



THE NIGERIA HUMANITARIAN FUND

The Nigeria Humanitarian Fund¹ (NHF) was launched by the United Nations (UN) Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator during the *Oslo Humanitarian Conference on Nigeria and the Lake Chad Region*² on 24 February 2017.

The NHF is a Country-Based Pooled Fund³ (CBPF) that is managed⁴ by a Humanitarian Financing Unit (HFU) of the United Nations Office for the Coordination of Humanitarian Affairs⁵ (OCHA) based in Maiduguri, on behalf of the United Nations Resident and Humanitarian Coordinator (HC) for Nigeria. It has a vital role in ensuring an effective, coordinated, prioritized and principled humanitarian response in Nigeria.

The overall objectives guiding this and future NHF allocations, include:

- Support principled, prioritized life-saving assistance.
- Strengthen coordination and leadership through the function of the Humanitarian Coordinator and the sector coordination system, promoting synergies and multi-sectoral responses.
- Expand assistance to hard-to-reach areas through frontline responders and enabling activities.
- Leverage the Nigerian private sector in support of humanitarian response.

2nd RESERVE ALLOCATION 2018

On 04 May 2018, the UN Resident and Humanitarian Coordinator, supported by the NHF Advisory Board, requested the urgent launch of an NHF Reserve⁶ Allocation by following the '*emergency response window*'⁷ modality in order to address prioritized humanitarian needs of populations affected by the Cholera outbreak in Yobe State. This reserve allocation is aiming to address prioritized humanitarian needs in prioritized geographic locations where projects carried out by already present humanitarian organizations would need to be either discontinued or cannot be scaled up to address significantly increased humanitarian needs due to lack of monetary support.

The NHF is allocating a maximum total amount of **US\$ 2,000,000.00** (Two Million United States Dollars) to be allocated through a non-competitive process, subject to technical/financial review of all proposals by the NHF and the respective sector in order to ensure quality and compliance, prior to final endorsement of grant agreements by the UN Resident and Humanitarian Coordinator for Nigeria.

This allocation is supporting the most critical elements of the humanitarian operation envisaged by the 2018 HRP, is closely aligned to 2018 HRP strategic objectives and therefore responds to life-saving humanitarian needs in Nigeria. This allocation will contribute to the achievement of the following HRP objective:

HRP Strategic Objective 1: Provide life-saving emergency assistance to the most vulnerable people in conflict-affected areas ensuring that assistance is timely and appropriate and meets relevant technical standards.

¹ www.unocha.org/nhf

² <http://oslohumanitarianconference2017.org>

³ <https://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf>

⁴ In addition to the NHF, the HFU is managing Central Emergency Response Fund (CERF) grant allocations to Nigeria.

⁵ <http://www.unocha.org>

⁶ NHF Operational Manual: The 'Standard' Allocation is the usual process through which the majority of NHF funds are disbursed. Funding permitting, at least two standard allocation processes are conducted during a calendar year. The 'Reserve' Allocation is used for rapid disbursement of funds in the event of unforeseen emergencies. It provides funds to specific humanitarian situations that require a timely response and in addition to standard allocations.

⁷ NHF Operational Manual: Whenever a Reserve Allocation is activated under the 'emergency response window', only pre-selected and directly invited partners are eligible to apply for funding.

