

2021 Second Round Ethiopia Humanitarian Fund Reserve Allocation Allocation Strategy Paper

Project Proposal Deadline: 27 August 2021

I. Overview/Background

This document outlines the strategic objectives for the Ethiopia Humanitarian Fund (EHF) 2021 Second Round Reserve Allocation. In 2021, the EHF has allocated close to US\$46 million supporting 69 projects through the first reserve and standard allocations. These allocations have aimed at allocating funding to support the response to critical humanitarian needs across the country¹.

This allocation avails US\$20 million, which is determined by the Humanitarian Coordinator in consultation with the Advisory Board based on consultations with the clusters' coordination mechanism. With the completion of the First Standard Allocation and new commitments from donors, the EHF has a balance of close to \$22.5 million leaving \$1.6 million as the emergency reserve for unforeseen needs². Disbursement to partners will be made as per actual transfer/deposit of donor contributions.

This allocation aims to provide an immediate humanitarian response to new emerging critical needs and serve as a multiplier effect to scale-up the ongoing response in the northern part of the country targeting IDPs and host communities and expanding to newly affected areas. It will focus on the Northern regions of Ethiopia, owing to the further deterioration of the humanitarian needs, increased access within Tigray and a spill over of the conflict dynamics in neighbouring regions of Afar and Amhara. In doing so, it will further support localization efforts and a close integration of protection, accountability and gender considerations into programming. Noting the volatile context and access constraints, this allocation will also support flexible programming and strong collaboration and inclusion of national NGOs.

The specific geographic focus of this allocation should not overshadow the scale of financing needs to support humanitarian activities in other areas of the country. Such areas will be closely considered in subsequent allocations in 2021, building upon funding already allocated since the beginning of the year.

II. Humanitarian Context

In 2021, humanitarian needs have continued to increase in Ethiopia spurred by conflict, inter-ethnic violence, drought and flooding. Over the last months, the conflict in Tigray is spreading to neighboring Afar and Amhara regions. While the northern conflict remains the largest, conflicts have also escalated in other parts of the country, notably in Oromia, Benishangul-Gumuz (Metekel Zone) and the Afar –

¹ Since the beginning of the year, the EHF has allocated the following amounts to the different regions in Ethiopia: Tigray (\$17.3m), Somali (\$9.0m), Oromia (\$4.1m), Benishangul Gumuz (\$3.9m), Amhara (\$3.7m), SNNP (\$3.1m), Afar (\$2.5m), Gambela (\$0.8m), Dire Dawa (\$0.7m), Sidama (\$0.7m) and Addis Ababa (\$17k);

² A full overview of the contributions to the EHF in 2021 is available on the CBPF data hub: <https://cbpf.data.unocha.org/>. This number is as of 18 August and is not inclusive of pipeline funding;

Somali border. In Tigray, 5.2 million people are reported to need urgent humanitarian assistance, with over 2.1 million people identified as internally displaced throughout the region. Amhara and Afar regions are currently hosting 359,722³ and 166,564⁴ Internally Displaced Persons (IDPs) respectively. The crisis in Tigray, Afar and Amhara regions has increased the vulnerability of women, girls, boys, and men, as well as of those at heightened risk such as the elderly and persons with disabilities. Women and girls, who constitute 51% of the IDP population, are at high risk of conflict-related and gender-based sexual violence.⁵ Their access to basic services is severely curtailed.

Improved access to the various zones in Tigray region has revealed the increased scale of needs to be met. There are limited to no health services and most water systems are dysfunctional or only partly functional. Coupled with below standard conditions in IDP sites, the lack of services heightens the risk of COVID-19 and cholera outbreak during the rainy season. Protection services also remain a critical, unaddressed need in Tigray region. Significant child protection concerns including child-headed households, psychosocial distress and trauma, as well as increased risks to negative coping mechanisms - child marriage, child labour, and transactional sex have been noted in the IDP sites which host a high number of unaccompanied and separated children. An average of 100 new cases of sexual and gender-based violence had been reported every week. Lack of localized referral mechanisms and decentralized services are limiting access to Gender-Based Violence (GBV) response. Protection risks are exacerbated by widespread contamination with explosive remnants, especially in the areas where there was intense fighting in Tigray. Explosive remnant of war contamination was found to be high in eight districts; however, the scale of contamination is not yet clear. There is hence a need to strengthen emergency risk education, while undertaking large scale mine action and emergency response.

In Amhara region, the broadening conflict that started along the Amhara-Tigray regional border is further increasing the number of IDPs. Due to insufficient Belg rains, close to 600,000 people will be exposed to food insecurity. A further 600,000 people are likely to be affected by floods this year and 22,000 individuals are expected to be displaced. There are currently no humanitarian actors providing food/nutrition responses in North Shewa, South Wello, and Oromia special zones. Over 400,000 IDPs across Amhara have received little or no humanitarian assistance. ES/NFI interventions and emergency food assistance remain key priorities for the IDPs in the region. Pre-positioning of materials and supplies particularly for health, nutrition, shelter, ES/NFIs, protection and WaSH is also urgently required.

