,236	4,944	4,944
3.2.2	Volunteer Transportation -duration 4	Trip/Month	4	1,239	4,957	4,957
TOTAL PROJECT IMPLEMENTATION					9,901	9,901
4 QUALITY AND ACCOUNTABILITY						
4.1	Audit fees	Lumpsum	1	2,000	2,000	2,000
4.2	CRM monitoring	Lumpsum	5	33	167	167
TOTAL QUALITY AND ACCOUNTABILITY					2,167	2,167
TOTAL DIRECT COST					142,818	142,818
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT						
	Finance Controller (25%)	Person/ Month	5	200	1,000	1,000
	Accountant (25%)	Person/ Month	5	125	625	625
	HR officer (25%)	Person/ Month	5	125	625	625
	Procurement Officer (25%)	Person/ Month	5	125	625	625
	Logistics Officer (25%)	Person/ Month	5	125	625	625
	Meal Officer (25%)	Person/ Month	5	125	625	625
	Communication And Media Officer (25%)	Person/ Month	5	125	625	625
	Staff salaries - Cost shared				4,750	4,750
	Office Utilities	Lumpsum	5	67	333	333
	Office stationery	Lumpsum	5	67	333	333
	Phone and internet charges	Lumpsum	5	133	666	666
	Bank fees - Bank transfer charges				-	-
	Office Operations				1,333	1,333
TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT					6,083	6,083
Percentage of Indirect Costs against Total Budget					4%	4%
Total Budget					148,901	148,901