HUMANITARIAN CONTEXT

1. The humanitarian crisis in Nigeria's north-east, that has spilled over into the Lake Chad region, is one of the most severe in the world today, with 7.7 million people in need of humanitarian assistance in 2018 in the worst-affected states of Borno, Adamawa and Yobe (BAY), and 6.1 million targeted for humanitarian assistance⁸. This represents a drop compared to 2017 when 8.5 million people were estimated to be in need of assistance, and 6.9 million targeted.
2. Today nearly 1.69 million people are internally displaced in the BAY states and this figure has not significantly changed since October 2016, although close to 100,000 people are estimated to have newly arrived in various locations since end October 2017¹⁰ as a result of physical insecurity. Eighty per cent of IDPs are in Borno State, the epicenter of the crisis, and over half are living outside IDP camps in local communities, making it harder for humanitarian actors to provide them with assistance and putting additional pressure on the already stretched resources of host communities. Freedom of movement of all IDPs and refugee returnees is limited by continued security threats in the immediate surroundings of areas such as Banki, Pulka, Bama, Gwoza, Ngala and Damasak, hampering the ability of affected populations to access critical services, livelihoods and safety.
3. Humanitarian access is often impeded or restricted as a result of ongoing hostilities, IEDs and unexploded ordnance, and impassable roads and bridges. Some 930,000 people¹¹ are estimated to be in areas that are inaccessible to humanitarian organisations, which means that humanitarian actors cannot independently and impartially assess their needs or provide them with aid. The dry season has allowed for better physical access in some areas, but ongoing hostilities are continuing to hamper access in other areas.
4. A highly vulnerable population, consisting largely of children (60 per cent), is at high risk of disease outbreaks as routine vaccinations in many areas have been interrupted for several years, e.g. for polio and measles. Two thirds of the health facilities in the BAY states have been damaged by the conflict. The continuous influx of returnees and the overcrowding of camps continue to increase the risk of outbreaks including cholera, hepatitis E, meningitis and measles. The cholera outbreak in north-east Nigeria last year triggered 5,300 cases and 61 deaths.
5. Cholera is usually transmitted through fecal contaminated water or food and is a diarrheal disease caused by infection of the intestine. New outbreaks can occur sporadically where water supply, sanitation, food safety, and hygiene are inadequate. The greatest risk occurs in over-populated communities, refugee settings and IDP camps characterized by poor sanitation, unsafe drinking-water, and increased person-to-person transmission. Because the incubation period is very short (2 hours to 5 days), the number of cases can rise fast.
6. About 20% of those who are infected develop acute, watery diarrhea. 10–20% of these individuals develop severe watery diarrhea with vomiting. If these patients are not promptly and adequately treated, the loss of large amounts of fluid and salts can lead to severe dehydration and death within hours. The case-fatality rate in untreated cases may reach 30–50%. Treatment, if applied appropriately, can keep the case-fatality rate below 1%.
7. On 6th April 2018, the State Ministry of Health declared a cholera outbreak affecting Bade, Yusufari, Karasuwa Bursari and Jakusko LGAs in Yobe State. To date, there have been 395 cases out of which 15 deaths have been recorded (CFR: 3.8%). A number of interventions have been introduced by the Ministry of Health, WHO and health partners to address the current outbreak. Despite the ongoing efforts, available resources are not adequate to contain the epidemic and possible future epidemics which may arise as a result of the coming rainy season.

⁸ 2018 Humanitarian Response Plan

⁹ IOM Displacement Tracking Matrix, February 2018

¹⁰ Nigeria Emergency Tracking Tool reports, IOM Displacement Tracking Matrix

¹¹ 2018 Humanitarian Response Plan

Table: Cholera cases and deaths by LGA as of 28th April 2018

	Bade	Yusufari	Bursari	Karasuwa	Jakusko	TOTAL
Cases						
New suspected cholera cases	0	0	0	0	0	0
Cumulative suspected cholera cases	370	3	2	16	4	395
Deaths						
New deaths	0	0	0	0	0	0
Cumulative deaths	15	0	0	0	0	15
Laboratory						
Number of specimen tested (RDT)	19	0	0	0	0	19
Specimen Positive RDT	14	0	0	0	0	14
Number of samples cultured	30	0	0	0	0	30
Specimen Positive Culture	18	0	0	0	0	18

ALLOCATION CATEGORIES

The UN Resident and Humanitarian Coordinator, supported by the NHF Advisory Board, is hereby calling on eligible, pre-selected, and individually invited partners to submit funding proposals under the following two (2) allocation categories:

Category 1 | Yobe State | Health | Cholera Emergency Response

Invited Sectors and NHF Partner(s):

Health Sector Response Partner(s):	World Health Organization (WHO)
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Key needs/gaps to be addressed by the partner(s):
<ul style="list-style-type: none"> • Technical capacity for surveillance and information management supported by a network of surveillance staff, • Laboratory capacity and commodities to support diagnosis/confirmation of cases, • Financial resources to support general operations & Government of Nigeria staff, logistics and stipend for network of volunteers, • Professional staff in public health facilities to support prompt treatment of cases in all parts of Yobe state.

