

# 2020 First Round Ethiopia Humanitarian Fund Standard Allocation

## *Allocation Strategy Paper*

*Project Proposal Deadline: 29 April 2020*

### I. Allocation Overview

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#### A) Introduction

This document outlines the strategic objectives for the 2020 First Round Ethiopia Humanitarian Fund (EHF) Standard Allocation<sup>1</sup>. The allocation strategy supports critical humanitarian response priorities and funding gaps that were agreed upon and presented in the Humanitarian Response Plan (HRP) for the first half of 2020. A subsequent prioritization exercise (led by the Inter-Cluster Coordination Forum) identified acute relief needs and major gaps that require urgent response in the context of the HRP.

Immediate needs of vulnerable populations and the associated basic response activities to the ongoing COVID-19 pandemic will be considered in all cluster specific allocations in alignment with the national multi-sectoral COVID-19 response plan. The overall response is coordinated through the national Emergency Coordination Center (ECC) under the leadership of the National Disaster Risk Management Commission (NDRMC) and the Ministry of Health (MoH).

The Humanitarian Coordinator (HC), in consultation with the Advisory Board determined an allocation of **US\$ 23.2 million** to support the most critical funding gaps. **This allocation is based on \$8 million available contribution and nearly \$18 million commitments in the pipeline.** Disbursement to partners will be made as per actual transfer/deposit of donor contributions. Nearly \$3 million will be kept in the pot to ensure a predictable funding capacity for unforeseen emergencies.

The EHF allocated some \$63 million in 2019, supporting 127 multi-sector projects across the country mostly responding to the needs of internally displaced persons (IDPs), returnees and other drought-like situations in the country.

#### B) Humanitarian Situation

Ethiopia counts 52 confirmed cases of COVID-19 with two deaths as at 8 April, including cases in Addis Ababa, Amhara, Oromia and in Dire Dawa city administration. The government announced all non-essential civil servants to work from home, closed all schools and higher education institutions and suspended public gatherings of any kind for some time. The national election previously planned in August, is also postpone indefinitely. The national multi-sector response plan projects that a total of 10 million

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<sup>1</sup> In accordance with operational modalities outlined in the EHF Operational Manual issued by the Humanitarian Coordinator (HC), a Standard Allocation is triggered following the launch of the Government / Partner Humanitarian Response Plan (HRP) and its subsequent mid-year review that identifies acute relief needs and major gaps that require urgent response. The HC, in consultation with the Advisory Board determines the amount to be allocated through the allocation.

people will require life-saving assistance in addition to the existing 7 million HRP beneficiaries and the identified vulnerabilities, including 1.7 million IDPs. The situation is also expected to stretch the response capacity of the government and its partners.

This is in addition to an on-going cholera outbreak that continued to be reported in Somali, Oromia and SNNPR with over 2,600 cases and 25 deaths recorded since its onset in late December 2019. The situation is dire in South Omo and Gofa zones of SNNPR and Dawa and Afder zones of Somali region. The country's safe water supply stands at 30 per cent, serving as the leading cause of communicable diseases.

The Government and partners are finalizing the result of a nationwide assessment to gauge the impact of desert locust infestations on livelihoods and food security of the country. At least 173 woredas across seven out of the nine regions have been affected by desert locust since the infestation began in late 2019, causing significant threat to food security. Out of the affected woredas, the assessment targeted 1,600 households in 64 kebeles across 32 woredas in Afar, Amhara, Oromia, SNNP, Somali and Tigray regions, as well as Dire Dawa City Administration. Preliminary findings indicate decreased food availability at household level, low market supply of food items and subsequent increase in market price compared to the same time last year. Affected households require food assistance for sustenance between March and July and protection to core productive assets. The Ministry of Agriculture identified critical gaps in livestock feed, crop seeds, forage seeds, livestock restocking, and vaccination and treatment.

