

2020 Second Round Ethiopia Humanitarian Fund Standard Allocation

Allocation Strategy Paper

Project Proposal Deadline: 9 October 2020

I. Allocation Overview

This document outlines the strategic objectives for the 2020 Second Round Ethiopia Humanitarian Fund (EHF) Standard Allocation¹. The allocation strategy supports a three-pronged approach whereby the critical humanitarian response priorities and funding gaps that were agreed upon and presented in the Mid-Year Review of the Humanitarian Response Plan (MYR-HRP) for the second half of 2020 has been used as a basis. A prioritization exercise (led by the Inter-Cluster Coordination Group) further identified acute relief needs and major gaps that require urgent response in the context of the MYR. A subsequent geographic prioritization exercise identifying areas of greatest convergence with critical needs is also used to inform the allocation.

Accordingly, the Ethiopia Humanitarian Country Team (EHCT) determined the need for integrated response in the main IDP sites as per the existing Response Plans. *Woredas* that have the highest requirements by at least four sectors have been prioritized for funding under this allocation. Funding is also apportioned to other priorities articulated by the clusters as per the traditional approach in the context of the MYR.

The effects of the COVID-19 global pandemic, flash floods, conflict and massive invasion of desert locusts have doubled the number of people in need of humanitarian assistance in Ethiopia this year, to nearly 16 million. Additionally, funding analysis conducted in July revealed that the unmet requirements identified in the HRP have never been so high before in Ethiopia at mid-year.

The Humanitarian Coordinator (HC), in consultation with the Advisory Board determined an allocation of **US\$ 20.1 million** to support the most critical funding gaps. **This allocation is based on \$9.3million available contribution and nearly \$11.3 million commitments in the pipeline.** Disbursement to partners will be made as per actual transfer/deposit of donor contributions. Nearly one million will be kept in the pot to ensure a predictable funding capacity for unforeseen emergencies.

In the year, the EHF launched two allocations, Standard and Reserve, for \$23.3 million and \$1.5 million, respectively. Under the first standard allocation, 54 multi-sector projects were supported with highest investments to ES/NFI, health and WASH sectors. A Reserve Allocation in support of quarantine centers in response to COVID-19 has also been supported. CERF has allocated \$8 million to flood and Cholera response from its Rapid Response window.

¹ 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.

II) Humanitarian Context

A) Situation Update

The Government and humanitarian partners in Ethiopia are continually grappling to respond to prevailing chronic vulnerabilities such as drought, food insecurity, conflict and displacement in the current environment of COVID-19.

As at 31 August, there are 51,122 COVID-19 cases with 793 deaths registered out of 890,929 samples tested since March 2020. The most infected by the virus are 15-24 years age group, and men, while women and girls are also at greater risk of exposure as front line workers/care givers and face disproportionate secondary socioeconomic impacts. The daily testing capacity has been exponentially increasing over the last couple of weeks, along with the number of cases identified. COVID-19 cases have been confirmed in two refugee camps in Somali region (Kabribayah and Awbare camps). Additionally, at least 17 IDPs tested positive for COVID-19 (as at 3 August) in Qoloji and Gabogabo IDP sites. School closure due to COVID-19 interrupted the schooling of 26 million children, suspended school-feeding programs to one million children, and hindered services delivered through Education in Emergencies programs. The suspension of schooling has also increased child protection risks (e.g. exposure to abuse in the home) and negative coping mechanisms involving children (such as child labour and child marriage). The shortage of personal protective equipment (PPE), testing, protection and treatment supplies and insufficient infrastructure in quarantine and isolation centers is affecting the response efforts in most parts of the country. Most recently, one of the biggest COVID-19 treatment centers (the Millennium Hall) is nearing full capacity and would not be able to receive patients needing intensive care and high-flow oxygen after a week.

A cholera outbreak triggered in early June, is expanding in the southern and southwestern parts of the country. West Omo zone (SNNPR), which is one of the worst-affected areas in the country, has reported 3,676 cases and 105 deaths as of 13 August. At least 6,789 Cholera cases were reported between January and August 2020 across SNNP (4,819 cases), Somali (1,319) and Oromia (651) regions.

Heavy *kiremt*/ summer (June -September) rains have led to flooding and displacement in flood-prone areas around the country. As at 26 August, 454,678 people were so far affected by recent floods (July and August), including 120,458 people displaced in Afar, Somali, Oromia SNNP and Gambella regions. Afar suffered the largest displacement with 41,731 people displaced (69,885 people affected overall); followed by SNNP with 28,426 people displaced (35,433 affected), and Somali with 24,804 people displaced (100,166 affected). The risk of further flooding is high during the remainder of the rainy season according to the National Meteorological Agency.

