THE NIGERIA HUMANITARIAN FUND

The Nigeria Humanitarian Fund (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 on 24 February 2017.

The NHF is one of 18 Country Based Pool Funds (CBPF) and is managed by a Humanitarian Financing Unit (HFU) of the United Nations Office for the Coordination of Humanitarian Affairs (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.

4th RESERVE ALLOCATION 2018

On 19 June 2018, the UN Resident and Humanitarian Coordinator, supported by the NHF Advisory Board, requested the urgent launch of an NHF Reserve Allocation following the ‘emergency response window’ modality in order to address prioritized humanitarian needs of populations who are at high risk of displacement due to extended military operations and whose vulnerabilities are exacerbated during the rainy season (June – September). Additionally, in order to ensure the continuation of life-saving health services along the Monguno axis, funding interventions are recommended for a 3-month gap filling with a health partner.

The NHF is disbursing a maximum total amount of US$ 6,000,000.00 (Six 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.
HUMANITARIAN CONTEXT

1. The 2018 HRP established that an estimated 7.7 million women, men, girls and boys are in acute need of protection and assistance. While the humanitarian community continues to provide life-saving assistance, it is expected that large scale displacement will occur in the coming months related to the unanticipated military operation ‘Last Hold’ that will coincide with the rainy season. Without this allocation, the ability of humanitarian partners to provide new and scale-up existing life-saving services to new arrivals will not be possible and existing programs won’t be able to provide the needed support. An already fragile humanitarian situation will become further exacerbated.

2. Since military operations began in October 2017, the trend of new arrivals coming to accessible locations across Borno State has increased significantly, and at an alarming rate that has overwhelmed the capacity of humanitarian agencies. From late November 2017 to April 2018, there has been an estimated 130,000 newly arrived individuals across Borno State and northern Adamawa State for reasons including heightened insecurity and military operations, with a weekly average of 4,500 individuals who are largely coming to LGA Headquarters from areas considered hard-to-reach. Prior to November 2017, the weekly average of new arrivals was 1,400. Displacement is likely to further increase into August, as a result of evolving conflict dynamics, including the unanticipated military operation ‘Last Hold’, as well as other various environmental/seasonal dynamics. ‘Last Hold’ is a joint military operation between the Multi-National Joint Task Force (MNJTF) and the Nigerian Armed Forces and is slated to last for four months. Typically, military operations in north-east Nigeria largely cease during the rainy season, resulting in a deceleration of displacement. While the 2018 HRP takes into account about 930,000 individuals in hard-to-reach areas, this unanticipated military operation and subsequent large-scale movements of population over the rainy season were not expected and humanitarian partners require additional resources to prepare and respond adequately.

3. Initial planning and discussions on the potential influxes took place with the Nigerian military leadership through the OCHA Civil-Military Coordination Unit, the Inter-Sector Working Group and OCHA Information Management Unit. Based on these and an analysis of hard-to-reach population data, locations that are expected to experience high levels of displacement are Damasak (Mobbar LGA), Baga (Kukawa LGA), Monguno (Monguno LGA), Ngala/Gamboru (Ngala LGA), Rann (Kala/Bulge LGA), Dikwa (Dikwa LGA) and Banki (Bama LGA). Large-scale displacement is also expected to continue in Pulka and Gwoza (Gwoza LGA). It is estimated that 115,000 persons from hard-to-reach areas are at risk of displacement in Borno State as a result of extended military operations through the rainy season.

