**THE DANISH EMERGENCY RELIEF FUND**

**Guidance note & INTERVENTION application form – (EARLY ACTION)**

**Modality: COVID19 On watch countries**

Before submitting an application, please read the DERF Funding Guidelines and the COVID19 update to the guidelines. For a practical guide on how to navigate in the online application module please see: Guide++ How to apply.

**Interventions in On Watch Countries must focus on prevention and mitigation (early action) of health and non-health impacts of COVID19 on particularly vulnerable population groups.**

It is important that you read the UN COVID19 Global Humanitarian Response Plan (GHRP) from March 2020 and the update from May 2020. Both can be found at the UN OCHA website [www.unocha.org](http://www.unocha.org).

Your intervention must contribute to one or more of the 3 strategic priorities and the immediate objectives of the GHRDP:

1. Contain the spread of the COVID19 epidemic and decrease morbidity and mortality;
2. Decrease the deterioration of human assets and rights, social cohesion and livelihoods;
3. Protect, assist and advocate for refugees, internally displaced people, migrants and host communities particularly vulnerable to the pandemic.

In order to apply for funding through the Danish Emergency Relief Fund (DERF), the Danish CSO must be pre-qualified to apply for funding which means that the Danish CSO must have an approved Organisational Capacity Assessment (OCA) – or an OCA application must be submitted together with the intervention application. The OCA application format has not been changed and is found on the DERF homepage.

The intervention application must be submitted to CISU through the online application system which can be accessed [here](http://medlemsunivers.cisu.dk/Bruger/LogOn). In the online application system, you are asked to fill in some basic information about the proposed intervention such as title, dates, synthesis etc. **Please also ensure that the entered organisational data of the Danish CSO as well as the local partner(s) is up to date and the latest annual report and audited annual report uploaded**.

You are also requested to upload the following:

* **The intervention application text** (one Word document of max. 8 pages) see format further below
* **The budget for the intervention** using the budget format available at www.cisu.dk/derf. Please also see the Budget Guide available at [www.cisu.dk/derf](http://www.cisu.dk/derf).
* **A signed cover page** using the format available at [www.cisu.dk/derf](http://www.cisu.dk/derf)
* **Partnership policy,** this is only requested if your CSO has an existing partnership policy

The local partner(s) of the Danish CSO for the proposed intervention is/are also requested to fill in information about their organisation. Please see the Guide++ How to apply on how to register a partner for the intervention.

intervention APPLICATION FORM: COVID19 on watch countries

*Please delete the guiding comments marked in cursive before submitting the application but maintain the headlines and questions.*

Yes: reference no.: Financial ceiling:

No – if no, an OCA application must be submitted together with the intervention application.

Has your organization prequalified for DERF funding?

|  |  |
| --- | --- |
| **Do you plan to submit more than two applications under this call?** Applicants who intend to submit more than two applications in total for COVID19 funding under the currently open Calls, must submit all applications at the same time. | * **No** * **Yes. If yes, how many:** |

## The humanitarian intervention

*Describe within max 3 pages:*

**Alleviating the consequences of COVID-19: Supporting food security and psychosocial first aid in 4 regions of Guatemala** (San Cristobal Verapaz-Alta Verapaz, Tecpán-Chimaltenango, Cuilpa-Santa Rosa y ciudad de Guatemala)

* **What is the overall purpose, including the objectives, activities, expected results and indicators to be applied?**

**Overall purpose:**

Ensure comprehensive protection of target persons of the project, fostering conditions for facing the psycho-social & economic consequences resulting from the pandemic.

**Methodological Note:** Visits will be undertaken to each target region on a monthly basis, through COMMUNITY ENCOUNTERS. These can last up to two days to deliver food aid, nutrition and psychosocial first aid.

**Objective 1:** Ensure access to food and agricultural inputs for vulnerable target persons.

**Activities: 1.1** Censual determination of the social target base. **1.2** Creation of organizational conditions. **1.3** Fostering community consensus: decisions, regulations, criteria, schedules. **1.4** Implementation of comprehensive community encounters to ensure food, and agricultural inputs. **1.5** Evaluation and systematization (lessons learned).

