



Contents

1. Allocation Summary	1
2. Allocation Strategy and Rationale	1
3. Situation Overview	1
4. Proposed Response	2
5. Allocation Amounts by Sector	3
6. Intra-Sector Strategic Directions and Priorities	4
7. Allocation Guidelines and Process	7
7.1 Summary Guidelines and Requirements	
7.2 Value for Money	
7.3. NHF Complaints Mechanism	
8. Allocation Timeline	8
9. Allocation Process – Proposal Submission and Review	9

Annexes

Annex 1: NGO Partners Eligible for 2019 Second Reserve Allocation.....	10
Annex 2: Contact Information.....	11

1. Allocation Summary

This Allocation Strategy Paper lays out the approach of allocating funds from the Nigeria Humanitarian Fund (NHF) Underfunded Reserve Allocation Window, a modality used to respond to critical humanitarian needs that remain unaddressed in North-Eastern Nigeria. The total envelope for this allocation of up to **US\$ 18.2 million** will focus on life-saving activities in the Bay States as prioritized by the Inter Sector Working Group (ISWG) and as highlighted in the Humanitarian Response Plan (HRP). The allocation will also provide resources for deep field hubs and multi-sector needs assessments to help catalyse fundraising for these interventions and activities.

2. Allocation Strategy and Rationale

The rationale for the allocation follows the strategic guidance of the Humanitarian Coordinator based on the current funding status, gap analysis data provided by sectors, and with consideration of the impact of the rainy season. According to Financial Tracking Service¹, as of 14 August 2019 the HRP is funded at only 39.4 per cent. The sectors selected for this allocation have a funding gap of 88 per cent to 44 per cent.

3. Situation Overview

The United Nations and humanitarian partners have reached nearly 2.5 million people with humanitarian assistance, a total of 39 percent of the 6.2 million targeted for aid in 2019 in North-Eastern Nigeria². The limited coverage of the HRP target reflects critical support gaps in many of the lifesaving sectors, which have been compounded by the impact of the rainy season. It is estimated that 8,875 additional households have been affected by torrential rains and flash floods across Borno and Yobe States.⁽³⁾

The following table indicates the funding status of various sectors

Sectors	CCCM, Shelter & NFI	Coordination and Support Services	Education	Emergency Telecom	Food Security	Health	Logistics	Nutrition	Protection	WASH
\$ Needed in Million	80	16.5	48.3	34.5	264	74	28	106	105	69
% Funded	11%	33%	70%	75%	43%	15%	56%	48%	17%	14%

According to the Shelter and Non Food Items (NFI) sector, 97,817 households in 14 Local Government Areas (LGAs) require shelter support. Among those, approximately 7,000 households are living in the open or in makeshift shelters³. Additionally, in the sector of Camp Coordination and Camp Management (CCCM) many camps lack the necessary funding for site improvement and day to day service provision. At the same time, thousands of households also require essential NFI items to cover their basis needs.

The challenges in the Health sector reached its peak on 17 June when the Adamawa State Government officially declared the outbreak of cholera. The total number of cases reported as of Aug 15 was 615. At the start of the rainy season, the Disease Early Warning System received reports of a high number of acute watery diarrhoea cases from different areas which demonstrates the high risk of cholera during the rainy season. In Borno State, cholera preparedness activities are ongoing as part of the health sector preparedness actions to mitigate the risk of any potential outbreak. However, the Health sector faces additional challenges in many new displacement locations across the state. There is an urgent need to scale up health services as existing response capacities are overwhelmed due to the scale of the problem and burden on health services.

The Water Sanitation and Hygiene (WASH) sector faces similar challenges in preparing for the cholera outbreak. Moreover, water sanitation and hygiene conditions across the camps have been profoundly affected by adverse weather. This is due to the type of construction (temporary), increased latrines desludging demand from the high water table and leaving the facilities in a disrepair state due to the short shelf life. Among those, hundreds of latrines were blown off in recent rains in several locations.

Borno, Adamawa and Yobe States continue to face a critical nutrition situation, with the global acute malnutrition (GAM) rates of 10-20 percent⁴ in many of the LGAs including Rann, South Yola, Nganzai and Magumeri. The Nutrition sector forecasts that in the coming six months over 150,000 children under-five will be acutely malnourished and expected to be admitted in the treatment centres. Among those, 15,000 of the children will require inpatient care.

