



SUMMARY OVERVIEW

- This Allocation Strategy is issued by the Humanitarian Coordinator (HC), in consultation with the Sectors and Advisory Board (AB)¹, to set the NHF funding priorities for the First Reserve Allocation 2019. This allocation paper also provides strategic direction and a timeline for the allocation process.
- The total envelope for this allocation is up to US\$ 6.0 million. This allocation strategy paper outlines the allocation priorities and rationale for the prioritization.
- The HC, following consultation with relevant stakeholders, has set the Allocation priorities as follows;
 - Response activities to address the most critical needs identified in the 90-Day Emergency Response Plan.
 - This allocation prioritizes Maiduguri/Jere and Monguno LGAs
 - Four sectors that are experiencing low funding levels are selected for funding.
 - 70% of the fund to be allocated for NGOs.
- This allocation is Underfunded Reserve Allocation Window which is the modality NHF uses to respond to critical humanitarian needs that remain unaddressed. The window funds ongoing activities identified in the HRP that have emerged as top priorities (e.g., needs identified in the 90-Day Emergency Response Plan) of underfunded sectors.
- This allocation modality is a competitive process that allows all eligible partners to apply for funding.

THE NIGERIA HUMANITARIAN FUND

The Nigeria Humanitarian Fund² (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*³ on 24 February 2017.

The NHF is one of 18 Country Based Pool Funds⁴ (CBPF) and managed⁵ by a Humanitarian Financing Unit (HFU) of the United Nations Office for the Coordination of Humanitarian Affairs⁶ (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.

1st RESERVE ALLOCATION 2019

On 28 February 2018, the UN Resident and Humanitarian Coordinator, supported by the NHF Advisory Board, requested the urgent launch of an NHF Reserve Allocation following the 'underfunded window'⁷ modality. To address immediate lifesaving needs of newly displaced people in priority LGAs aimed at preventing the rapid deterioration of the condition of IDPs, in particular, epidemics that are most likely to occur as a result of people living in the open air with minimal sanitation facilities and services, and in severely over-congested camp settings.

The NHF is disbursing a maximum total amount of **US\$ 6,000,000.00** (Six Million United States Dollars) of which US\$5,000,000.00 is for the 90-Days Emergency Response Plan, and US\$1,000,000.00 for GBV Dignity Kit Procurement, to be allocated through a 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.

¹ The NHF Advisory Board consists of representatives of national and international NGOs, UN agencies and donor countries

² www.unocha.org/nhf

³ <http://oslohumanitarianconference2017.org>

⁴ <https://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpfs>

⁵ In addition to the NHF, the HFU is managing Central Emergency Response Fund (CERF) grant allocations to Nigeria.

⁶ <http://www.unocha.org>

⁷ NHF Operational Manual: Whenever a Reserve Allocation is activated under the 'underfunded window', all eligible partners can apply for funding under a competitive process.

This allocation is supporting the most urgent and critical needs of new arrivals identified in the 90-Day Emergency Response Plan in line with the 2019 Humanitarian Response Plan. This allocation will contribute to the achievement of the following HRP objectives:

HRP Strategic Objective 1: Save lives by providing timely and integrated multi-sector assistance and protection interventions to the most vulnerable.

HRP Strategic Objective 2: Enhance timely, unhindered and equitable access to multi-sector assistance and protection interventions through principled humanitarian action.