**Results: 1.1.1** Sound and effective information on persons participating in the project is available. **1.2.1** Favourable technical, administrative and social conditions are achieved for the effective implementation of the project. **1.3.1** Community implementation and participation in the Project is ensured. **1.3.2** Regulations, criteria and overall schedule of the project are established through consensus. **1.4.1** Direct and effective food access is achieved. **1.5.1** Assessments are undertaken and lessons learned are identified, in a participatory manner.

**Indicators:** 1.1.1.1 Censual report (detailed, disaggregated). 1.2.1.1 Action Plan. 1.2.1.2 Action Protocol. 1.2.1.3 Administrative and financial documents. 1.3.1.1 Guidance document (with inter-institutional decisions and consensus). 1.4.1.1 Number of families with access to food. 1.4.1.2 Number of persons with agricultural inputs. 1.5.1.1 Evaluation and systematization report.

**Objective 2:** Psychosocial first aid for those worst hit by COVID19 in targeted communities including crises support and establishment of self-help groups.

**Activities: 2.1** Design of psychosocial first aid activities (with support of DIGNITY) **2.2** Implementation and follow-up of psychosocial first aid among those who are most vulnerable to COVID19 and support to self-help groups

**Results: 2.1.1** A programme for psychosocial first aid is designed, and logistics prepared for implementation. **2.2.1** Psychosocial first aid activities implemented according to IASC standards.

**Indicators: 2.1.1.1** Document of the support plan and programme. **2.2.1.1** Number of persons participating in psychosocial first aid **2.2.1.2** Number of persons participating in psychosocial first aid has become more mentally resilient as result of psychosocial first aid

* **How does your selected response consider the specific context within which you plan to implement an intervention? How does your selected response consider the strategic priorities and the immediate objectives of the COVID19 Global Humanitarian Response Plan (GHRP)? Is this intervention appropriate and relevant (CHS 1), effective and timely (CHS 2) and are the resources managed and used in an effective, efficient and ethical manner (CHS 9)?**

We propose a circular intervention for facing the effects of COVID19. It is necessary a starting point to ensure that humanitarian interventions are effective and pertinent so that when the assistance process ends, community will be better organized to/and more resilient to withstand future shocks. This intervention will be implemented in four areas of high socio-economic vulnerability, worsened by the circumstances of the COVID19 pandemic, and aimed at the following population groups: a) Poor indigenous women, single parents with children under 6 years of age, from the municipalities of Alta Verapaz and Tecpán, Chimaltenango. b) Poor *mestizo* women, single parents with children under 6 years of age, from Cuilapa and Guatemala City. c) Indigenous youths, unemployed and deprived of schooling, from the municipalities of Alta Verapaz and Tecpán, Chimaltenango. d) Indigenous youths, unemployed and deprived of schooling, from Cuilapa and Guatemala City. e) Senior citizens affected by the COVID19 pandemic, in the four target areas. f) Households with total family unemployment, in the four target areas. g) Persons with disabilities, in the four target areas.

We consider that it is a most urgent matter to assist poor indigenous women through the covid-19 crises since they make a living in the informal market (selling vegetables, *tortillas*, and small diners), markets which are completely closed at the moment. In addition, transportation is not available, so they cannot take or bring food or products, as well as the closing of several community roads. The pandemic has forced them to be shut up in spaces without access to food, so their lives, and the lives of their children, are affected. Youths included in this intervention are starting to evidence issues such as teenage pregnancies, unemployment and lack of access to schooling, vulnerability to be recruited by gangs, and drug trafficking. This poses a scenario of violence and high potential for conflict, worsened by the pandemic. Senior citizens, as well as persons with disabilities, are the most vulnerable, as well as the most neglected, which has become a concern for social entities in the country, which have formulated their first observations and reflections in this regard. This intervention will respond to the needs of food and psycho-social recuperation exacerbated by the pandemic and which could become the focal point for high potential for conflict, if not addressed in an urgent manner.

We can ascertain that this proposal considers Strategic Priority 2 of COVID19 GHRP, since it plans to ensure food consumption (affected and at high risk due to the pandemic), as well as to the fact that, due to its comprehensive vision (food security + psycho-social recovery), it expects that life conditions will not worsen and to enable the population to maintain socio-political advocacy in favour of their rights during the pandemic, but also in a future reality.