The condition of the more than 1.7 million Internally Displaced People (IDPs) and returnees remains to be dire, including some 200,000 IDPs in Guji, West Guji and West Wollega zones of Oromia region that are left without adequate assistance for several months due to insecurity. About 3,000 IDPs who remain at the Millennium Park, Dire Dawa City Council, are also facing a similar situation. More than 120,000 displaced people remain without adequate assistance due to limited partner presence and security-related access constraints in some localities of Guji zone. Beyond the limited shelter and food assistance, sustained multi-sector humanitarian assistances as well as recovery support is urgently required.

### **C) Humanitarian Response Plan of 2020, COVID-19 Response Plan and other resource mobilization documents**

The Humanitarian Response Plan (HRP) identified \$1 billion to respond to the needs of 7 million people targeted due to climate shocks, internal displacement, disease outbreaks and flooding. To date, only 11 per cent of the HRP requirement is funded and additional resources are urgently required to meet the immediate needs of the identified beneficiaries in the document. The immediate 'high priority' funding requirements to address critical gaps in the prioritized sectors is nearly \$29 million in the context of Strategic Objective 1 – *'Lives are saved and sustained'* and Strategic Objective 2 – *'Protection services for affected communities are provided'*.

The COVID-19 multi-sector response plan requests \$1.2 billion as 'top priority' funding requirement to address the critical gaps between April to June. The paper draws on the most likely countrywide scenario based on analysis of additional needs to the already existing 7 million HRP targets. It also builds up on the operational challenges to be encountered as a result of complete or partial lock downs and restrictions as well as price inflations. The document outlines the collectively agreed humanitarian funding requirements to support donor funding decisions for the next three months.

The response plan expands the global appeal document that requested \$2 billion for the COVID-19 response for over a period of nine months (April–December 2020). The global plan represents an initial estimate of funding required to address the additional needs provoked by the COVID-19 pandemic across all regions, building on, but without prejudice to the ongoing humanitarian operations for pre-COVID-19 emergencies.

A total of \$138 million is requested for the regional desert locust response in order to scale up preventive and control measures as well as livelihood interventions until the end of June 2020. A total of \$65 million is requested for the national response, which includes control measures and livelihood interventions.

## II. Allocation Strategy/ Breakdown

### A) Purpose of the Allocation Strategy and linkages to the resource mobilization documents

The Inter Cluster Coordination Group undertook a strategic prioritization exercise identifying the ‘high priority’ funding requirements to address critical gaps focusing on geographic locations, the most vulnerable populations, and immediate and life-saving activities for response. The basic minimum asks from the sectors were consolidated and presented to the EHF Advisory Board in its meeting of 24 March 2020.

In the context of the immediate priorities, the HC recommended funding to the highest priority sectors of Agriculture (\$1.1 m), Education (\$1.5 m), Health (\$3.8 m), Emergency Shelter/ NFI (\$4.5 m), Nutrition (\$4 million), Protection (\$2.5 m) and WASH (\$3.8 m). An additional \$2 million is provided to the Logistics cluster to support its activation and create an augmented logistics capacity in response to the pandemic particularly related to transportation and pre-positioning of supplies and warehousing.

Immediate and life-saving activities including access to safe water, establishment of sanitation facilities, support to health and nutrition services, responding to the shelter and other needs of IDPs/ returnees, and response to the ongoing COVID-19 pandemic including decongesting of overcrowded shelters are prioritized for funding. Protection services for IDPs and other groups with specific needs are also prioritized for funding.

Locations that experience ongoing skirmishes between government and armed groups, and that host large numbers of displaced people as well as returnees in East and West Wellega zones, East and West Hararghe zones, Guji zone, West Guji zone and Bale zone of Oromia region; Awi and Central zones in Amhara, Metekel and Kamashi zones in Benishangul Gumuz; South Omo, Gamo Gofa and Sidama zones in SNNPR and Somali region are recommended for prioritized response.

The allocation also considers the Emergency Relief Coordinators (ERC) priority areas whereby response in the critical sectors of protection and education were prioritized for funding. Additionally, prioritized caseloads of people with disabilities and women and girls will be covered by the severity of needs analysis that guided the HPR targeting strategy focusing on vulnerability.