¹ <https://fts.unocha.org/appeals/714/summary>

² Nigeria North East Humanitarian Situation Update July 2019

³ North-East Floods Situation Report No. 1 (as of 24 August 2019)

⁴ CCCM, Shelter and NFI sector unpublished assessment July 2019

⁵ The Global emergency threshold is 15% GAM

In the Protection sector, insufficient essential services including shelters, food, overcrowding, and disease outbreaks, pushed the already high protection concerns to a much worse situation. Critical gaps are apparent in Gender Based Violations (GBV) and Child Protection Services. These include poor management of GBV incidents due to weak GBV case management capacity, challenges in coordination of referrals, lack of support for actual referrals, and lack of critical supplies at referrals centres and non-functional safe shelter facilities.

4. Proposed Response

The proposed allocation is targeted to address critical gaps in the CCCM, Shelter and NFI sector by providing essential resources for increasing shelter coverage, provision of NFIs, and improving CCCM services. The interventions to be funded are also expected to boost the cholera outbreak preparation in the WASH and health sectors. The allocation should also provide agencies with resources to address gaps in essential health, nutrition, and WASH services.

Key protection concerns will be addressed with this allocation through protection monitoring, capacity building, child protection, prevention of GBV and awareness and sensitization. Enhanced field coordination around referrals is required to timely respond to the needs of GBV survivors and those at risk. Improvements to humanitarian response activities across sectors to provide entry points for survivors to seek GBV services and appropriately support referrals is essential.

With the Humanitarian Hubs currently operating at a deficit, the proposed allocation will provide limited and short term funding exclusive for the Deep Field Hubs critical for humanitarian access. At the recommendation of the HC, the allocation is intended as a fundraising catalyst for the agency currently managing the hubs to mobilize other donor funding.

A Multi-Sector Assessment is also included in the allocation in order to improve analysis on humanitarian response through critical inter-sector assessment to support need analysis for the 2020 HNO.

Projects in this allocation must contribute to the achievement of the first two HRP objectives namely;

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

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

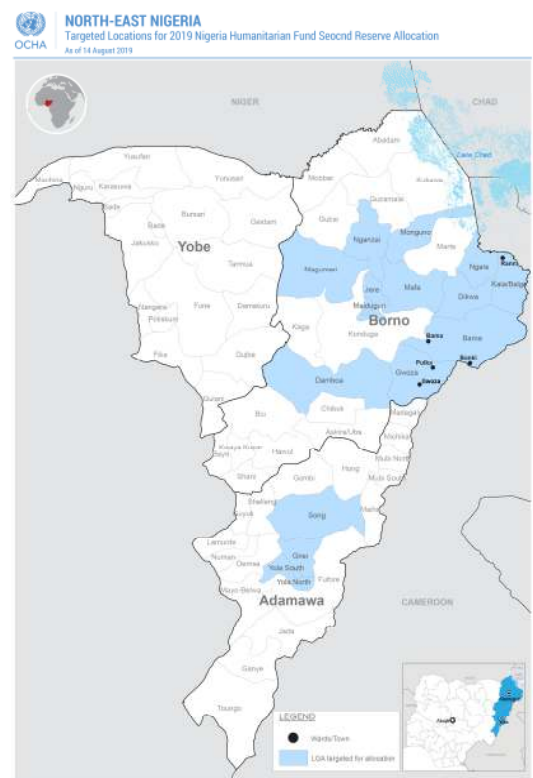
5. Allocation Amounts by Sector

Many sectors meet the Underfunded Reserve Allocation strategic objective of providing support in addressing critical gaps. The Allocation therefore includes those which meet the strategic objective, are funded at less than 50% of the HRP, and for which the allocated amount will make a financial impact relative to the overall resources required.

The Allocation funding per sector is as follows (in USD):

CCCM, shelter and NFI	8.1 million
WASH	4.0 million
Health	3.0 million
Protection	1.2 million
Nutrition	1.2 million
Logistics	0.5 million
Coordination	0.2 million

The funding amounts by sectors are indicative and will be reviewed and revised if required based on the relevance and the quality of the proposals.