Additionally, according to the June/July 2020 IOM's DTM round 22 data, an overall 1.8 million people are currently displaced in more than 1,200 sites across the country. This data shows a 4.9 per cent increase in the number of IDPs from that of the previous round in February/March, this year. Although the increase can be attributed to the new coverage of previously unassessed areas such as Sidama and SNNP, the overall increase in conflict situations, drought and ongoing floods contributed significantly. Additionally, some 1.4 million returning IDPs are reported in 1,205 villages in Oromia, Somali, SNNP, Benishangul Gumuz, Amhara, Tigray, Hareri and Dire Dawa who were initially displaced due to the same reasons.

Adding to the in-country challenges, the country received more than 28,000 Ethiopian migrant returnees since 1 April. These individuals were either deported or returning voluntarily due to COVID-19-related job losses and economic hardship faced in their host country. The Government, with support from IOM and other partners, are providing COVID-19 screening upon arrival, as well as distribution of food, water and onward transportation services. Some 1,500 returning migrants are arriving every week on average.

All these situations are further aggravated by the continued social unrest due to ethnic and inter-communal conflicts, and clashes between government and unidentified armed groups in western parts of Amhara, Oromia and Benishagul Gumuz. In Oromia, since October 2019, there have been four major situations of generalized unrest, which have caused havoc in the country, impacting the movement of goods and the provision of services to other regions such as Benishangul Gumu, Gambella, SNNP and Somali regions. The latest unrest was in Wolaita zone (SNNPR) due to tensions between groups requesting for Wolaita statehood and the Government. The overall situation is volatile, and tension remains high.

B) Mid-Year Review of Humanitarian Response Plan of 2020, flood contingency plan and other resource mobilization documents

The mid-year review (MYR) of the joint Government and humanitarian partners' 2020 Ethiopia Humanitarian Response Plan (HRP) that lays out prioritized multi-sector humanitarian needs targeting 15.2 million people with emergency food and non-food assistance at a cost of \$ 1.44 billion was released on 1 September. The revision was based on assessments of the impact of spring (mid-February-May) rains on the seasonal harvest, as well as on water and pasture conditions in pastoralist and agro-pastoralist communities in lowland areas. The revision also accounted the humanitarian impact of the ongoing desert locust infestation on food insecurity and livelihood loss, displacements due to flooding and localized instabilities, as well as disease outbreaks such as cholera.

Funding analysis conducted in July revealed that the unmet requirements have never been so high before in Ethiopia at mid-year. Particularly, the non-food clusters are severely underfunded, and the funding level has not been this low since 2012. The funding level for food at July was also the lowest it has been in the last 5 years. Given the \$83.1 million Government allocation towards the 2020 HRP and donor contribution of \$425.1 million, the revised requirement of \$1.44 billion currently has a funding gap of \$929.6 million.

In May 2020, as part of a regional response, FAO \$29 million for safeguarding livelihoods of Desert Locust affected households. So far, \$16.4 million has been received, leaving a funding gap of 12.6 million.

A Flood Contingency Plan prepared by the National Flood Task Force in June projected that flooding will affect more than 2 million people and displace an estimated 435,000 people in flood-prone areas across the country during the current *kiremt* rainy season (June to September 2020).

III. Allocation Strategy/ Breakdown

The Allocation Strategy for this round has been prepared in an effort to maximize the impact of the highly limited resources available through integrated response, targeting the most vulnerable communities. IDPs hosted in ten sites have been prioritized for response due to their vulnerabilities as they are hosted in congested centers with minimal services available. *Woredas* with the highest requirements by most sectors have been prioritized for funding under this allocation. Funding is also apportioned to other priorities articulated by the clusters as per the traditional approach in the context of the MYR.

In the context of the three-pronged approach, the HC recommended funding structured towards responding to highest priority requirements of sectors in the context of the MYR-HRP; response to IDPs in the ten prioritized sites; and funding to *woredas* jointly identified for integrated response. This proposition was presented and discussed at the EHF Advisory Board in its meeting of 14 September 2020.

