



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.

3rd RESERVE ALLOCATION 2018

On 31 May 2018, the UN Resident and Humanitarian Coordinator 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 conflict and displacement in the Middle Belt region of Nigeria. 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 significant humanitarian needs due to lack of monetary support.

The NHF is allocating a maximum total amount⁸ of **US\$ 4,000,000.00** (Four Million United States Dollars) 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 supports the most critical elements of the humanitarian response operation envisaged by the 2018 strategic objective as defined by the international humanitarian community in Nigeria: to provide life-saving emergency assistance to the most vulnerable people in conflict affected areas ensuring 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>

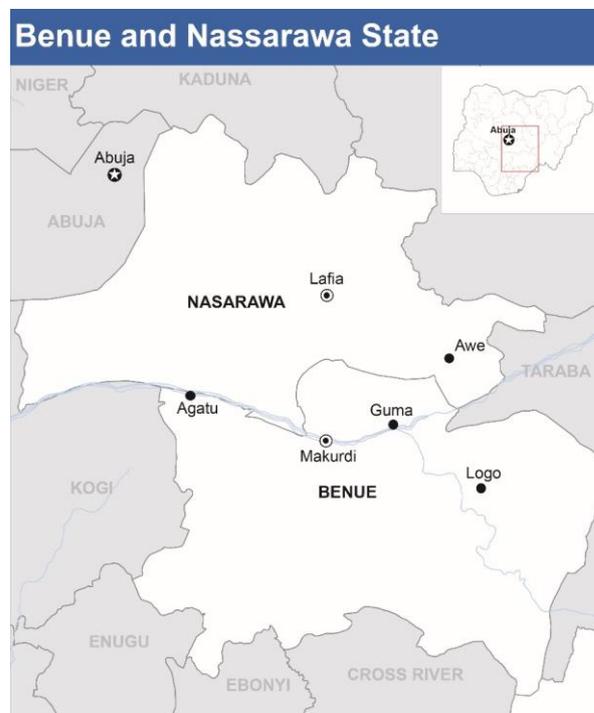
⁶ NHF Operational Manual: The 'Standard' Allocation is the usual process through which the majority of NHF funds are disbursed. Funding permitting, at least two standard allocation processes are conducted during a calendar year. The 'Reserve' Allocation is used for rapid disbursement of funds in the 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.

⁸ Including support costs and any applicable fees.

HUMANITARIAN CONTEXT

1. The humanitarian crisis in the Middle Belt region is mainly related to the conflict between farmers and herdsman. The most affected areas are Guma, Logo and Makurdi LGAs in Benue State and Awe LGA in Nasarawa State.
2. A report of an inter-agency rapid assessment mission to Benue and Nasarawa on 25th to 27th February 2018 indicated that:
 - i. Based on information provided by government authorities, over 225,000 people have been displaced in Guma, Logo, Makurdi and Awe LGAs by continued attacks and counter-attacks.
 - ii. Most of the IDPs caseload stems from attacks by herdsman in early January 2018. However, people have been displaced since 2013.
 - iii. Internally displaced people have been forced to take refuge in camps and host communities, with majority of them in Benue State, and a comparably smaller proportion in Nasarawa State. In Benue, there are seven camps hosting about 112,500 IDPs, as well as one informal camp located in Agan Primary School in Makurdi LGA. Between 25,000 – 70,000 people are displaced from Nasarawa State, most of them from Awe LGA, and have taken refuge in 20 camps/host communities across four LGAs with seven camps in Awe, four in Keana, eight in Obi and one in Doma.
 - iv. About 70% of the IDPs have taken shelter in school buildings. School children in areas where schools are used as camps now need to study in the open and this will pose significant problems during the rainy season (starting in May).
 - v. The conditions in the camps were generally poor, characterized by insecurity, including: poor hygiene facilities and sanitary conditions, healthcare services, camp management, and IDPs of school age are unable to access classes.
 - vi. Most camps are in open areas without perimeter fences and none of the camps visited are lit at night. 50 per cent of the IDPs stated they do not feel secure in the camps and are afraid i.e. of attacks by armed herders.
 - vii. Women and adolescent girls are exposed threats of violence, abuse, neglect and exploitation including sexual harassment and transactional sex.
3. The inter-agency rapid assessment mission recommended that the humanitarian community responds to the situation in the two states, including supporting the Government with an appropriate coordination platform and capacity for coordination and information management.
4. There is a need to urgently provide life-saving assistance through CCCM/Shelter/NFI, education, health, protection and WASH assistance.