The element of “livelihoods” is included through the strategy of combining food provision with the provision of agricultural inputs (seeds for planning and/or seeds for production and economic exchange). These elements, together with an intervention strategy for the psycho-social recovery, are aimed, quite explicitly, to Strategic Priority 2 of the COVID19 GHRP, when it refers to “decrease the deterioration of human assets and rights, social cohesion and livelihoods.” The target population of this intervention is highly vulnerable, since their integrity is compromised because of the pandemic. Thus, the whole intervention is focused on fulfilling, mainly, two of the rights set forth in the Humanitarian Charter, contained in the Sphere Standards: The right to life with dignity and the right to receive humanitarian assistance. In addition, as a human rights organization, we assume this intervention based on the guidance and commitment to the Sphere Protection Principles.

We consider that this is an adequate and pertinent response (CHS1) since it responds to the dire need of people living in the areas targeted by the proposal, who are not being assisted in a timely manner.

*This includes describing;*

* + *How the anticipated crisis is mitigated and/or how potential protection risks of particularly vulnerable people will be reduced.*

The current food crisis provoked by the covid-19 crises will be mitigated by ensuring permanent access to food - by food distributions as well as help to boost agricultural output including food and cash crops (with cultural pertinence and based on identified needs). In addition, the project will create conditions for sustainability and resilience of the effects of the crises beyond the intervention period. This sustainability is insured with livelihoods initiatives (with initiatives linked to fertilizer and orchards, as well as use and production of seeds for commercial exchange) and community participation so that food aid reaches the population that needs it most. Potential risks will be reduced since community participation and implementation will be ensured throughout the intervention implementation process (as well as support, presence, and technical assistance to their local organization), and with inter-institutional coordination (public, private and social entities).

* + *How you will ensure that the target group have access to the assistance they need when they need it.*

The target groups of this intervention will have access not only to specific assistance, but also to the definition of the purpose, criteria, and schedules of said assistance, through its representatives. Moreover, previous information and established conditions will be available beforehand, both technically and socially, so that the design of the programme will enable permanent access. It is also important to highlight that CIPREVICA will establish mechanisms for direct communication, aimed at and focused on addressing the consequences of COVID19, through the presence of technical staff in the communities, as well as permanent liaison and coordination mechanisms with community structures in each of the four regions of the intervention.

* + *How you will ensure that resources are managed and used responsibly for their intended purpose.*

Resources will be used so that internal audit (community and institutional) as well as external audit of the resources are planned from the onset of the intervention (CHS 9). In other words, auditing and accountability are important elements of the intervention.

* **How you will start your activities within 7 days of the Danish CSO receiving the first transfer?**

Since there are relations and coordination already established in the four regions of this intervention, CIPREVICA will start implementing activities within seven days of receiving the first transfer as follows: a) Technical meetings (face-to-face and/or virtual) with community structures to formulate organizational conditions and fostering community consensus in regard to decisions, regulations, technical criteria, programming. b) Creation and validation of lists of persons included in the intervention. This includes full (and disaggregated) identification, conditions, family beneficiaries, ID numbers, and location. c) Administrative and logistic preparations: prices, contracts for inputs, hiring services, internal administrative organization, among others.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Planned target population** (direct target group only) | | | | | | | |
| Type of Activity | **Female** (by age) | | | **Male** (by age) | | | Total |
| Under  18 | Between  18-50 | Over  50 | Under  18 | Between  18-50 | Over  50 |  |
| Ensure access to food and agricultural inputs for target vulnerable persons. | 60 | 130 | 60 | 40 | 70 | 40 | 400(\*) |
| Psychosocial first aid for the most vulnerable to COVID19 and support establishment of self-help groups | 180 | 390 | 180 | 120 | 210 | 120 | 1,200 |
| Total: | 240 | 520 | 240 | 160 | 280 | 160 | 1,600 |
| Total adjusted for double counting\*: | 0 | 0 | 0 | 0 | 0 | 0 | 1,280 |
| Total vulnerable persons of the above | 240 | 520 | 240 | 160 | 280 | 160 | 1,600 |

\*correct the number if the same persons are listed in more than one activity. Each person can only be counted once.

* **How do you calculate the number of people who shall be assisted through the various activities?** *For example, if you target households, how many family members (male/female / below 18) do you count per household?*

The average number of family members in the four regions of intervention is 6. We will focus mainly in poor indigenous and *mestizo* women, single mothers with children under 6 years of age; indigenous and *mestizo* young men and women who are unemployed and deprived of schooling; senior citizens affected by the COVID19 pandemic; and persons with disabilities. (\*)The total of 400 households x 6 = 2,400. We have assigned an estimated value of US$ 17.00 worth of food for the 400 beneficiaries, in four times.