HUMANITARIAN CONTEXT

- In 2019, 7.1 million people (2.3 million girls, 1.9 million boys, 1.6 million women, and 1.3 million men) need humanitarian assistance in north-east Nigeria as a result of a crisis that is now in its tenth year. The crisis, which is fundamentally a protection of civilians' crisis, has largely been triggered by an ongoing regionalized armed conflict, characterized by massive and widespread abuse against civilians, including killings, rape and other sexual violence, abduction, child recruitment, burning of homes, pillaging, forced displacement, arbitrary detention, and the use of explosive hazards, including in deliberate attacks on civilian targets⁸.
- The 90-Day emergency response plan indicated that the conflict has resulted in widespread displacement, with close to 72,000 new arrivals between November 2018 and January 2019, and an estimated 1.8 million people currently internally displaced. Women and children constitute 87% of newly displaced people. The increased rate of new arrivals, heightened tensions, and a projected surge in new arrivals based on historical trends during the dry season, formed the basis for identifying and agreeing upon the following hotspot areas in need of accelerated humanitarian assistance: Bama, Dikwa, Gubio, Gwoza, Jere, Kala/Balge, Konduga, Kukawa, Magumeri, Maiduguri MC, Mobbar, Monguno, Ngala, Nganzai in Borno State; Damaturu in Yobe State; and Lamurde in Adamawa State.⁹
- IOM Displacement Tracking Matrix (DTM) projections estimate that 280,000 people from prioritized 16 LGAs will be targeted for humanitarian assistance. This incorporates 81,147 incoming and projected new arrivals between 11 January and 31 April 2019. The estimates also factor in an additional 25 percent increase as a buffer for further mass movements, based on historical trends analysis.

| State | LGA | Total IDPs (DTM Round 25) | New Arrivals (Nov 2018 until 10 Jan. 2019) | Projected New Arrivals from 11 until end of April 2019 | Adjusted Planning figures |
|--------------|--------------|---------------------------|--|--|---------------------------|
| Adamawa | Lamurde | 3,656 | 2,822 | 5,291 | 8,113 |
| Borno | Bama | 66,247 | 2,190 | 12,810 | 15,000 |
| | Dikwa | 74,966 | 522 | 9,478 | 10,000 |
| | Gubio | 5,033 | 1,446 | 2,711 | 4,157 |
| | Gwoza | 124,769 | 5,069 | 9,504 | 14,573 |
| | Jere | 255,824 | 2,337 | 4,382 | 6,719 |
| | Kala/Balge | 76,389 | 53 | 6,250 | 6,303 |
| | Konduga | 126,736 | 5,113 | 9,587 | 14,700 |
| | Kukawa | 13,521 | 104 | 195 | 299 |
| | Magumeri | 26,780 | 1,116 | 2,093 | 3,209 |
| | Maiduguri MC | 234,045 | 25,261 | 47,364 | 72,625 |
| | Mobbar | 8,840 | 410 | 769 | 1,179 |
| | Monguno | 144,816 | 10,533 | 24,467 | 35,000 |
| Ngala | 61,082 | 1,116 | 33,884 | 35,000 | |
| Nganzai | 29,761 | 7,767 | 14,563 | 22,330 | |
| Yobe | Damaturu | 25,478 | 6,000 | 24,000 | 30,000 |
| Total | | 1,277,943 | 71,859 | 207,348 | 279,207 |

Current and projection of New Arrivals in Prioritised LGAs identified by the ISWG, 90-Day Emergency Plan, 14 February 2019.

⁸ 2019 Humanitarian Needs Overview.

⁹ 90-Day Emergency Response Plan – Updated 14 February 2019.