6. Intra-Sector Strategic Directions and Priorities

CCCM, Shelter/NFIs | US\$ 8,100,000

SECTOR	CCCM, Shelter and NFIs
Key Response Activities	<ul style="list-style-type: none"> Provision of Shelter and Non Food Items to the most vulnerable of the IDPs Construction of Emergency Shelters for the newly displaced population Expansion and Decongestion of Bama, Ngala and Damboa camp for new arrivals Provision of CCCM assistance through site facilitation in Ngala, Pulka, Bama, Dikwa, Monguno, Mafa, Jere, Maiduguri, Rann, Damboa, Yola North, Yola South, Girie, Song. Mobile Camp management and camp facilitation for Informal settlements
Key Needs and Gaps	<ul style="list-style-type: none"> As of end of June, 3,809 households IDPs are living without shelter and NFI assistance since their arrival 7,593 Households living in partitioned communal shelters are in need of more dignified emergency shelters Absence of proper camp management and camp administration in most of the camps need to be addressed
Priority Activities	<ul style="list-style-type: none"> Emergency shelter provision and warehousing CCCM site facilitation and site improvement NFI prepositioning and distribution
Locations	<ul style="list-style-type: none"> LGAs: Ngala, Pulka, Bama, Dikwa, Monguno, Mafa, Jere, Maiduguri, Rann, Damboa, Yola North, Yola South, Girie, and Song
Targeted Population	<ul style="list-style-type: none"> IDPs living in camps

Coordination and Support Services (Multi-sector needs assessment) | US\$ 200,000

SECTOR	Coordination and Support Services
Key Response Activities	<ul style="list-style-type: none"> Multi-sector Needs assessment (MSNA)
Key Needs and Gaps	<ul style="list-style-type: none"> Within the North East Nigeria humanitarian response, the MSNA identifies the most vulnerable locations and populations to drive evidence-based interventions. This is done through a robust, randomized methodology statistically representative at the level of the household across Borno, Adamawa and Yobe states
Priority Activities	<ul style="list-style-type: none"> Assessment, Analysis, Dissemination
Locations	<ul style="list-style-type: none"> All accessible 59 LGAs in BAY states
Targeted Population	<ul style="list-style-type: none"> Humanitarian agencies

Logistics (Deep Field Hub Management) | US\$ 500,000

SECTOR	Logistics
Key Response Activities	<ul style="list-style-type: none"> Provision of accommodation in the deep field hubs
Key Needs and Gaps	<ul style="list-style-type: none"> 8 deep field hubs remained underfunded in Bama, Gwoza, Ngala, Dikwa, Monguno, Damsak, Banki and opening of Rann
Priority Activities	<ul style="list-style-type: none"> Provision of accommodation for humanitarians in deep field hubs
Locations	<ul style="list-style-type: none"> LGAs: Bama, Gwoza, Ngala, Dikwa, Mongouno, Damsak Banki and Rann
Targeted Population	<ul style="list-style-type: none"> Humanitarian personnel

WASH | US\$ 4,000,000

SECTOR	WASH
Key Response Activities	<ul style="list-style-type: none"> Cholera preparedness and response, Emergency infrastructure installation and response to new and emerging caseloads, Operation and maintenance of WASH infrastructure (latrines and bathing shelter repairs, desludging and decommissioning, water chlorination and repair of water systems), Solid waste management to reduce risk of drainage blockage and flooding. Distribution of hygiene kits and Hygiene Promotion targeting cholera and rainy season.
Key Needs and Gaps	<ul style="list-style-type: none"> Partners need to scale up cholera preparations in hotspot locations like MMC, Jere, Monguno, Banki, and Ngala in Borno and response in Yola North, Yola South, Girie, and Song in Adamawa WASH conditions across the camps have been profoundly affected by adverse weather requiring immediate repairs, increased latrines desludging needs. There is a general lack of hygiene kits which impedes the safe water collection and storage, a key factor during the rains and cholera season. General lack of soap for personal hygiene will exacerbate the potential for increased diarrheal illnesses and cholera outbreak. New displacements like in Damboa have tested the capacity of the WASH sector, and partners' response. While there was the capacity to provide emergency infrastructure and services, the unforeseen extended stay of the IDPs require an urgent need to set up improved structures. Water trucking and improvement/increasing capacity of production are required to increase coverage and access, a situation witnessed by long queues in recent arrival locations like in Damboa. Partners have suffered low funding and limitation in access in Rann and Mafa will need reinforcement during and right after the rainy season.
Priority Activities	<ul style="list-style-type: none"> Cholera Preparedness and Response Emergency latrines and bathing facilities construction Operation and maintenance of WASH infrastructure Hygiene Kits distribution and hygiene Promotion
Locations	<ul style="list-style-type: none"> LGAs: Ngala, Banki, Pulka, Bama, Dikwa, Monguno, Mafa, Jere, Maiduguri, Rann, Damboa, Yola North, Yola South, Girie, and Song. (Cholera response activities will require flexibility of locations based on caseload and increased risks)
Targeted Population	<ul style="list-style-type: none"> IDPs and host population