* **Which particularly vulnerable groups are you specifically targeting amongst the crisis affected population?** (*Note that you can include budget for additional vulnerability assessments as relevant in the application to DERF)? Please explain*

As previously mentioned, together with leaders and institutions working in the local communities, we will identify direct beneficiaries in each region. These persons will be those most affected by the COVID19 crisis, due to lack of employment and support from family members through remittances. These has affected their ability to pay rent, buy food, purchase medications, etc.

* **Source of goods: Briefly explain how you plan to source your goods and tick the boxes that apply.**
* **Internationally**
* **Regionally / neighbouring country**
* **In country / locally**
* **Does the intervention include cash-based programming?**
  + **Yes**
  + **No**

*If yes, please describe which type of cash-based programming*

* **Financial localization of the intervention** *Take the following two figures from your budget format:*

**% of DERF intervention funding which is spent by local or national partner CSOs, from the intervention budget: \_81\_ %**

**% Funding spent on activities & goods for crisis affected persons, from the intervention budget: \_66\_ %**

## The implementing organization

*Describe within max 2 pages:*

* **What is the capacity, experience and expertise of the proposed partner organisation(s) (CHS 8) undertaking the proposed intervention substantiating whether the Early Action can be delivered up to standard and to the needs of particularly vulnerable** **persons?**

*This includes describing:*

* *The partner organization(s) experience and expertise within the work-areas of the proposed intervention and their organisational and financial capacities*
* *The partner organization(s) access to the people at risk, including experiences with meeting the needs of particular vulnerable people* *and reflections on how access is secured in situations of COVID19 restrictions*

CIPREVICA is a human rights and violence prevention organization based in Central America that has the following features:

* For years, it has been building community and intersectoral relationships from which it has the expertise and experience to intervene in an emergency such as the one that occurred by COVID19.
* Administrative and technical staff have experience in dealing efficiently and transparently with an emergency intervention.
* CIPREVICA having experience with implementing and administration of larger programs (for DIGNITY Denmark, Swiss cooperation and others donors) on urban violence prevention and human rights education for larger vulnerable populations in several municipalities in Guatemala and Honduras.
* CIPREVICA's work has always implied the requirement to create intersectoral and community conditions for any strategy or initiative. In the face of the pandemic situation, this experience and previous relationships ensure efficiency in humanitarian intervention.
* CIPREVICA count on good relations and cooperation with networks leaders from many different sectors (municipality, CSO, education, young student groups, etc).
* The main strength for this intervention is the harmonious and constant coordination to maintain the community organizational expressions that will participate in this project.

This relationship includes the trust of the organizations in CIPREVICA for the coordination, implementation and administration of this intervention. These organizations are part of vulnerable communities, therefore, they directly represent the vulnerable population that will be served.

* + Direct, permanent and harmonious access to the population most affected by the COVID19 pandemic, in the four target geographic areas. This ensures presence of persons to assist the population and the intervention process itself, in a safe and efficient manner.
  + Technical and administrative staff that can undertake actions in an efficient manner.
  + Relations between the four partners are quite harmonious and based on previous experiences. Thus, fair and equitable work is ensured among assigned staff (CHS 8).
  + CIPREVICA’s financial and administrative expertise ensures efficiency and ethical practices in the use of resources (CHS 9).
  + Coordination between the four organizations, under CIPREVICA’s administration and technical coordination, as well as the links with public and private structures in the target areas, ensure a coordinated and complementary humanitarian response to other efforts (CHS6).
* **Is the Danish CSO proposing to self-implement?** 
  + **Yes.** If yes,

-how often have you been self-implementing with DERF grants in this country before: \_\_\_

* + **No**

*If the Danish CSO is proposing to* ***self-implement,*** *the following three additional criteria will be applied:*

* *Whether the Danish CSO is best placed for this specific intervention in this context*
* *Whether participation of local actors is enhanced through implementation*

*Whether the Danish CSO has access to target group.*

* **Partnership:** 
  + ***Kindly explain whether you have entered into a partnership agreement, the main features of this agreement(s) and whether this agreement(s) was developed with the local partner.***
  + **Describe the contributions, roles and areas of responsibilities of all partners (including the Danish CSO) within this intervention**