Activity types and geographic locations that will be considered for NHF funding:

Sector priority activities	Location	Estimated number of beneficiaries	NHF Partner(s)
<u>Objective 1:</u> Early detection and confirmation of cholera cases, enabling rapid response	Bade, Yusufari, Bursari & Karasuwa LGAs	1,037,280	WHO
<u>Objective 2:</u> Prompt management of identified cholera cases in order to reduce morbidity	Bade, Yusufari, Bursari & Karasuwa LGAs		WHO
<u>Objective 3:</u> Increase awareness in affected communities, resulting in adapted behavioral practices	Bade, Yusufari, Bursari & Karasuwa LGAs		WHO
<u>Objective 4:</u> Strengthen multi-sectoral coordination required to respond to the outbreak	Bade, Yusufari, Bursari & Karasuwa LGAs		WHO

Objective 5: Operations, Logistics and HR support. (surveillance officers, data managers, GIS specialists, and public health officers)	Bade, Yusufari, Bursari & Karasuwa LGAs		WHO
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Category 2 | Yobe State | WASH | Cholera Emergency Response

Invited Sectors and NHF Partner(s):

WASH Sector Response Partner(s):	United Nations Children's Fund (UNICEF) Action Against Hunger (AAH/ACF)
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Key needs/gaps to be addressed by the partner(s):

- Improve water quality through batch-chlorination of water sources, distribution of Aquatab® tablets to households using non-improved water sources, and water quality monitoring through measurement of free chlorine residua incl. implementation of water safety plans,
- Improve water quantity through rehabilitation and upgrade of water sources, including motorized and solar-powered boreholes, extension of reticulation, boreholes equipped with hand pumps, as well as drilling of additional boreholes,
- House-to-House hygiene promotion/sensitization on cholera, public information on cholera, respective education of community leaders and school teachers, distribution of hygiene and/or tailored cholera kits,
- Collection and appropriate disposal of household waste, evacuation of blocked drainages to avoid wastewater stagnation and overflowing, construction and rehabilitation of latrines in communities, public places, health care facilities and schools,
- Capacity building of local government and community structures on prevention, preparedness and response.

Activity types and geographic locations that will be considered for NHF funding:

Sector priority activities	Location	Estimated number of beneficiaries	NHF Partner(s)
Objective 1: Co-ordination, convergence and partnerships	Bade, Yusufari, Bursari & Karasuwa LGAs	400,000	UNICEF
Objective 2: Access to safe water	Bade, Yusufari, Bursari & Karasuwa LGAs	1,637,080	UNICEF
	Bade	37,050	AAH/ACF
Objective 3: Access to Sanitation	Bade, Yusufari, Bursari & Karasuwa LGAs	273,000	UNICEF
	Bade	53,237	AAH/ACF
Objective 4: Community mobilization and sensitization	Bade, Yusufari, Bursari & Karasuwa LGAs	265,000	UNICEF
	Bade	97,822	AAH/ACF
Objective 5: Capacity Building of Government and community structures on prevention, preparedness and response	Bade, Yusufari, Bursari & Karasuwa LGAs	1,500	UNICEF
	Bade	70	AAH/ACF
Objective 6: Monitoring and Tracking	Bade, Yusufari, Bursari & Karasuwa LGAs	6,000	UNICEF

ALLOCATION RULES | Applicable To All Allocation Categories

In compliance with OCHAs global guidelines¹² for Country-based Pooled Funds and the NHF Operational Manual 2018¹³, the following rules and conditions apply:

¹² <https://www.unocha.org/legacy/what-we-do/humanitarian-financing/cbpf-global-guidelines>