4. According to the 90-Day Emergency Response Plan, humanitarian needs across all sectors are increasing as a result of the latest waves of displacement and the ongoing crisis, specifically in the Shelter and NFIs, WASH, Protection, Food Security, Health and Nutrition sectors. The fresh population movements and the high influx of IDPs are leading to camp overcrowding and congestion in some of the hosting sites such as Teachers Village in Maiduguri, where capacity has been stretched from 5,000 to 28,000 people in one month. As a result, significant numbers of new arrivals are sleeping outside in the open, without shelter.
5. Lack of capacity of partners to respond, challenges in securing suitable land for construction of new shelter and latrines for IDPs persist. More than 26,000 households are living outside without roofs or in rudimentary shelters. According to the Displacement Tracking Matrix (Round 25), more than 40 percent of the IDPs currently resides in makeshift shelters. The lack of sufficient shelter options also raises concerns of privacy and dignity, especially for girls and women who are at risk of gender-based violence.
6. Affected people remain at risk of epidemic-prone diseases, like cholera, measles and viral hemorrhagic fevers also due to insufficient access to essential healthcare, seasonal patterns, lack of access to potable water and insufficient sanitation infrastructure, and vulnerabilities as a result of continuous displacement. Women and children are left increasingly susceptible to disease outbreaks, especially cholera.
7. Assessments also indicated that ongoing and protracted displacement has created continued humanitarian needs for WASH services and placed additional pressure on already fragile WASH services and facilities, with congested populations in displacement sites. New arrivals from inaccessible areas, especially women and children, are also in urgent need of WASH support. They include at least 100,000 children under five and 30,000 pregnant and lactating women across nine LGAs in Borno State and two LGAs in Yobe State.¹⁰
8. Women and children are constituting 81 percent of the overall crisis population and 87 percent of the new displacements, the 90-Day Emergency Response plan identified serious protection concerns, including gender-based violence, sexual exploitation and abuse (SEA), abductions, and child recruitment which continue to be reported in displacement camps and sites. Critical needs for dignity, including menstrual hygiene management, remain largely unmet for women and girls of reproductive age. There are approximately 106,000 women and girls of reproductive age targeted in this 90 Day Plan, representing about 35 percent of the target population in the hotspot areas. In this context of displacement, women, girls, boys, men, and children all stay and sleep together in crowded areas, lacking privacy.
9. Women, girls, and children arrive in the visibly poor physical condition that require the provision of crucial supplies and support services. A joint rapid protection assessment has revealed safety concerns, especially for women and girls, who are exposed to survival sex in search of water, food and other critical needs. Incidents of rape and other forms of GBV have been reported, perpetrated by adult men targeting adolescent girls. Reception/screening processes are compromising the safety and dignity of women, girls and the elderly. Menstrual hygiene management remains a major challenge, as new arrivals have not received supplies and in some camps, materials have not been distributed since 2015.
10. The significantly impacts the dignity, health, and welfare of women and could lead to potentially destructive coping mechanisms. As a result, there is a need for psychosocial support services, mental health evaluations for new arrivals, documentation, and response to experiences of conflict-related sexual violence (CRSV) and referrals for specialized services. Individualised GBV case management is required for women, girls, children, and adolescents in a safe, conducive environment to address CSRV and other critical cases. There is also a need to engage with community and camp structures to establish location specific coordination and referral mechanisms to identify and address incidents of GBV; provide opportunities for women and adolescent girls to receive peer support in a friendly environment, and to facilitate access to other services.¹¹

¹⁰ 2019 – 2021 Humanitarian Response Strategy, December 2018.

¹¹ 90-Day Emergency Response Plan – Updated 14 February 2019.

2019 FIRST RESERVE ALLOCATION – UNDERFUNDED WINDOW

NHF Operational Manual¹² notes that the underfunded window ‘enables the HC to respond to critical humanitarian needs that remain unaddressed. The window typically funds ongoing activities identified in the HRP that have emerged as top priorities, such as life-saving interventions but have not attracted sufficient funding from other donors/sources.’ This modality is a competitive process that allows all eligible partners to apply for funding.

As per the NHF Advisory Board recommendation, this allocation intends to support NGOs access to funding. To ensure fair distribution of the fund, 70% of the fund should be allocated for NGOs.

In total, a maximum amount of **US\$ 6,000,000.00** is being provided for this allocation. As such, this allocation has been split into two (2) categories with 5 (five) funding priorities.

CATEGORY 1 – 90-DAY EMERGENCY RESPONSE PLAN - MMC/JERE AND MONGUNO

This allocation category aims to address critical needs identified in the 90-Day Emergency Response Plan, particularly by four sectors (CCCM/Shelter and NFI, WASH, Health, and Protection) that are experiencing low funding levels.

Also, Maiduguri/Jere and Monguno LGAs are prioritized for this allocation based on the population size of new arrivals combined with the severity of needs and the vulnerability of the new arrivals, access, and exposure to insecurity and partners’ current capacity to respond.