Map sources: OSGOF, Open Street Map
Designations and geography used on this map do not imply official endorsement or acceptance by the United Nations.
Developed only for humanitarian activities purposes.

ALLOCATION CATEGORY

The NHF is hereby calling on eligible, pre-selected, and individually invited partners partners to submit funding proposals under the following one (1) allocation category:

Category 1 | Middle Belt (Benue and Nasarawa States) | Inter-Sector Emergency Response

Invited Sectors and NHF Partner(s):

CCCM, Shelter/NFI Sectors Response Partner:	International Organization for Migration (IOM)
Education Sector Response Partner:	United Nations Children's Fund (UNICEF)
Health Sector Response Partners:	United Nations Population Fund (UNFPA) World Health Organisation (WHO)
Protection Sector Response Partners:	Office for the High Commissioner of Human Rights (OHCHR) United Nations Population Fund (UNFPA) United Nations High Commissioner for Refugees (UNHCR)
WASH Sector Response Partner:	United Nations Children's Fund (UNICEF)

The proposed activities per sector, activity types and geographic location that will be considered for NHF Funding are:

CCCM, Shelter/NFI Sectors Response | GUMA, LOGO and MAKURDI LGAs

Key needs/gaps to be addressed by the partner(s):
<ul style="list-style-type: none"> State Emergency Management Agency (SEMA) and Local Emergency Management Agency (LEMA) constitute the only camp management structure in all camps but have limited capacity to deliver camp management services. Two local NGOs, BENGONET and Hope and Care, support SEMA with camp management activities, but they also lack required capacity to deliver necessary services. IDP community participation structures in the camps are almost non-existent. There is no clear coordination mechanism or platform and no standardized system for data collection, assessments and reporting. Camp management and protection services are required to address cases of SEA and GBV. A high percentage (87 to 100 per cent) of households in the camps lack access to basic kitchen items as well as soap, hygiene and water storage containers. The majority of the IDPs across all camps are accommodated in crowded rooms with males and females cramped in the same space. Some IDPs are compelled to sleep outside due to limited space in the classrooms.

Sector priority activities	Location	IDP Sites	Estimated number of beneficiaries	NHF Partners (and sub-contract partners)
Capacity building for NEMA and local stakeholders to ensure site facilitation and mobilisation of community committees	Guma LGA, Logo LGA,	Guma LGA, Logo LGA,	8,800	IOM - NEMA - SEMA
Procurement and distribution of 1,600 Emergency Shelter kits and 1,600 NFI kits	Makurdi LGA	Makurdi LGA		
Coordination of camp activities and active sectors	Awe LGA	Awe LGA		

Education Sector Response | GUMA and LOGO LGAs

Key needs/gaps to be addressed by the partner(s):
<ul style="list-style-type: none"> Functional learning spaces: 70% of all shelters for IDPs have been provided at schools, leaving host community pupils to schooling under trees while their displaced counterparts have lost all access to education. Teaching and learning materials: Displaced children lack scholastic materials, having had to abandon all they had while fleeing for their lives. Teacher capacity enhancement to support educational and psychosocial needs of children. Teachers require refresher training, considering that they have not engaged in education provision

for many months. New needs, such as for psychosocial support, emergency preparedness and response, peace building and conflict resolution have arisen.

- Second Chance Education opportunities for vulnerable adolescent girls: Adolescents and Young mothers who have been given away for early marriage need to be reconnected with their educational trajectory and empowered with life and livelihood skills so they are able to achieve personal advance and development.

Sector priority activities	Location	IDP Sites	Estimated number of beneficiaries	NHF Partners (and sub-contract partners)
Conduct a rapid Education Sector Needs Assessment	Guma LGA	Gbajimba	10,320	UNICEF - Benue SUBEB, LGEA and RUWASA
In collaboration with Benue SUBEB, LGEA and RUWASA support basic repair/renovation of classrooms and WASH facilities	Logo LGA	Ugba	10,150	UNICEF - Benue SUBEB, LGEA and RUWASA
Teachers Training (Basic pedagogy, classroom methodology, psychosocial support, Peace Building & Conflict resolution)			170	UNICEF - College of Education, Benue
Provision of teaching and learning materials			10,150	UNICEF Benue SUBEB
Strengthen community-based responsiveness through training of school-based management committees			150	UNICEF - UBEC, - Benue SUBEB
Support second Chance Education opportunities for young adolescent girls/young girls			500	UNICEF - UBEC, - Benue SAME, - Benue SUBEB
Monitoring and oversight				UNICEF, - Benue SUBEB