## Local strengthening

*Describe within max 1 page:*

* **How does the intervention strengthen local capacities and avoid negative effects (CHS 3)?**

The creation and/or strengthening community leadership is considered of the utmost importance as a strategy to address the consequences of the COVID19 pandemic, and for the future. Through collaboration, like joint implementation of food security activities (and monitoring of those), the targeted communities will through community volunteers be able to continue “no cost” agricultural activities after the end of this project. Moreover, throughout all the phases of the project, the intervention will be managed by a collective decision making body that will enable the participation and development of community leaders so that they “are empowered” and “take over” the actions aimed at the overall protection of the targeted communities. We must stress that the list of beneficiaries will be formulated by community leaders and representatives. That is, the seven population groups in the four target areas will be reached through these persons.

* **How are the local actors including the target group informed and involved (CHS 4)?**

Once the intervention is approved, a Steering Committee is created, which included community representatives. In a technical table, these representatives can intervene, propose and decide on actions to be implemented with the population. To the extent possible, activities will be undertaken in each target area (either face-to-face meetings or by other means available) to inform the population about the process, in all of its phases. That is, the main components for community engagement are: Coordination Council (comprising representatives of community organizations and structures); Steering Committee (persons from the region who are invited to provide suggestions or analysis); technical staff; informed social basis.

* **How have you applied a no regret approach ensuring that the intervention will be beneficial for the target group in the unexpected event that the anticipated crisis in the “on watch country” does not arise?**

There can be no regrets due to two main reasons: the food crisis, as a consequence of the pandemic, is already widespread, mainly in the selected areas and population. It is precisely due to this crisis that these persons have been selected. The other reason is that psycho-social recovery are elements that contribute to addressing historical crisis that prevail in the target areas. That is, actions will become elements for the prevention of any expression of conflict and violence.

## M&E, LEARNING AND ACCOUNTABILITY

*Describe within max 1,5 pages:*

* **How are risk management systems applied in the appropriate context?**

Risk management will be applied based on the Sphere regulations and criteria, but in accordance to the local learning and assimilation of these criteria and standards. This means that it is necessary and adequate that the application of systems is based on the principles of dialogue and consideration and cultural pertinence. Thus, a non-negotiable condition for the project is the permanent dialogue and coordination among representatives of the target population and local organizations. In addition, emphasis will be made on permanent information and feedback to ensure transparency and accountability. An imposition of the systems would be counter-productive and could damage or aggravate pre-existing critical conditions. Its pertinence is ensured since it will enable the creation of mechanisms for the target population to consider the different elements or characteristics of assistance. This means that emphasis will be placed on community participation for the definition of all the phases and actions of the intervention. The groups of persons will be determined through joint actions implemented by CIPREVICA with local and institutional community structures, as follows:

* In the municipalities of Alta Verapaz, the intervention will be implemented together with *ASOCIACIÓN DE AUTORIDADES ANCESTRALES INDÍGENAS CAMPESINAS, VÍCTIMAS DEL CONFLICTO ARMADO INTERNO* (AICAVCAI – for its name in Spanish) [Association of Ancestral Indigenous Authorities, Victims of the Internal Armed Conflict]
* In Cuilapa, the intervention will be implemented together with RED DE DERIVACIÓN [Referral Network] (comprising public and private entities of the municipality) and the Steering Committee (*Consejo Consultivo*), comprising persons from different sectors of the municipality).
* In Tecpán, the intervention will be implemented together with organized women’s groups and the Municipality.
* In Guatemala City, the intervention will be implemented jointly with *Asociación Cuarto Mundo* (which represents the most excluded and impoverished families in popular areas).
* Joint actions entail the identification of persons and households to be supported, as well as supporting lists with personal identification documents. Local leaders will be guarantors that there is no duplication of assistance and will ensure assistance reaches persons in true dire need.
* **How do the implementing partners apply monitoring, feedback and accountability systems (CHS 5), including a complaint mechanism that works in the specific** **context?** *Include here a description of how you monitor results (e.g. by formulating indicators), how you report back to the target population (feedback) and describe how you will receive, handle, and address complaints.*

Adapting to the context entails that resources, methodologies and protection strategies are culturally pertinent and translate into consultation and dialogue with the communities. The system to be applied is based on the previous definition of instruments for expression and systematization of criteria, sensations or thoughts, both from the participating teams and the target population. Thus, we must raise awareness and conviction among community structures, the persons who will receive the assistance and in participating public and private entities. In order to do this, together with local allies and community leaders, accountability and social audit actions will be undertaken (Activity 3.4 in the previously presented table).