Summary	Proposed Funding (USD)
Allocations for Sectoral Priorities	8,700,000
Integrated Applications IDP Sites	6,400,000
Integrated Applications Convergence Woredas	5,000,000
Total Allocation	20,100,000

1) Sectoral Priorities as per the MYR-HRP

The Inter Cluster Coordination Group (ICCG) undertook a strategic prioritization exercise identifying the ‘high priority’ funding requirements to address critical gaps in the context of the MYR-HRP. Immediate and life-saving activities including access to safe water, establishment of sanitation facilities, support to health and nutrition services, response to the ongoing COVID-19 pandemic and protection services for communities affected by conflict are prioritized for funding.

Cluster	Fundi allocation (US\$)	Indicative list of prioritized activities
Agriculture	1,300,000	Livelihood support for DL, animal feed and animal health interventions
Education	500,000	Support continuity of learning through radio and TV based lessons; Support disinfecting of schools, provide adequate hygiene kits to schools and support schools in implementing safe schools’ operation during reopening
ESNFI	1,250,000	Emergency Shelter/ NFI procurement and distribution, Cash response
Health	1,250,000	MHNT, procure emergency health kits, surveillance & lab capacity, case management, procure and preposition emergency health kits,
Logistics	800,000	augment the logistics and storage capacity including facilitating transportation / preposition of supplies
Nutrition	1,250,000	Enhanced support to the delivery of life-saving Nutrition services including management of acute malnutrition (CMAM/IMAM program) and the promotion, protection and support of adequate IYCF practices
Protection	1,000,000	Protection monitoring, GBV/CP identification and case management, MHPSS, HLP and civil documentation, risk mitigation and awareness (including through community protection structures)
WASH	1,250,000	Rehabilitation of water supply schemes, construction of latrines, distribution of WaSH NFIs, hygiene promotion, emergency water trucking
IA/ AAP/ PSEA	100,000	AAP/PSEA Risk assessment informing HNO/HRP Process, Developing system for SEA case reporting/tracking, investigation and victim assistance and linkage with sexual misconduct disclosure scheme.
Total	8,700,000	

2) Prioritized IDP sites

A joint analysis of WASH, Health, and Shelter indicators identified 56 sites where IDPs live in overcrowded settings. Through an integrated WASH, Health, ES/NFI, Nutrition and Protection intervention impacts of COVID-19 can either be prevented or mitigated. The ICCG follows a phased approach towards these 56 sites. The ICCG has identified **10 high-risk IDP sites** in Oromia, Somali and Afar that need immediate intervention for this allocation. The response plans will be designed as per the specific Response Plans. Key activities such as site decongestion, risk communication, active community surveillance, and expansion of water and sanitation facilities are prioritized for funding.

Prioritized IDP sites					
Site Name	Region	Zone	Woreda	Total Individuals	Allocation ²
Adadle town	Somali	Shabelle	Adadle	5,960	400,000
Asbuli	Somali	Siti	Erer	9,631	700,000
Beareta	Afar	Gabi (Zone 3)	Amibara	5,848	500,000
Dawbala Amesa	Oromia	Borena	Guchi	9,294	700,000
Golbo	Oromia	Bale	Lege Hida	6,060	600,000
Hariso	Somali	Siti	Gablalu	7,111	700,000
Medresa	Oromia	Bunno Bedele	Dedesa	6,373	600,000
Qohle town	Somali	Afder	Qoohle	4,129	400,000
Qoliji 2	Somali	Fafan	Babile	45,570	1,100,000
Saden	Oromia	Borena	Guchi	8,847	700,000
				108,823	6,400,000

3) Prioritized woredas for Integrated Response

The ICCG also undertook an exercise identify priority areas with multi-sectoral needs. Subsequently, through convergence approach **woredas prioritized by four or more clusters** have been prioritized for funding under this round of allocation.

Prioritized Woredas					
Region	Zone	Woreda	Sectors	Must include ³	Allocation
Benishangul Gumuz	Kemashi	Kamashi	5	Educ, ESNFI, Health, Nut, Prot, WASH	800,000
Benishangul Gumuz	Kemashi	Yaso	5	Educ, ESNFI, Health, Nut, Prot, WASH	
Oromia	Borena	Moyale (Oromia)	5	Educ, ESNFI, Health, Nut, Prot, WASH	500,000

² The allocations amounts are related to number of people at site.

³ Exception to the “must include” sectors will include instances where there is an already ongoing project in that sector/location.