Nutrition | US\$ 1,200,000

SECTOR	Nutrition
Key Response Activities	<ul style="list-style-type: none"> Outpatient and Inpatient treatment of severe acute malnutrition of children under-five (Stabilization Centres/OTPs)
Key Needs and Gaps	<ul style="list-style-type: none"> LGAs in Borno, Adamawa, and Yobe with the global acute malnutrition (GAM) rates of 10-20% that expect a higher number of admission in the treatment of severe acute malnutrition in outpatient and inpatient treatment
Priority Activities	<ul style="list-style-type: none"> The priority activity is inpatient treatment of severe acute malnutrition. The current capacity of the nutrition sector to treat severe acute malnutrition (SAM) inpatient is at 30% of the need; priority will be given for centres overwhelmed by the influx of new arrivals in existing camps and secure centres and LGAs with no stabilization centres. This will include provision of life-saving nutrition supplies to the SC/OTP centres. Areas with less coverage of treatment services will be prioritized.
Locations	<ul style="list-style-type: none"> LGAs: Rann, South Yola, Nganzai and Magumeri, Gubio, Maiduguri, Kwaya Kusar, Shani.
Targeted Population	<ul style="list-style-type: none"> Children from six months to five years' old

Health | US\$ 3,000,000

SECTOR	Health
Key Response Activities	<ul style="list-style-type: none"> • Fill critical gaps in the ongoing cholera response in Adamawa state where the outbreak is spreading to other LGAs • Provision of integrated primary health care services, including sexual and reproductive health, including the provision of essential drugs and medical supplies.
Key Needs and Gaps	<ul style="list-style-type: none"> • Urgent support is required to contain and control the ongoing cholera outbreak in 3 LGAs namely Yola North, Yola South, and Girie while there are reports that the outbreak is spreading to Song and other adjoining LGAs. • Gaps in service delivery, especially the treatment of common diseases like malaria (testing and treatment), pneumonia, acute diarrheal diseases, respiratory infection, and treatment of injuries. • Limited or no access to emergency primary health care, including weak referral system, needs immediate support through transportation, consultation fee and other support of referrals for critically ill, injured, pregnancies with complications and those with mental health disorders from IDPs camps and hosting areas. Urgent medical care is often required for GBV survivors. Mental Health and Psycho-Social Support is also needed in many hard to reach locations and IDPs camps.
Priority Activities	<ul style="list-style-type: none"> • Cholera response and provision of integrated primary health care including reproductive health services
Locations	<ul style="list-style-type: none"> • LGAs: Yola North, Yola South, Girie and Song, Ngala, Pulka, Bama, Dikwa, Monguno, Damboa
Targeted Population	<ul style="list-style-type: none"> • Adamawa 17 high risk wards currently facing cholera outbreak • Borno; IDPs camps and areas with critical gaps in health services delivery