The first round EHF Standard Allocation window is prioritized as follows:

Sectors for response	Amount in million (US\$)	Coordination
Agriculture and Livestock	1.1 M	Agriculture Cluster
Education	1.5 M	Education Cluster
Emergency Shelter/ Non-Food Items	4.5 M	ES/NFI Cluster
Health	3.8 M	Health Cluster
Nutrition	4 M	ENCU
Protection	2.5 M	Protection Cluster

WASH	3.8 M	WASH Cluster
Logistics	2 M	Logistics Cluster
<b>Total</b>	<b>23.2 M</b>	

## B) Prioritization of Projects

In coherence with the minimum immediate priorities identified by the Sector in the context of the HRP, this allocation will prioritize support to activities that address the below requirements:

### General:

- 1) consider communities based on vulnerability (regardless of their status), focusing on needs-based targeting;
- 2) address geographic priorities identified based on ‘inter-sectoral severity of needs’ analysis as guided by the HRP;
- 3) cash is considered as preferred modality of response, where feasible;
- 4) are time critical, ensuring timely delivery of emergency response activities;
- 5) are implemented by organizations that are part of the federal and local coordination structure;
- 6) are multisectoral projects designed as per the joint inter-cluster advocacy paper ‘*urgent need for integrated emergency response in 141 outbreak and under nutrition affected woredas of Ethiopia in 2020*’ by the Health, WASH and Nutrition Technical Working (HWN TWG);
- 7) duration should be set at the minimum necessary for efficient implementation of the project and may not be longer than 12 months;
- 8) cost efficient and should include cross-cutting themes: accountability to affected populations, ‘do no harm’, protection, gender and age. *Projects should ensure attention to protection issues and the EHF will be accepting of additional budget lines, mainstreaming protection related activities as well as mitigation of the risks.*

### COVID-19 preparedness and response prioritization:

- 9) consider including a contingency budget line up to 4 per cent of the total project budget under “General Operating and Other Direct Costs” category; *This approach will ensure speedy response as this budget can be easily re-programmed and used to address needs related COVID-19, if situation deteriorates.*
- 10) include at least one COVID-19 response/preparedness indicator in the log-frame to ensure measurable activity in the programme;
- 11) prioritize targeting of vulnerable populations at risk of COVID-19 including the urban poor;
- 12) include risk analysis of continued implementation with expanded COVID-19 outbreak.
- 13) **OCHA is currently finalizing a package of procedure changes that are designed to assist flexible programming with reduced bureaucracy in the context of the ongoing pandemic. All implementing partners will be notified of the details of these changes as soon as possible.**

### C) Allocation Strategic Priorities

Sectors	Prioritized Activities <sup>2</sup>	Geographic Areas <sup>3</sup>	Amount in million (US\$)	Coordinating Organization
<b>Agriculture &amp; Livestock</b>	Animal feed provision, animal health support, emergency seeds	Somali: Doolo, Liben, Sitti	1.1 M	FAO
<b>Emergency Shelter/ Non-Food Items</b>	Emergency shelter/ NFI for IDPs, shelter repair kit to returnees, cash for shelter/rent as well as decongesting overcrowded shelters	Oromia: W.Wollega, Guji, W. Guji, E/W Hararghe Somali: Sitti, Liben, Dawa BG: Metekel, Asossa, Kemashi Afar: Zones 1 & 3	4.5 M	IOM
<b>Education</b>	Support continuity of learning through radio and TV based lessons for all children and self-learner packs for those in hard to reach areas; Support disinfecting of schools, provide adequate hygiene kits to schools and support schools in implementing safe schools' operation to avoid second wave	Oromia: Guji, Bale, West Hararghe Somali: Jarar, Sitti, Liben SNNP: Guraghe, Sidama	1.5 M	UNICEF
<b>Health</b>	MHNT, procure emergency health kits, surveillance & lab capacity, case management, procure and preposition emergency health kits, emergency vaccination campaigns	Oromia, Somali, SNNP, BG, Addis Ababa (More specific locations might be included depending on case –by-case basis).	3.8 M	WHO
<b>Nutrition</b>	Delivery of life-saving services (CMAM/IMAM), support of IYCF	Geographic targeting will be based on locations with highest 2020 HRP SAM/MAM targets and with pressing needs eg. IDP-affected areas, high incidences of measles, cholera, and high WASH needs, as per ENCU recommendation.	4 M	ENCU
<b>Protection</b>	Protection monitoring, advocacy, GBV/CP identification and case management, MHPSS, HLP and civil documentation, risk mitigation and awareness	Oromia: West Guji, Guji, E/W Hararghe, E/W. Wollega,	2.5 M	UNHCR