Afar	Zone 1 (Awwsi Rasu)	Dubti	4	Educ, ESNFI, Health, Nut, Prot, WASH	500,000
Benishangul Gumuz	Metekel	Dangura	4	Educ, ESNFI, Health, Nut, Prot, WASH	1,200,000
Benishangul Gumuz	Metekel	Guba	4	Educ, ESNFI, Health, Nut, Prot, WASH	
Benishangul Gumuz	Metekel	Mandura	4	Educ, ESNFI, Health, Nut, Prot, WASH	
Oromia	Guji	Liben	4	Educ, ESNFI, Health, Nut, Prot, WASH	500,000
Oromia	West Hararge	Tulo (Oromia)	4	Health, Nut, Prot, WASH	500,000
Oromia	West Wellega	Gimbi	4	ESNFI, Nut, Prot, WASH	500,000
Somali	Daawa	Moyale (Somali)	4	Health, Nut, Prot, WASH	500,000
					5,000,000

IV. Allocation Approach / Principle

A) General Approach

- With geographic priorities and response requirements clearly defined, the primary modality of this allocation will be through 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.
- The allocation also considers the Emergency Relief Coordinator's (ERC's) priority areas whereby response in the critical sectors of protection, education and persons with disabilities, older persons and women and girls are prioritized for funding.
- Organizations that have ongoing EHF project(s) and require funding for extending the same activities and locations under this allocation should consider requesting for Cost Extension through the flexibility measures provided (https://www.unocha.org/sites/unocha/files/CBPFs_COVID-19_Flexibility_Guidance_29_April_2020_0.pdf). The decision on funding will be subject to technical review structures, taking into consideration the Operational Modality and the EHF-assigned risk levels with the relevant thresholds.
- Implementing partners are encouraged to establish/ use existing partnerships with NNGOs to ensure continued delivery of services given the current movement restrictions.
- 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 direct funding from the EHF, and UN Agencies.
- Projects should ensure attention to Protection issues and Prevention of Sexual Exploitation and Abuse (PSEA) and the EHF will be accepting of additional budget lines, mainstreaming protection related activities as well as mitigation of the risks.

B) Project Prioritization

- Priority consideration will be towards the ten identified IDP sites as per the site Response Plans;
- Ingenerated projects for the *Priority Woredas* as outlined above will be prioritized;
- Applications from consortia including National NGOs will be prioritized;
- National NGO applications will be prioritized;
- Cash is considered as preferred modality of response, where feasible;
- Time critical, ensuring timely delivery of emergency response activities;
- Implemented by organizations that are part of the federal and local coordination structure;

- Duration should be set at the minimum necessary for efficient implementation of the project and may not be longer than 12 months;
- Cost efficient and should include cross-cutting themes: accountability to affected populations, ‘do no harm’, protection, gender and age.
- Include risk analysis of continued implementation with expanded COVID-19 outbreak.

V) Timeline and Procedure⁴

Activity	Indicative duration	Stakeholders involved
EHF eligible partners submit applications through GMS	16 working days from 18 September (by 9 October)	Partners
Strategic review completed CCs present portfolio AB	7 working days (by 20 October)	CCs, EHF
Financial and technical review & re-submission	10 working days (by 3 November)	CCs, EHF, FCS, Partners
HC to share list of project proposals with AB & HC Final Approval	2 days (by 5 November)	HC, AB, EHF
Finalization of Grant Agreement	3 working days (11 November)	Partners, HC, EHF

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 a Cluster Lead agency.

Key Contacts

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

Title	Organization	Full name	Email
Agriculture Cluster Coordinator	FAO	Margarita Barcena Lujambio	Margarita.BarcenaLujambio@fao.org
Education Cluster coordinator	UNICEF	Charles Michael Mwangi	et.edu.im@humanitarianresponse.info; cmwangi@unicef.org
ES-NFI Cluster Coordinator	IOM	Yodit Gutema	mgutema@iom.int; shelternfi.ethiopia@gmail.com
Health Cluster Coordinator	WHO	Wilbert Shiihaji	shihajiw@who.int
Nutrition Cluster Coordinator	UNICEF	Cecile Basquin	cbasquin@unicef.org
Protection Cluster Coordinator / Co-Coordinator	UNHCR	Fatima Eldiasty / Kayla Pries	eldiasty@unhcr.org/ kayla.pries@drc.ngo

⁴ 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

WASH Cluster Coordinator	UNICEF	Itsuro Takahashi	itakahashi@unicef.org
Logistics Cluster Coordinator	WFP	Adham Effendi	adham.effendi@wfp.org
PSEA Coordinator	UNDP	Sylvie Robert	sylvie.robert@one.un.org