Health Sector Response | GUMA, LOGO and MARKUDI LGAs

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

- Access to life-saving basic primary health care services
- Absence of a functional disease surveillance system in the affected area
- Sexual and reproductive health needs
- Antenatal and delivery services

Sector priority activities	Location	IDP Sites	Estimated number of beneficiaries	NHF Partners (and sub-contract partners)
Provide Minimum Initial Service Package for Reproductive Health (MISP) in the camp clinics, avail RH Kits to the clinics, and preposition 6 months' stock of the RH kits at the referral facility and State Health authority.	Guma and Logo LGAs	Nzorov, Saghen, Mbadwe, Mababai Uvir Uken, Tombo, Turban Mbagber	5,000 women and girls	UNFPA - Family Health International - Benue State ministry of Health
Deliver emergency RH Kits and maternal health supplies to clinics and referral centres with emphasis on safe delivery for pregnant women.				UNFPA - Family Health International - Nigeria Red Cross Society - Benue State Ministry of Health

Run mobile Sexual Reproductive health (SRH) outreach services to ensure increased access to services in locations with no health centres.				UNFPA - <i>Benue State ministry of Health</i> - <i>Family Health International</i> - <i>Care International</i>
Provide basic health care service to the displaced population through strengthening of the existing PHC facilities and mobile teams in hard to reach areas.	Markudi, Guma and Logo LGAs	Markudi, Guma and Logo LGAs	130,000	WHO - <i>SMOH</i>
Set up an early warning disease surveillance system and build capacity of key stakeholders for the implementation of a robust disease surveillance system.			130,000	WHO - <i>SMOH</i>

Protection Sector Response | GUMA, LOGO and AWE LGAs

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

- Most of the camps are in open areas without perimeter fence and none of the camps are lit at night. Women and girls are exposed to high levels of insecurity, lack of sanitary facilities and lack of privacy in shared and overcrowded living spaces.
- Women and adolescent girls are exposed to threats of violence, abuse, exploitation, and neglect including sexual harassment and transactional sex.
- There is a high number of female-headed households.
- Protection concerns and disruption of livelihood activities of women who previously earned sufficient income to take care of their families are reduced to selling a few sticks of firewood, vegetables and other minor businesses.
- Widespread trauma and desperation among the IDPs, requiring psychosocial support.

Sector priority activities	Location	Sites	Estimated number of beneficiaries	NHF Partners (and sub-contract partners)
Training, capacity building and mentoring on human rights and use of UN human rights mechanisms; and supporting monitoring and reporting on human rights violations linked to accountability.	Benue and Nasarawa States		200,000 displaced and at risk persons.	OHCHR
Mainstreaming human rights in the humanitarian response and supporting action against impunity for human rights violations and abuses.				
Set up Clinical Management of Rape (CMR) services in the camp clinics, and preposition CMR kits in nearby referral facilities and State Health authority.	Guma and Logo LGAs	Nzorov, Saghen, Mbadwe, Mababai Uvir Uken, Tombo, Turban Mbagber	5,000 women and girls	UNFPA - <i>Family Health International</i> - <i>Benue State Ministry of Health</i>
Initiate GBV Case Management and PSS services in the camps; establish a system for safe and ethical management of reported GBV incidents and establish referral pathway to promote survivors' access to services.				UNFPA - <i>Family Health International</i> - <i>Benue State Ministry of Health</i> - <i>Nigeria Red Cross Society</i>
Distribute protection kits to vulnerable women, adolescent				UNFPA

girls and young women to decrease their exposure to GBV risks as well as increase their perceptions of safety and dignity.				- Nigeria Red Cross Society - Benue State Ministry of Health
Set up safe spaces equipped to provide age appropriate emotional support, counseling, case management, information, livelihoods activities and awareness for women, adolescent girls and young women in the camps.				UNFPA - Nigeria Red Cross Society
Provision of emergency livelihood to IDPs with specific needs (estimated at 20% of total population).	Guma Awe	Dauda 1&2 Old LGA Secretariat IDP Camp	15,312	UNHCR
Provision of protection kits (including clothing, solar lanterns).	Guma Awe	Dauda 1&2; Gbajimba camp; Tse-Ginde Old LGA Secretariat IDP Camp, IDPs in host community	46,303	UNHCR
Community based peacebuilding activities.	Awe		10,144	UNHCR

WASH Sector Response | GUMA, LOGO, and MAKURDI LGAs

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

- Water facilities in camps are lacking or insufficient, water supply for cooking and hygienic purposes is less than 7.5lpd for 63%-75% of the population.
- Majority of the IDPs and host communities are using unsafe/untreated water.
- There are very few appropriate sanitary latrines and open defecation is common.
- The level of hygiene awareness in IDP camps is very low.