4. While it is difficult to anticipate the exact humanitarian needs resulting from active armed conflict and new arrivals from hard-to-reach areas, the past seven months demonstrated that emergency health, food security, nutrition, shelter, NFIs, water, sanitation and hygiene (WASH) and protection assistance are urgently required immediately upon arrival. These new arrivals are often fleeing conflict and insecurity and, as a result, are in poor health conditions, including gunshot wounds and other related injuries and illnesses. Many are forced to leave all their possessions behind as they flee and reported that their livelihoods have been destroyed. Further, while the lack of humanitarian access in hard-to-reach areas makes it challenging to provide a highly detailed assessment of humanitarian needs, proxy indicators suggest that the situation is precarious in these locations. UNICEF’s mid-upper arm circumference (MUAC) nutrition screenings conducted on more than 4,000 newly arrived children in five locations in Borno State, found that 6 per cent (264 children) suffer from severe acute malnutrition (SAM), while 20 per cent (842 children) were suffering from moderate acute malnutrition (MAM). In comparison, malnutrition rates among the 370,000 children screened by the Nutrition sector in March 2018, stood at 1 per cent SAM and 9 per cent MAM. Without urgent provision of emergency shelters, vulnerable groups, including thousands of new arrivals, women and children will be forced to sleep in dire conditions, out

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8 The Reserve Allocation includes life-saving WASH and Health activities that aim to mitigate disease outbreaks, including cholera. The WASH activities aim to strengthen the overall hygiene and sanitation situation in high risk areas where there in more congestion with the ongoing influx of new arrivals. The Health activities as well aim to mitigate disease outbreaks, including cholera, through better preparedness, prevention and response.

9 MUAC screening provides only a proxy indicator on the nutritional situation, and does not constitute a scientific survey based on standard assessment methods.

10 Carried out between October 2017 and April 2018.

11 UNICEF’s rapid nutrition screening data is still undergoing review by the nutrition sector’s data validation sub-group, and is subject to change before official publication.
in the open and without protection. Vulnerabilities of displaced populations are expected to increase if camps and sites are flooded and/or destruction of shelters and NFIs takes place. It is expected that water-borne diseases such as Cholera, and Malaria and Hepatitis E will result in increased mortality rates. The ability of mobile health teams to access vulnerable groups to deliver life-saving services is expected to be hindered. Insufficient access to safe water for vulnerable groups including thousands of new arrivals, women and children, as well as a further deterioration of the hygiene and sanitation situation is expected. With an increase of protection risks and restricted freedom of movement, vulnerable groups have limited access to critical protection programming including FTR activities, GBV and psycho-social services.

**Displacement trend and timeline (Jan 2017 – May 2018)**

![Displacement trend and timeline](image)

**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 four (4) allocation categories:

**Category 1 | Health | Dikwa, Pulka, Ngala, Monguno | Not exceeding a total amount of US $1,900,000.00**

Invited Sectors and NHF Partner(s):

**Health Sector | Response Partner(s):** WHO, INTERSOS, UNICEF, UNFPA

**Key needs/gaps to be addressed by the partner(s):**

- Malaria prevention – Seasonal Malaria Chemoprophylaxis (SMC) in high-risk areas.
- Continuation of emergency health services in areas along Monguno axis to avoid disruption and gaps in primary health services delivery.
- Scaling up sexual and reproductive health services in new displacement areas.
- Scaling up primary health services, supporting overburdened health facilities in LGAs receiving new arrivals.

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

<table>
<thead>
<tr>
<th>Sector priority activities</th>
<th>Location</th>
<th>Estimated number of beneficiaries</th>
<th>NHF Partner(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of seasonal Malaria Chemoprophylaxis (SMC) campaign for prevention and control of Malaria.</td>
<td>Dikwa, Pulka, Ngala, Monguno</td>
<td>171,215</td>
<td>WHO</td>
</tr>
</tbody>
</table>
Continuation of emergency health services in areas along Monguno axis to avoid disruption of the health services, incl. upgrade of Dikwa health facility. | Monguno Axis (Magumeri, Gajigana and Dikwa (Bulubulin-Fulatari area)) | 15,000 | INTERSOS

Scaling up primary health services to support overburdened facilities in communities hosting new arrivals. | Dikwa, Pulka, Ngala, Monguno | 160,090 | UNICEF

Provision of reproductive health kits and lifesaving medication. | Dikwa, Pulka, Ngala, Monguno | 38,500 | UNFPA