¹³ Available online at www.unocha.org/nhf

- Fund Administration provided by OCHA.
Cost: 2% of all funds allocated as direct costs to projects.
- Fund Auditing conducted through contracted provider.
Cost: 2% of all funds allocated to projects implemented by local, national and international NGOs. UN agencies are not required to make separate provision for NHF audits since such is covered by their respective corporate budgets.
- NGOs (local/national and international) and Red Cross/Crescent Organizations are required to pass the NHF eligibility process¹⁴ and Grant Management System¹⁵ (GMS) registration before being approved to submit proposals in the GMS.
- The Grant Management System will be used to administer all aspects of this allocation.
- Contingency budget lines are not permitted.
- Partners are requested to submit integrated proposals for projects that take place in the same geographic location, provided the proposal does not exceed operational modalities / risk level threshold of the partner per individual grant agreement.
- Partners are requested to substantiate their proposals by providing information regarding their current project(s) being implemented in the target locations, and to confirm that no funding sources other than the NHF are available to either ensure continuation, scaling up, and implementation of the proposed activities.
- For the purpose of this Reserve Allocation, partners have been pre-selected on basis of consultations with the respective sectors and on criteria that enable an immediate response:
 - a) Prioritized activities that are carried out / continued by already present humanitarian organizations;
 - b) Projects that would need to be either discontinued or cannot be scaled up as required to address significantly increased humanitarian needs due to a lack of monetary support.
- Only pre-selected partners for this specific allocation will receive a formal invitation by the NHF to submit their proposal(s) in the GMS.
- The maximum project implementation and grant agreement length is six (6) months.

ALLOCATION PROCESS

1. Sector Co-Leads are required to ensure the following parameters¹⁶ during the preparation/submission of invited partner projects/proposals:
 - Projects meet the HRP strategy;
 - Projects meet the respective sector strategy;
 - Projects are allocated correctly to and supported by the respective sector, preventing duplication of activities across sectors/projects/proposals;
 - Projects meet the NHF allocation priorities for this allocation;
 - Project proposals need to include the Gender with Age Marker (GAM) and indicate the resulting code¹⁷;
 - Projects include gender-based violence components (mainstreaming) wherever possible;
 - Projects include local/national partner capacity (building) wherever possible;
 - Projects pursue multi-sectoral approaches and collective outcomes;
 - Projects demonstrate best value for money:
 - Partners that have other donors for similar activities are required to demonstrate how any new funding will be complementary and not duplicative;
 - Partners are required to indicate the amounts and sources of any co-funding of proposals;
 - Proposals demonstrate cost effectiveness: a) for comparable activities and outputs, the total cost is less; b) the cost per beneficiary ratio is reasonable; c) the level of support costs is reasonable and in line with accepted levels for a given type of activity; d) the proposed period of implementation is adequate and represents best use of resources at/for that time.
 - Whenever possible, and in order to limit overheads and administrative costs, implementing partners should not enter into subcontracting agreements. However, partnerships with

¹⁴ CBPF Global Guidelines, Annex 10, <https://www.unocha.org/legacy/what-we-do/humanitarian-financing/cbpf-global-guidelines>

¹⁵ OCHA, Grant Management System, <https://cbpf.unocha.org/>

¹⁶ Included in the Balanced Scorecard used by Strategic Review Committees (SRC) at sector level

¹⁷ Monitoring results will be shared with the relevant sector

local/national NGOs are encouraged, provided that the local/national NGO partner has not failed and yet to pass the NHF eligibility process. Whenever, such partnerships are proposed, a maximum rate of 10% of the total budget being sub-granted to the local/national partner may be allocated to direct capacity building activities for the local/national NGO partner, such as management support, professional building training and mentoring.

- Programme Support Costs of sub-implementing partners associated to the implementation of a specific project must be covered by the overall maximum 7 per cent of the actual project expenditures.
2. Sectors may develop additional prioritisation criteria based on programmatic specificities and best practices, considering the general categories described below:

Strategic relevance	Alignment with HRP Strategic Objectives. Alignment with Sector Objectives. Alignment with priorities of this allocation.
Program relevance	Based on in-depth and up to date needs analysis. Links objectives with activities, outputs and outcomes. Covers hard to reach and under-served areas.
Cost effectiveness	Proposals demonstrating stronger cost effectiveness and cost per beneficiary ratio. Proposals demonstrating the lowest cost compared with activities and outputs. Proposals demonstrating reasonable support costs. The proposed project duration represents best use of resources.
Management and monitoring	Demonstrable field based assessment and post distribution monitoring mechanisms in place. Feedback and complaints mechanisms in place. Indicators aligned with standard sector output indicators.
Engagement with coordination	Partner engages in sector and other relevant coordination meetings. Partner shares information and engages with coordination mechanisms. Partner engages and coordinates with government authorities and structures.