Protection | US\$ 1,200,000

SECTOR	Protection
Key Response Activities	<ul style="list-style-type: none"> • Enhancing capacity to ensure mechanisms for identifying, monitoring, reporting and responding to protection risks. Strengthen the provision of quality GBV services that are responsive to the needs. Enhancing the provision of quality frontline child protection and coordinated services to meet priority needs for children at risk of or affected by protection risks
Key Needs and Gaps	<ul style="list-style-type: none"> • Poor management of GBV incidents due to weak GBV case management capacity, challenges in coordination of referrals, lack of support for actual referrals and lack of critical supplies at referrals centres and non-functional safe shelter facilities. • Limited case management services including continuity to ensure comprehensive provision of services. Inadequate quality of psychosocial services for children particularly on age-specific interventions. Need for enhanced LGA-level actions to identify and address gaps in services, quality, inter-sectoral referrals and coordination. • Limited knowledge and awareness on protection risks and hazards amongst duty-bearers and affected communities. Limited protection community-based mechanisms focusing on prevention. Gaps in protection services for those affected by risks, hazards and violations.

SECTOR	Protection (<i>continued</i>)
Priority Activities	<ul style="list-style-type: none"> • Strengthen field coordination capacity for timely, appropriate and comprehensive response to GBV survivors and those at risk. Improve GBV Case management capacity to support referrals of GBV survivors for services and provide critical supplies to referral centres/facilities. Support/revitalise capacity of two safe shelter facilities to provide remedial care to survivors including establishing a toll free call centre. Strengthen existing capacity for more predictable provision of standardised dignity kits for women and girls of reproductive age. • Strengthen case management services focusing on quality and timeliness of response including inter-sectoral referrals at the field-level and strengthening referral pathways. Age-specific psychosocial support interventions for children that are to address gaps in quality. Strengthen LGA-level capacities for needs identification and monitoring and taking appropriate response to address gaps. • Provision of life-saving information on protection risks and hazards including GBV prevention, awareness-raising and protection desks for identification and response community members affected by protection risks.
Locations	<ul style="list-style-type: none"> • LGAs: Borno: Bama, Damboa, Dikwa, Gubio, Jere, Maiduguri, Monguno, Ngala, Pulka, Rann • Adamawa: Mubi, Yola North, Yola South.
Targeted Population	<ul style="list-style-type: none"> • IDPs, host communities and right bearers

7. ALLOCATION GUIDELINES AND PROCESS

All project proposals should be submitted via Grant Management System (GMS). Deadline for submissions of proposals: 17 October 2019 at 17:00 West African Time.

7.1 Summary Guidelines and Requirements

Funds Allocation - As per the NHF Advisory Board recommendation, this allocation intends to support NGOs' access to funding. Accordingly, 70% of the fund for this allocation should be directed to National and International NGOs.

Eligibility for Allocation – This Reserve Allocation is open to all NHF Partners who have completed the due diligence review and have undergone a capacity assessment with confirmation that they have met the NHF capacity requirements. (Annex 1: List of NHF Eligible Partners)

Eligibility – Compliance - Partners with outstanding narrative or financial reports are not eligible for funding under this allocation. Additionally, Partners with a Qualified or Adverse Audit Opinion from the 2019 NGO Audit are not eligible for funding under this allocation.

Project Budget Amount – The minimum project budget allowable is US\$ 100,000 per proposal. The maximum project amount is determined by the partner risk level as detailed in the Operational Modality Table in the NHF Operational Manual. Partners must check their risk level on the GMS before project submission and adhere accordingly to the NHF operational modalities.

Project Implementation Period – The maximum project implementation and grant agreement length are twelve (12) months. A minimum project period of eight (8) months is in place for this allocation due to the significantly high percentage of No Cost Extensions requested for six month projects under previous allocations.

7.2 Value for Money

To ensure Value for Money (VfM) from the operational aspect of projects, ceilings for staffing and general and operating costs as a percentage of total budget are in place for this allocation. Budget guidelines per sector for staffing and general operating costs are indicated below. The ceilings were determined by performing an analysis of the average staffing and operational costs by Sector for all previous allocations from 2017 through the 2019 First Reserve Allocation.

Sector	CCCM	Shelter & NFI	Nutrition	Health	Protection	WASH	Logistics
Staff and Personnel Costs	17.0%	20.0%	18.0%	19.0%	18.0%	13.5%	24.5%
General Operating and Other Direct Costs	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%

7.3 NHF Complaints Mechanism

Stakeholders' concerns or complaints regarding the NHF processes or decisions can be addressed to the OCHA Head of Office (ocha-nga_hfucomplaints@un.org). Complaints are compiled, reviewed and raised with the HC for decision making. The HC informs the AB of complaints and any actions taken. The NHF will respond to all complainants within 24 hours, clearly stating the next steps that will be taken, i.e. further information requested or complaint referred to HC for decision making.