The UN Resident and Humanitarian Coordinator, supported by the NHF Advisory Board, is hereby calling on eligible partners to submit funding proposals under the following four (4) priorities.

| Key Priority/Sector | Funding/Ceiling |
|---|-------------------|
| Priority 1: CCCM, Shelter and NFI | US\$ 1,500,000.00 |
| Priority 2: WASH | US\$ 1,500,000.00 |
| Priority 3: Health | US\$ 1,000,000.00 |
| Priority 4: Protection (General protection, GBV and Child protection) | US\$ 1,000,000.00 |

Priority 1 | CCCM/Shelter NFI Sector | US\$ 1,500,000.00

| Key needs/gaps that need to address urgently | Key Response Activities | Geographic Locations |
|---|---|--|
| <ul style="list-style-type: none"> New arrivals in Maiduguri MC/Jere and Monguno in need of Shelter and NFI. | <p>CCCM</p> <ul style="list-style-type: none"> Expansion of Camp Coordination and Camp Management services in Monguno for the newly identified camp spaces. This would include expansion of reception capacity from 500 individuals to 1,000 individuals Reorganization of Fulatari camp in Monguno to include site planning. Site facilitation services to the 3 newly identified camp spaces in Monguno <p>SHELTER AND NFI</p> <ul style="list-style-type: none"> Provision of emergency shelter solutions including Rehabilitation of buildings in Monguno to accommodate new arrivals Erection of communal shelters Provision of improved Shelter Kits Provision of Emergency shelters Bama Provision of Improved NFI Kits | <ul style="list-style-type: none"> Monguno Maiduguri |

¹² Available online <https://www.unocha.org/nigeria/governance-policy-and-guidance>

Priority 2 | WASH Sector | US\$ 1,500,000.00

| Key needs/gaps that need to address urgently | Key Response Activities | Geographic Locations |
|---|--|---|
| <ul style="list-style-type: none"> Water trucking Drilling, rehabilitation and upgrading of boreholes in the new influx camps Construction of new latrines and showers to meet the needs of the new arrivals Operation and maintenance of WASH facilities Provision of proper solid waste collection, transportation and disposal mechanism (solid waste management) Intensive hygiene promotion/awareness activities to address immediate health risks and attitude change | <ul style="list-style-type: none"> Provision of adequate water for domestic use Provision of adequate sanitation facilities Solid waste management Hygiene promotion | <ul style="list-style-type: none"> MMC/JERE Monguno |

Priority 3 | Health Sector | US\$ 1,000,000.00

| Key needs/gaps that need to address urgently | Key Response Activities | Geographic Locations |
|---|--|---|
| <ul style="list-style-type: none"> Access to lifesaving, secondary and tertiary care provided through payment, logistics and other support of referrals for critically ill, injured, pregnancies with complications and with those with mental health disorders from IDPs camps and hosting areas. Access to emergency obstetric care, neonatal health, safe deliveries and Severe Acute Malnutrition (SAM) cases with medical complications. | <ul style="list-style-type: none"> Strengthen referral pathway/mechanism and medical evacuation of patients/injured from primary to secondary level of health care including payments for treatment in hospitals. Fill critical gaps through PHC (Primary Health Care) and Sexual and Reproductive Health (SRH) services for new arrivals in IDPs camps and hosting areas. Strengthen diseases surveillance and outbreak response through health Rapid Response Teams (RRT) | <ul style="list-style-type: none"> MMC/JERE Monguno |

Priority 4 | Protection Sector | US\$ 1,000,000.00**Priority 4.1. | General Protection – US\$ 300,000.00**

| Key needs/gaps that need to address urgently | Key Response Activities | Geographic Locations |
|---|--|---|
| <ul style="list-style-type: none"> Profile the newly displaced population and protection monitoring Establishing new Protection Desks in Teachers Village, Dalori 1 and Stadium. There is a risk of further exposure to protection issues (SGBV and violence) due to lack of resources, negative coping mechanisms and risks of tensions between IDPs and communities Family separation and lack of awareness of the mechanisms to address family separation Lack of access to services for children and negative coping mechanisms such as begging and hawking were reported. Unaccompanied and separated children who could not access services as they were not being cared for by adults. | <ul style="list-style-type: none"> Vulnerability screening. Protection Monitoring including referrals – Identification of cases that require further follow up and/or referral to specialized services. Provision of lighting around the incomplete stadium structure to reduce on any instances of which heighten the risk of SGBV. Disseminate life-saving protection messages and information on available services through awareness sessions, mobile help desks and link those in need of specialized services as required. Provision of technical and material support to government institutions to enhance their ability to deliver their primary duty to protect civilians (IDPs and returnees). | <ul style="list-style-type: none"> MMC/JERE Monguno |