Sector priority activities	Location	IDP Sites	Estimated number of beneficiaries	NHF Partners (& sub-contract partners)
Improving access to water supply – through rehabilitation of broken down boreholes and construction of new boreholes	Guma LGA	Daudu, Gbajimba, Agasha and Tse Ginde	113,184	UNICEF - Benue State Rural Water Supply and Sanitation Agency (BERWASSA)
Monitoring water quality (with use of H ₂ S Vials, HTH Chlorine and Aquatabs)	Logo LGA	Ugba, Anyii and Abeda	113,184	UNICEF - BERWASSA
Procure and distribute WASH Kits	Makurdi LGA		113,184	UNICEF - LEAD Benue

Sanitation and Hygiene Promotion (including rehabilitation of existing sanitation facilities and construction of new blocks of sanitation facilities)		Agan and Abagena IDP Camps	113,184	UNICEF - <i>BENGONET</i> - <i>NEWSAN</i>
Capacity building and advocacy - strengthen government capacity and coordination to respond to the crisis	Makurdi LGA	Agan and Abagena IDP Camps	120	UNICEF - <i>BERWASSA</i> - <i>SEMA</i>

ALLOCATION RULES

In compliance with OCHAs global guidelines⁹ for Country-based Pooled Funds and the NHF Operational Manual 2018¹⁰, the following rules and conditions apply:

- Fund Administration provided by OCHA.
Cost: 2% of all funds allocated as direct costs to projects.
- The Grant Management System will be used to administer all aspects of this allocation.
- Contingency budget lines are not permitted.
- 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 parameters¹¹ during the preparation/submission of invited partner projects/proposals:
 - 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 code¹²;
 - 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

⁹ <https://www.unocha.org/legacy/what-we-do/humanitarian-financing/cbpf-global-guidelines>

¹⁰ Available online at www.unocha.org/nhf

¹¹ Included in the Balanced Scorecard used by Strategic Review Committees (SRC) at sector level

¹² Monitoring results will be shared with the relevant sector

local/national NGOs are encouraged. 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 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 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. 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_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 of Benue and Nasarawa States, see page 10 of this document.

Allocation Timeline | 3rd Reserve Allocation 2018

Step	Date	Responsible	Activity
1	Until 21 May 2018	NSWG, NSWG Coordination Sector Co-Leads Partners	Sector / Partner Consultation Process NHF and OCHA Coordination Units consult with sectors, including through the NSWG, identifying needs, key gaps and potential partners.
2	Until 23 May	Sectors Partners NSWG 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.
3	22 – 24 May	NHF	NHF develops draft Reserve Allocation Strategy Paper and sets up the allocation in GMS
4	25 May	NHF OCHA HQ/FCS	Technical validation of draft Reserve Allocation Strategy Paper NHF provides draft Allocation Paper to FCS. NHF incorporates FCS inputs.
5	26 May – 4 June	NHF HC/AB	HC/AB validation of Draft Allocation Paper HC/AB validate the draft NHF Allocation Paper. NHF incorporates HC/AB inputs.
6	5 June	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.
7	5 – 7 June	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.
8	5 – 8 June	Partners	Invited pre-selected partners submit proposals Pre-selected eligible partners submit project proposals in the GMS.
9	6 – 11 June	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.
10	11 – 13 June	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.
11	12 June onwards	HC NHF Partners OCHA/HQ EO	Approval by HC and Grant Agreements HC and Partners sign Grant Agreements. NHF submits Grant Agreements to OCHA HQ for approval by the Executive Officer (EO).
12	13 June onwards	OCHA/HQ	Grant Agreement and disbursement of funds Following EO signature, disbursement of grants take place within 1 - 10 days.

Nigeria, Geographic Location of the Intervention Area



Designations and geography used on this map do not imply official endorsement or acceptance by the United Nations. Developed only for humanitarian activities purposes.
 Created on: 17 May 2018 Sources: OSGOF, OpenStreetMap For Feedback/Suggestions: ochanigeria@un.org
 More information: www.humanitarianresponse.info/operations/nigeria www.unocha.org/nigeria www.reliefweb.int/country/nga