<sup>2</sup> All proposed activities should be implemented following modalities and SOPs that reduce the risk of COVID-19 transmission.

<sup>3</sup> Areas categorized as 'major' / 'severe' in the HRP based on inter-sectoral severity of needs analysis must be considered for guiding prioritized response in all sectors.

	(including through community protection structures), site planning/coordination	Somali: Dawa, Fafan, Liben, Sitti, Shebelle, Erer, Nogob BG: Kamashi, Metekel Amhara: Awi, Central Gonder SNNP: Gedeo Dire Dawa City		
<b>WASH</b>	Rehabilitation of water supply schemes, construction of latrines, distribution of WaSH NFIs, hygiene promotion, emergency water trucking	Somali: Dawa, Afder, Shebele, etc Oromia: Guji, Bale, E/W. Hararghe, etc SNNP: S. Omo, Gamo Gofa Amhara: Waghimra, etc as per recommendation by WASH Cluster	3.8 M	UNICEF
<b>Logistics</b>	Dedicated capacity for the COVID-19 response. Activate the cluster, augment the logistics and storage capacity including facilitating transportation / preposition of supplies etc	As identified by the Cluster	2 M	WFP
<b>TOTAL</b>			<b>23.2 M</b>	

### III. Timeline and Procedure<sup>4</sup>

Activity	Indicative duration	Stakeholders involved
EHF eligible <sup>5</sup> partners submit applications through GMS	15 working days from 8 April (by 29 April)	Partners
Strategic review completed CCs present portfolio AB	7 working days (by 8 May)	CCs, EHF
Financial and technical review & re-submission	10 working days (by 22 May)	CCs, EHF, FCS, Partners
HC to share list of project proposals with AB & HC Final Approval	2 days (by 26 May)	HC, AB, EHF
Finalization of Grant Agreement	3 working days (by 29 May)	Partners, HC, EHF

<sup>4</sup> The timeline has been extended from the standard in due consideration of the current working modality. Official holidays are considered, and flexibility will be further implemented as required

<sup>5</sup> Eligible organizations are international and national NGOs and organizations of the Red Cross Movement who have undergone the due diligence and capacity assessment process to receive funding from the EHF and UN Agencies.

### Criteria for Technical Review of Projects

- All applications must be subject to technical review, usually led by cluster coordinators or through a process organized by OCHA if the application is from the Cluster Lead agency.

## IV. Allocation Approach

- With locations and response requirements clearly defined, the primary modality of this allocation will be the proactive identification of best-placed partners for the response through cluster coordination and working group mechanisms. This approach will ensure efficient prioritization and rapid processing of applications.
- Organizations that have ongoing EHF project(s) and apply for the same activities and locations under this allocation should clearly indicate how the new funding will complement the previously EHF-funded project(s). The decision on funding will be subject to that value of the currently ongoing IP projects, taking into consideration the EHF-assigned risk levels and the relevant thresholds.
- In areas where development funds exist, EHF funds should be used as catalyst and in complement to these initiatives.
- Implementing partners are encouraged to establish/ use existing partnerships with NNGOs to ensure continued delivery of services given the current movement restrictions.

### Key Contacts

- EHF Management Team: *Tim Mander (mander@un.org) & Senait Arefaine (arefaines@un.org)*
- EHF feedback and complaint mechanism: *feedback-ehf@un.org*
- Cluster Coordinators' Contacts:

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