Technical and specific meetings will be recorded and documented, and their substantial elements will be validated and shared, among institutions and with the base community. This needs to be based on full respect for the dynamics and nature of community structures and in the ways in which they face the reality resulting from the pandemic. Complaints will be registered as an instrument for analysis and decision making, and not for causing harm to the communities. Thus, it is important that this CHS 5 is linked to the intervention throughout the process to Core Humanitarian Standard 4, which stresses communication, participation and feedback among all sectors or participants in an intervention. CIPREVICA will create forms and other instruments that will enable feedback on any comments received. These critical expressions will be systematized in a document that will be discussed and analysed in technical meetings (among partner organizations, and with engaged public and private entities). They will seek answers to these complaints and these answers will also be systematized in documents that will later on be shared (through the organizations or community resources) with participating persons. Administrative audits will also be instruments for discussion and social and community audit.

* **How will learning and reflection be applied in terms of improving humanitarian action (CHS 7)?**

Every action, including complaints and its feedback, will be recorded for further systematization to enable learning and improvement of actions. CIPREVICA will share its experience in evaluation and systematization processes for the service of all participating organizations (this includes the use and application of a resource for specific learning on systematization, which has been already produced). Every lesson learned in the context of efforts to fight against COVID19 will also be used for the purposes of dialogue, reflection and discussions among organizations, but also with and for beneficiaries. The result of these dialogues could be a learning resource that could be shared with public and private entities in a larger context, including effects and advocacy with the Guatemalan population at large. Once again, it is important to highlight that this intervention is designed to be implemented in a participatory manner in all its phases (CHS 4); thus, it is very important to develop process evaluations and produce systematization documents that collect lessons learned.

## Coordination

*Describe within max 0,5 pages:*

* **Is the implementing organisation(s) involved in a coordination mechanism?**
  + **Yes**
  + **No**

*If yes, please describe which clusters and on which level*

This intervention will be implemented, at national level, under CIPREVICA’s coordination, but in alliance and national and local performance, of a Coordination Council, with the following organizations: *Asociación de Autoridades Ancestrales Indígenas Campesinas Víctimas del Conflicto Armado Interno* (AICAVCAI – for its name in Spanish). This organization will be responsible for coordination and local implementation in the municipalities of Alta Verapaz. A*sociación Cuarto Mundo*. This organization will be responsible for coordination and local implementation with target populations in Guatemala City. Referral Network, Steering Committee. These public-private structures will be responsible for guiding implementation of efforts in Cuilapa. CIPREVICA staff will be responsible for the implementation of the intervention. The Municipality of Tecpán, Chimaltenango will be responsible for coordination and local implementation in said municipality.

Together, these four organizations will comprise a Coordination Council, which will: a) Make decisions, b) Decide on and achieve agreements and criteria, c) Plan and schedule, d) Ensure local actions, e) Proposes evaluation and systematization processes, f) Foster dialogue on complaints or improvements that need to be made, g) Validate reports, audits and other technical or administrative actions.

* **How does the intervention contribute towards coordination and complementarity of humanitarian assistance (CHS 6)?**

*This includes cooperation and coordination with relevant stakeholders and coordination mechanisms to ensure that particularly vulnerable people at-risk of being affected by the anticipated crisis do not experience avoidable gaps and overlaps in the humanitarian assistance.*

This intervention values and prioritizes the expression and actions of persons who represent vulnerable populations in the face of COVID19. That is, even though vulnerable beneficiaries could express themselves through diverse mechanisms, their representatives in the Coordination Council will enable ensuring efficiency, social and cultural pertinence, as well as guaranteeing that humanitarian assistance in the face of COVID19 is addressed in an effective and adequate manner. In other words, we consider that, in order to ensure effective coordination and complementarity, it is fundamental to stress on Core Humanitarian Standards CHS 3, CHS 4, CHS 5, CHS 6, and CHS 7.