Provision of Integrated SRH Services through targeted Outreach Services | Dikwa, Pulka, Ngala, Monguno | 38,500 | UNFPA

Provision of integrated adolescent sexual and reproductive health services including referrals. | Pulka | 16,500 | UNFPA

Provision of training to Health Care Workers in basic/comprehensive EMONC | Monguno, Pulka | 30 | UNFPA

| Category 2 | Water Sanitation and Hygiene | Pulka, Dikwa, Ngala, Monguno | Not exceeding a total amount of US $1,500,000.00 |

Invited Sectors and NHF Partner(s):

**WASH Sector | Response Partner(s):**

NRC, IOM, UNICEF, SI, CAID

**Key needs/gaps to be addressed by the partner(s):**

- Additional arrivals in the target locations vastly exceed the capacity of existing WASH facilities.

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

<table>
<thead>
<tr>
<th>Sector priority activities</th>
<th>Location</th>
<th>Estimated number of beneficiaries</th>
<th>NHF Partner(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of access to temporary safe water facilities and services</td>
<td>Pulka, Dikwa, Monguno, Ngala</td>
<td>41,000</td>
<td>UNICEF, IOM, SI, NRC, CAID</td>
</tr>
<tr>
<td>Provision of safe water facilities and services as per sector’s standard through construction and rehabilitation of water systems</td>
<td>Ngala, Dikwa, Monguno, Pulka</td>
<td>47,000</td>
<td>UNICEF, IOM, SI, NRC, CAID</td>
</tr>
<tr>
<td>Provision of safe water through sustained operations and maintenance (boreholes, pumps, solar panels, overhead tanks, taps, chlorination including monitoring of free residual chlorine)</td>
<td>Ngala, Dikwa, Monguno, Pulka</td>
<td>65,294</td>
<td>UNICEF, IOM, SI, NRC, CAID</td>
</tr>
<tr>
<td>Provision of gender-segregated sanitation facilities and services (latrines, showers, handwashing stations)</td>
<td>Ngala, Dikwa, Monguno, Pulka</td>
<td>65,294</td>
<td>UNICEF, IOM, SI, NRC, CAID</td>
</tr>
<tr>
<td>Provision of sustained environmental sanitation services for IDPs (solid waste management)</td>
<td>Ngala, Dikwa, Monguno, Pulka</td>
<td>65,294</td>
<td>UNICEF, IOM, SI, NRC, CAID</td>
</tr>
<tr>
<td>Provision of household latrines to IDPs and host communities</td>
<td>Ngala, Dikwa, Monguno, Pulka</td>
<td>65,294</td>
<td>UNICEF, IOM, SI, NRC, CAID</td>
</tr>
<tr>
<td>IDPs in camps and host communities benefit from community-tailored</td>
<td>Ngala, Dikwa, Monguno, Pulka</td>
<td>65,294</td>
<td>UNICEF, IOM, SI, NRC, CAID</td>
</tr>
</tbody>
</table>
hygiene messaging campaigns on improving hygiene practices | | | |
---|---|---|---|
| Provision of basic hygiene items, including top-ups to IDPs in camps and in host communities receive | Ngala, Dikwa, Monguno, Pulka | 65,294 | UNICEF, IOM, SI, NRC, CAID |
| Health, nutrition centers and schools provided with adequate WASH facilities and services | Ngala, Dikwa, Monguno, Pulka | 65,294 | UNICEF, IOM, SI, NRC, CAID |
| Children admitted for SAM treatment receive required WASH NFI. | Ngala, Dikwa, Monguno, Pulka | 65,294 | UNICEF, IOM, SI, NRC, CAID |

### Category 3 | CCCM/SHELTER AND NFI SECTOR | Pulka, Dikwa, Ngala, Monguno | Not exceeding a total amount of US $1,800,000.00

Invited Sectors and NHF Partner(s):