Priority 4.2. | GBV – US\$ 350,000.00

| Key needs/gaps that need to address urgently | Key Response Activities | Geographic Locations |
|--|---|---|
| <ul style="list-style-type: none"> • Psychosocial support services, mental health evaluation for new arrivals, documentation, and response to experiences of sexual violence and referrals for specialized services • Individualised GBV case management is required for women, girls, children and adolescent-friendly environment for sexual violence and other critical cases. • There is also a need to engage with community/camp structures to establish and coordinate location specific coordination, referral mechanisms to identify and address incidents of GBV, provide opportunities for women and adolescent girls to engage and receive peer support in friendly environments as well as to facilitate access to other services. • Inter-sectoral GBV integration, mainstreaming and systematization is urgently needed to prevent, reduce and mitigate risks of GBV. • Supporting measures that will prevent the risks and likelihood of gender-based violence is critical. This includes investments in community education; supporting community-based mechanisms to prevent, recognize and refer GBV incidents for appropriate services. | <ul style="list-style-type: none"> • Establish and maintain two critical facilities <ol style="list-style-type: none"> i) Integrated Women and Girls center as a one-stop point to provide Women and Girls Friendly space (WGFS) engagement activities, SRH and Maternal Health Related Support and ii) Safe shelter facility to give remedial care to survivors with a toll-free telephone helpline (call center). • Facilitate and maintain a protective environment that prevents the occurrence of GBV, mitigate risks and ensure capacity to respond appropriately. | <ul style="list-style-type: none"> • Maiduguri MC • Monguno |

Priority 4.2. | Child Protection – US\$ 350,000.00

| Key needs/gaps that need to address urgently | Key Response Activities | Geographic Locations |
|--|---|---|
| <ul style="list-style-type: none"> • Case management for unaccompanied, separated and children with other protection risks for 300 girls and 220 boys in Monguno • Psychosocial support services for 2,800 girls and 2,400 boys in Monguno | <p>Case Management</p> <ul style="list-style-type: none"> • Identification and documentation of unaccompanied, separated and children affected by other protection risks • Placement of unaccompanied, separated and other vulnerable children in alternative care • Follow-up of cases of unaccompanied, separated and other vulnerable children • Reunification of unaccompanied and separated children with their primary caregivers • Referral and support to access basic services <p>Psychosocial Support Services</p> <ul style="list-style-type: none"> • Structured recreational/creative/social activities for girls and boys particularly for those under 13 years of age • Life skills education for adolescent girls and boys • Individual and group counselling and mental health support for girls and boys affected by psychosocial and mental distress | <ul style="list-style-type: none"> • Monguno |

CATEGORY 2: PROCURMENT OF GBV DIGNITY KITS - \$1,000,000.00 – Maiduguri MC, Monguno and Ngala

This allocation category is for the procurement of the standardized package for dignity kits to address the critical gaps in dignity and menstrual hygiene needs of women and girls of reproductive age in the north-east Nigeria response. It will facilitate a standardized but context-specific approach to the development and distribution of dignity kits.

The response will ensure a comprehensive approach to dignity and menstrual hygiene management, beyond provision of materials to address – storage of the materials, privacy to manage menstruation including washing, drying and disposal; Information on usage, and; enhance the dignity of the women and girls by addressing social norms on menstruation, and promoting awareness on reproductive health rights.

As well as being provided with the dignity kits, it is critical to have access to safe, private and clean water and sanitation facilities, environmentally friendly disposals, and community engagement. Informed by best practice documented in this project, these aspects will go hand in hand with facilitating integration and mainstreaming, while working in collaboration with NFI/Shelter, WASH, and Protection sectors.

| Key needs/gaps that need to address urgently | Key Response Activities | Geographic Locations |
|--|--|--|
| <ul style="list-style-type: none"> Women and children are constituting 87% of the new displacements, there is a critical need for a standardized package of dignity kits. | <ul style="list-style-type: none"> Procurement/sourcing and management of the pipeline for standardized dignity kits to meet the needs of women and girls of reproductive age. Community engagement and individualized distribution of standardized dignity kits targeting women and girls of reproductive age. Strengthening coordination for standardization; and maintaining oversight on sourcing, procurement, distribution, and PDMs. | <ul style="list-style-type: none"> Maiduguri MC Monguno Ngala |

ALLOCATION RULES | Applicable to Reserve Allocation Categories

In compliance with OCHAs global guidelines¹³ for Country-based Pooled Funds and the NHF Operational Manual 2018¹⁴, 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 a 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 process¹⁵ and Grant Management System¹⁶ (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.
- 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.
- This reserve allocation is a competitive process that allows all eligible partners in the prioritized locations (MMC/Jere and Monguno) to apply for funding.
- The maximum project implementation and grant agreement length are twelve (12) months.