3. Further information about the NHF is available at www.unocha.org/nhf
4. Correspondence to the NHF should be sent by email to ocha-nhf@un.org
5. Feedback and complaints regarding the NHF and the Humanitarian Financing Unit (HFU) should be sent to ocha-nga_hfucomplaints@un.org The OCHA Head of Office (Custodian of the NHF) will receive, address and refer any critical issues to the UN Resident and Humanitarian Coordinator for decision-making.
6. The Grant Management System (GMS) Portal is available at <https://cbpf.unocha.org/>
7. Information about previous NHF allocations is available on the CBPF Business Intelligence Portal at <https://gms.unocha.org/content/cbpf-contributions>
8. Allocation Timeline. See page 7 of this document.
9. Map, Nigeria – Northeast States. See page 8 of this document.

Allocation Timeline | 2nd Reserve Allocation 2018

Date	Responsible	Activity
Until 30 April 2018	ISWG, ISWG Coordination Sector Co-Leads Partners	Sector / Partner Consultation Process NHF and OCHA Coordination Units consult with sectors, through the ISWG, identifying needs, key gaps and potential partners.
Until 01 May 2018	Sectors Partners ISWG Coordination NHF	Consolidation of Sector Priorities and Funding Requirements Sector Co-leads, ISWG Coordinator and NHF consolidate recommendations for locations, activities, partners and funding requirements.
02 May	NHF	NHF develops Draft Reserve Allocation Strategy Paper and prepares the GMS
03 May	NHF OCHA HQ/FCS	Technical validation of Draft Reserve Allocation Strategy Paper NHF provides draft Allocation Paper to FCS. NHF incorporates FCS inputs.
04 May	NHF HC/AB	HC/AB validation of Draft Allocation Paper AB and HC validate the draft NHF Allocation Paper. NHF incorporates final HC/AB inputs.
05 May	NHF	Release of Final Allocation Paper to Sectors and Partners NHF circulates the final Allocation Paper to Sector Co-Leads. NHF sends invitations to pre-selected partners inviting them to submit proposals as per Sector recommendations.
05 – 07 May	Sector Co-Leads NHF	Strategic Review Committees (SRC) and Technical Review Committees (TRC) at Sector Level Sectors form SRCs and jointly develop the Balanced Scorecard. Sectors form TRCs.
05 – 08 May	Partners	Invited pre-selected partners submit proposals Pre-selected eligible partners submit project proposals in the GMS.
09 - 11 May	SRCs, TRCs, Sector Co-Leads, NHF, Partners	Strategic review SRCs review and score project proposals in GMS. Technical review TRCs, Sector Co-Leads and NHF jointly review proposals, provide feedback to implementing partners, ensure that proposals comply with the NHF Operational Manual and CBPF Global Guidelines. Finalization of proposals Partners revise the proposals as requested. Minutes of the review process Sector Co-Leads submit minutes of SRC and TRC meetings to NHF.
11 - 14 May	OCHA HQ/FCS NHF Partners	Budget Review FCS / NHF provides feedback to implementing partners. Partners revise proposals/budgets if needed. OCHA HQ/FCS clears budgets in GMS. NHF prepares Grant Agreements.
14 May onwards	HC NHF Partners OCHA/HQ EO	Approval by HC and Grant Agreements HC and Partners sign Grant Agreement. NHF submits Grant Agreements to OCHA HQ for approval by the Executive Officer.
15 May onwards	OCHA/HQ	Grant Agreement and disbursement of funds Following signature disbursement of grants take place within 1 - 10 days.

Nigeria – Northeast States