<table>
<thead>
<tr>
<th>CCCM Sector</th>
<th>Response Partner(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>INTERSOS, NRC, IOM, UNHCR</td>
</tr>
</tbody>
</table>

Key needs/gaps to be addressed by the partner(s):

- Reception infrastructures in target locations require management support.
- Vast numbers of new arrivals either share living spaces or are left entirely without shelter

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

<table>
<thead>
<tr>
<th>Sector priority activities</th>
<th>Location</th>
<th>Estimated number of beneficiaries</th>
<th>NHF Partner(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reception management including coordination, site facilitation</td>
<td>Monguno, Dikwa, Ngala, Pulka</td>
<td>40,000</td>
<td>INTERSOS, IOM</td>
</tr>
<tr>
<td>Expansion of the reception centre</td>
<td>Ngala</td>
<td>500</td>
<td>INTERSOS</td>
</tr>
<tr>
<td>Provision of 500 Emergency Shelter (in wooden frame cover, tarpaulin and mouldable)</td>
<td>Monguno, Dikwa, Ngala, Pulka</td>
<td>10,000</td>
<td>INTERSOS, IOM, UNHCR</td>
</tr>
<tr>
<td>Provision of 500 Emergency shelter repair kits (tarpaulins, hardware and wood elements)</td>
<td>Dikwa and Pulka</td>
<td>5,000</td>
<td>NRC, IOM</td>
</tr>
<tr>
<td>Provision of 500 NFI kits with life-saving items</td>
<td>Dikwa, Ngala, Pulka</td>
<td>7,500</td>
<td>NRC, UNHCR, IOM</td>
</tr>
<tr>
<td>Provision of 500 transitional shelter kits (rebuilding homes that sustained major damage, incl. community engagement with new arrivals)</td>
<td>Ngala, Pulka</td>
<td>5,000</td>
<td>UNHCR, IOM</td>
</tr>
</tbody>
</table>

### Category 4 | PROTECTION SECTOR | Pulka, Dikwa, Ngala, Monguno | Not exceeding a total amount of US $800,000.00

Invited Sectors and NHF Partner(s):

<table>
<thead>
<tr>
<th>Protection Sector</th>
<th>Response Partner(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNHCR, UNICEF</td>
</tr>
</tbody>
</table>

Key needs/gaps to be addressed by the partner(s):

- Delivery of protection services and assistance to IDPs in target locations is very limited and requires urgent scale-up.
Activity types and geographic locations that will be considered for NHF funding:

<table>
<thead>
<tr>
<th>Sector priority activities</th>
<th>Location</th>
<th>Estimated number of beneficiaries</th>
<th>NHF Partner(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of protection monitoring</td>
<td>Pulka, Monguno</td>
<td>6,000 HH</td>
<td>UNHCR</td>
</tr>
<tr>
<td>Provision of protection-based material assistance (complete NFI package, charcoal and cooking stove)</td>
<td>Pulka, Monguno, Ngala</td>
<td>3,770 HH</td>
<td>UNHCR</td>
</tr>
<tr>
<td>Provision of psychological First Aid, Psychosocial Support Services and Mental Health for children and caregivers</td>
<td>Dikwa, Pulka, Ngala, Monguno</td>
<td>31,600</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Provision of specialised GBV/CP Case Management</td>
<td>Dikwa, Pulka, Ngala, Monguno</td>
<td>1,600</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Provision of comprehensive child protection and GBV screening at centres, identification and support to separated and unaccompanied children</td>
<td>Dikwa, Pulka, Ngala, Monguno</td>
<td>31,600</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Provision of family tracing and reunification of unaccompanied children, facilitate alternative care placements with caregivers or foster parents</td>
<td>Dikwa, Pulka, Ngala, Monguno</td>
<td>400</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Procurement and distribution of dignity and reintegration kits (and other critical materials)</td>
<td>Dikwa, Pulka, Ngala, Monguno</td>
<td>31,600</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Provision of safe spaces and life skills transfer for vulnerable women and girls</td>
<td>Dikwa, Pulka, Ngala, Monguno</td>
<td>20,000</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Review and enhancement of GBV referral services</td>
<td>Dikwa, Pulka, Ngala, Monguno</td>
<td>12 services</td>
<td>UNICEF</td>
</tr>
</tbody>
</table>