8. ALLOCATION TIMELINE | Second Reserve Allocation 2019

Process Summary		Activity	Responsible	# of Days	Key Date
Allocation Strategy Development and Endorsement	1. Draft Allocation Strategy Paper	NHF prepares Draft Allocation Strategy for preliminary review by HC	NHF		06 September
	2. Allocation Strategy Endorsement	Advisory Board reviews, provides feedback for revision, and endorses the Allocation Strategy Paper.	AB		13 September - 02 October
1. Proposal Development and Submission	3. Allocation Launch	Allocation Launch meeting with Sectors Orientation Workshops	NHF	2 days	20, 26 September
	4. Proposal Submission	NHF Eligible Partners submit proposals	Partners	10 Days	03 - 17 October
2. Proposal Review	5. Strategic Review	Submitted proposals are reviewed on the strategic level in line with the provided guidance. Projects are Ranked and selected based on scorecard.	Strategic Review Committee	6 Days	21 - 28 October
	6. Technical Review	Selected project proposals and budgets are reviewed on a technical level.	Technical Review Committee	13 Days	28 October - 13 November
3. Approval of Project Proposals	7. Endorsement of Approved Proposals	Schedule of selected and technically cleared projects are presented to the Advisory Board for Endorsement	HC AB NHF	4 days	13 - 18 November
	8. Grant Agreements signed	Grant agreements are prepared by the NHF, signed by HC, and counter-signed by Implementing Partner	HC AB NHF	5 days	18 - 22 November
4. Disbursement	9. Initial Disbursement	First tranche of funds is disbursement following receipt of <u>payment request</u> from Implementing Partner and processing by OCHA HQ	Partners OCHA HQ	3 days	21 - 25 November
5. Project Implementation	10. Project Implementation	Project Implementation Commences	Partners		25 November
Total Allocation Process Days*				43	

*Maximum number of Allocation Process business days, including the overlap of certain processes is 43. This compares to 69 days for the 2019 First Reserve Allocation.

9. ALLOCATION PROCESS – PROPOSAL SUBMISSION AND REVIEW

All projects submitted will undergo a strategic and technical review. NHF with the support of sector leads will develop a prioritization criteria and co- lead the project strategic review process. In order to increase the efficiency of the Strategic Review, for this allocation Strategic Review Committee (SRC) members are required to score projects and send to the NHF a day prior to the SRC review meetings. The NHF will consolidate the scores and rank the projects accordingly for the discussion at the Strategic Review.

The following parameters⁵ should be ensured during the preparation/submission of proposals:

Section	Key Parameters
Strategic Relevance	<ul style="list-style-type: none"> Alignment with HRP Strategic Objectives, Sector Objectives and with the priorities of this allocation.
Program relevance	<ul style="list-style-type: none"> 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. Projects do not duplicate activities covered under any ongoing NHF Allocation or any other funding. Projects pursue multi-sectoral approaches and collective outcomes
Partnerships	<ul style="list-style-type: none"> Recognizing that the capacity of National Partners is greatly strengthened by partnering with INGOs, the NHF encourages the submission of proposals that include National Partners whenever feasible. The strategic review score cards will include incentive points for such partnering.
Value for money and Cost-effectiveness	<ul style="list-style-type: none"> Partners that have other donors for similar activities are required to demonstrate how any new funding will be complementary and indicate the amounts and sources of any co-funding of proposals. Staffing and Operational costs are consistent with indicated ceilings. Proposals are demonstrating stronger cost effectiveness and cost per beneficiary ratio. Proposals are demonstrating the lowest cost compared with activities and outputs. The proposed project duration represents the best use of resources.
Management and monitoring	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
Cross Cutting Issues	<p>All projects should reflect consideration of the following cross-cutting issues:</p> <ul style="list-style-type: none"> 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 Gender with Age Marker (GAM) and indicate the resulting code⁶

Sectors may develop additional prioritization criteria based on programmatic specificities and best practices, considering the general categories described in the above table and integrate advance in the score card.