¹³ <https://www.unocha.org/legacy/what-we-do/humanitarian-financing/cbpf-global-guidelines>

¹⁴ Available online at www.unocha.org/nhf

¹⁵ CBPF Global Guidelines, Annex 10, <https://www.unocha.org/legacy/what-we-do/humanitarian-financing/cbpf-global-guidelines>

¹⁶ OCHA, Grant Management System, <https://cbpf.unocha.org/>

ALLOCATION PROCESS

1. Sector Co-Leads are required to ensure the following parameters¹⁷ during the preparation/submission of projects/proposals:

- Projects designed to address critical needs identified in the 90-Day Emergency Response Plan;
- All projects to reflect consideration of the following cross-cutting issues: protection mainstreaming, including support for women and girls, tackling gender-based violence, reproductive health, and empowerment, Accountability to affected populations (AAP), the prevention of sexual exploitation and abuse (PSEA) and gender mainstreaming;
- Projects meet the HRP strategy and the respective sector strategy;
- Projects do not duplicate activities covered under any ongoing NHF Allocation;
- 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 code¹⁸;
- Projects include local/national partner capacity (building) wherever possible;
- Projects pursue multi-sectoral approaches and collective outcomes;
- Projects demonstrate the 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 the best use of resources at/for that time.
 - Whenever possible, and 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.
 - Programme Support Costs of sub-implementing partners associated with the implementation of a specific project must be covered by the overall maximum 7 percent of the actual project expenditures.

2. Sectors may develop additional prioritization 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 the 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 are demonstrating stronger cost effectiveness and cost per beneficiary ratio. Proposals are demonstrating the lowest cost compared with activities and outputs. Proposals |

¹⁷ Included in the Balanced Scorecard used by Strategic Review Committees (SRC) at sector level

¹⁸ Monitoring results will be shared with the relevant sector

| | |
|-------------------------------------|--|
| | are demonstrating reasonable support costs. The proposed project duration represents the 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 the 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_hfucorplaints@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 9 of this document.
9. Map, Nigeria | North-east States. See page 10 of this document.

Allocation Timeline | First Reserve Allocation 2019

| Date | Responsible | Activity |
|------------------------|---|--|
| Until 20 February 2019 | 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 25 February 2019 | Sectors Partners ISWG Coordination NHF | Consolidation of Sector Priorities and Funding Requirements Sector Co-leads, ISWG Coordinator and NHF consolidate recommendations for locations, activities and funding requirements. |
| 26 February 2019 | NHF | NHF develops Draft Reserve Allocation Strategy Paper and prepares the GMS |
| 26 -27 February 2019 | NHF OCHA HQ/FCS | Technical validation of Draft Reserve Allocation Strategy Paper NHF provides draft Allocation Paper to FCS. NHF incorporates FCS inputs. |
| 28 February 2019 | 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. |
| 03 March 2019 | NHF | The release of Final Allocation Paper to Sectors and Partners NHF circulates the final Allocation Paper to Sector Co-Leads. NHF sends invitations to partners inviting them to submit proposals. |
| 04 – 05 March | 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. |
| 01 – 08 March | Partners | Invited partners submit proposals Eligible partners submit project proposals in the GMS. |
| 09 – 12 March | 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 - 22 March | 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. |
| 20 March onwards | HC NHF Partners OCHA/HQ EO | Endorsement by AB and 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). |
| 20 March onwards | OCHA/HQ | Grant Agreement and disbursement of funds Following EO signature, disbursement of grants takes place within 1 - 10 days. |

Key Note:

- Extended consultation and prioritization process delayed the allocation timeline.
- Quick action required from sector leads to fast-track the allocation process.

Nigeria | North-east States