**ALLOCATION RULES | Applicable To All Allocation Categories**

In compliance with OCHAs global guidelines for Country-based Pooled Funds and the NHF Operational Manual 2018, the following rules and conditions apply:

- **Fund Administration provided by OCHA.**
  Cost: 2% of all funds allocated as direct costs to projects.
- **Contingency budget lines are not permitted.**
- **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 process and Grant Management System (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.**

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14 Available online at www.unocha.org/nhf
16 OCHA, Grant Management System, https://cbpf.unocha.org/
• 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, scale 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 parameters\textsuperscript{17} 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 code\textsuperscript{18};
- 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:
  o Partners that have other donors for similar activities are required to demonstrate how any new funding will be complementary and not duplicative;
  o Partners are required to indicate the amounts and sources of any co-funding of proposals;
  o 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.
  o Whenever possible, and in order to limit overheads and administrative costs, implementing partners should not enter into subcontracting agreements. However, partnerships with 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 training and mentoring.
  o 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:

\textsuperscript{17} Included in the Balanced Scorecard used by Strategic Review Committees (SRC) at sector level
\textsuperscript{18} Monitoring results will be shared with the relevant sector
<table>
<thead>
<tr>
<th>Strategic relevance</th>
<th>Alignment with HRP Strategic Objectives. Alignment with Sector Objectives. Alignment with priorities of this allocation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program relevance</td>
<td>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.</td>
</tr>
<tr>
<td>Cost effectiveness</td>
<td>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.</td>
</tr>
<tr>
<td>Management and monitoring</td>
<td>Demonstrable field based assessment and post distribution monitoring mechanisms in place. Feedback and complaints mechanisms in place. Indicators aligned with standard sector output indicators.</td>
</tr>
<tr>
<td>Engagement with coordination</td>
<td>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.</td>
</tr>
</tbody>
</table>

3. Further information about the NHF is available at [www.unocha.org/nhf](http://www.unocha.org/nhf)

4. Correspondence to the NHF should be sent by email to [ocha-nhf@un.org](mailto: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](mailto: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/](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](https://gms.unocha.org/content/cbpf-contributions)

8. Allocation Timeline. See page 9 of this document.

## Allocation Timeline | 4th Reserve Allocation 2018

<table>
<thead>
<tr>
<th>Date</th>
<th>Responsible</th>
<th>Activity</th>
</tr>
</thead>
</table>
| Until 08 June 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 12 June 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. |
| 15 June       | NHF                          | **NHF develops Draft Reserve Allocation Strategy Paper and prepares the GMS** |
NHF provides draft Allocation Paper to FCS. NHF incorporates FCS inputs. |
| 17 June – 04 July | 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. |
| 04 July       | 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. |
| 04 – 09 July  | 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. |
| 04 – 10 July  | Partners                     | **Invited pre-selected partners submit proposals**  
Pre-selected eligible partners submit project proposals in the GMS. |
| 11 - 25 July  | 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. |
| 18 - 31 July  | OCHA HQ/FCS NHF Partners         | **Budget Review and Clearance**  
FCS / NHF provides feedback to implementing partners. Partners revise proposals/budgets if needed. OCHA HQ/FCS clears budgets in GMS. NHF prepares Grant Agreements. |
| 23 July onwards | HC NHF Partners OCHA/HQ EO | **Approval by HC of Grant Agreements**  
HC and Partners sign Grant Agreement. NHF submits Grant Agreements to OCHA HQ for approval by the Executive Officer (EO). |
| 26 July onwards | OCHA/HQ                          | **EO Clearance/Approval of Grant Agreement and disbursement of funds**  
Following EO signature, disbursement of grants take place within 1 - 10 days. |