⁵ Included in the Balanced Scorecard used by Strategic Review Committees (SRC) at sector level

⁶ Monitoring results will be shared with the relevant sector

Annex 1 - NGO Partners Eligible for 2019 Second Reserve Allocation**NHF Eligibility List as of 02 October 2019⁽¹⁾**

#	Name of Organization	Acronym	Organization Type	Eligibility Status
01	Action Against Hunger	AAH	INGO	Eligible
02	Action Health Incorporated	AHI	NNGO	Eligible
03	Agency for Technical Cooperation and Development	ACTED	INGO	Eligible
04	CARE International	CARE	INGO	Eligible
05	Catholic Relief Services	CRS	INGO	Eligible
06	Centre for Community Health and Development International	CHAD	NNGO	Eligible
07	Centre for Integrated Development and Research International	CIDAR	NNGO	Eligible
08	Christian Aid	CAID	INGO	Eligible
09	Christian Rural and Urban Development Association of Nigeria	CRUDAN	NNGO	Eligible
10	Civil Society for Poverty Eradication	CISCOPE	NNGO	Eligible
11	Foundation for Refugee Economic Empowerment in Nigeria	FREE	NNGO	Eligible
12	Green Concern for Development	GREENCODE	NNGO	Eligible
13	Hope and Rural Aid Foundation	HARAF	NNGO	Eligible
14	International Rescue Committee	IRC	INGO	Eligible
15	Intersos	INTERSOS	INGO	Eligible
16	Jireh Doo Foundation	JFD	NNGO	Eligible
17	Kanem Borno Human Development Association	KBHDA	NNGO	Eligible
18	Lindii Peace Foundation	LPF	NNGO	Eligible
19	Malteser International	Malteser Int'l	INGO	Eligible
20	Mercy Corps	MC	INGO	Eligible
21	Mines Advisory Group	MAG	INGO	Eligible
22	Norwegian Church Aid	NCA	INGO	Eligible
23	Norwegian Refugee Council	NRC	INGO	Eligible
24	Oxfam Novib	OXFAM	INGO	Eligible
25	Plan International	Plan	INGO	Eligible
26	Restoration of Hope Initiative	ROHI	NNGO	Eligible
27	Secours Islamique France	SIF	INGO	Eligible
28	Social Welfare Network Initiative	SWNI	NNGO	Eligible
29	Solidarités International	SI	INGO	Eligible
30	Street Child	Street Child	INGO	Eligible
31	Terre des hommes foundation	TDHL	INGO	Eligible
32	ZOA International	ZOA	INGO	Eligible
2019 Newly Eligible Partners				
33	Agaji Global Unity Foundation	AGUF	NNGO	Eligible ⁽²⁾
34	Goalprime Organization Nigeria	GPON	NNGO	Eligible ⁽²⁾
35	iMMAP	iMMAP	INGO	Eligible
36	Rehabilitation Empowerment and Better Health Initiative	REBHI	NNGO	Eligible ⁽²⁾
37	Salient Humanitarian Organization	SHO	NNGO	Eligible ⁽²⁾
38	SOS Children's Villages Nigeria	SOSCVN	INGO	Eligible
39	Taimako Community Development Initiative	TCDI	NNGO	Eligible

⁽¹⁾Continued Eligibility is contingent upon financial and narrative reporting compliance, and satisfactory results from the 2019 NGO Project Audit currently in progress.

⁽²⁾Partner is required to have in place an accounting system prior to the initial disbursement.

Annex 2 – Contact Information:**Sector Coordinator Contacts**

Sector	Name	E-mail
CCCM, Shelter and NFI	Robert Odhiambo-	rodhiambo@iom.int
CCCM, Shelter and NFI	Brice Degla -	degla@unhcr.org
Nutrition	Simon Kranja	skaranja@unicef.org
Health	Muhammad Shafiq	shafiqm@who.int
Protection	Hilda Ochuonyo	ochuonyo@unhcr.org
Protection	Joyce Mutiso	jmutiso@unicef.org
WASH	Bob Bongomin	bbongomin@unicef.org