In Afar region, the spillover of the Tigray conflict has already displaced around 70,000 people in Zone 4. An additional 500,000 people are at high risk of displacement if the current conflict with Tigray continues. The Afar-Somali ethnic dispute has further displaced 35,000 people, with more expected. Despite urgent water trucking needs, minimal humanitarian assistance has been provided to these communities due to resource shortages and access challenges. Conflict-affected IDPs along the Afar-Somali regional border need urgent nutrition support. Pre-positioning of materials and supplies particularly for health, nutrition, shelter, ES/NFIs, and protection is urgently required. The 2020 flood

³ The numbers inserted in this section are taken from the Displacement Tracking Matrix – Emergency Site Assessment, Noting the dynamic situation, the figures are evolving weekly and may change rapidly. This will be considered through this allocation process;

⁴ Displacement Tracking Matrix – Emergency Site Assessment

⁵ Displacement Tracking Matrix – Emergency Site Assessment

season has further displaced over 118,000 individuals who require immediate ES/NFI support and regular food assistance with more displacement expected as a result of flooding from the current rainy season.

III. 2021 Second Round EHF Reserve Allocation Strategic Priorities

Purpose of the Allocation Strategy and Allocation Breakdown

The EHF allocation is made in the context of immediate critical needs identified and ongoing implementation of the Northern Ethiopia Response Plan. The humanitarian situation across the three regions namely Afar, Amhara and Tigray continue to deteriorate due to ongoing regional and ethnic conflicts, drought and flash flooding, with increasing numbers of IDPs in need of assistance. This allocation is intended to support the ongoing response scale-up in Northern Ethiopia and address multifaceted needs in a coordinated manner across the clusters and partners participation in this allocation. It will also focus on the most urgent and critical needs and activities in highly affected areas.

The HC announced an allocation of \$20 million from the EHF targeting immediate and life-saving activities in CCCM (\$0.7m), ES/NFI (\$4m), Health (\$3.5m), Nutrition (\$3.3m), Protection (\$4.1m), and WaSH (\$4.4m) sectors.

This reserve allocation will complement the two current allocations from the Central Emergency Response Fund (CERF): the ongoing \$15 million Rapid Response projects covering five sectors (ES/NFI, Health, Protection/GBV, WASH, CCCM) as well as common services (UNHAS medevac, COVID-19 facilities and ETC) and the \$13 million UFE window approved in principle July to provide life-saving assistance as well as to support the current pipeline and funding gaps in the northern part of the country. Through the CERF UFE allocation, five sectors were selected including Agriculture, CCCM, ES/NFI, Health and Protection targeting over 2.3 million people. In addition, the response through this allocation will complement the ongoing assistance provided under EHF allocations and rapid response funding mechanisms to scale up the humanitarian assistance across the three regions to address the needs of the displaced and the most vulnerable population.

The Reserve Allocation is prioritized as detailed in the following table, considering that the sectoral funding envelopes are preliminary and dependent on the quality and relevance of projects submitted to support and complement the humanitarian response to needs in the three regions identified in this allocation.

ETHIOPIA HUMANITARIAN FUND



Sectors	Objective	Prioritized Activities	Amount US\$
CCCM	Interventions will target newly emerged/emerging sites in Afar and in Amhara regions as a result of the conflict. Beneficiary targeting will be primarily in camps or camp-like settings, and depending on needs and access, also support IDPs in the host community through area based mobile approach.	Site Planning and development; Camp level / area level Coordination and Information Management; and Community Participation /Self-Governance	700,000
Health	Focus on provision of Emergency health care and management of SAM with medical complications; provided that the entry of medical supplies for the health pipeline and fuel into the Tigray region is re-established	Support to the provision of basic health care services; Strengthening disease surveillance; management of SAM with medical complications; Expand CMR/IPV services availability and accessibility and ensure essential referral linkages with health/MHPSS and other sector providers, referrals to SGBV cases. Provision of sexual and reproductive health supplies as relevant and justified.	3,500,000
Nutrition	Surge capacity support in about 30 to 35 woredas for 6 months and procurement of medicines and nutrition supplies. Acutely malnourished children, pregnant women and nursing mothers prioritized for treatment whether among displaced population, host communities or general population in affected areas	Early identification, referral, and treatment of severe and moderate acute malnutrition (with and without medical complications); Promotion, protection and support of adequate Infant and Young Child Feeding (IYCF-E) practices (such as establishment of breastfeeding support centers, baby friendly corners, monitoring BMS code violation etc) at times of emergencies; Blanket Supplementary Feeding.	3,300,000
NFI and Emergency Shelter	Provision of emergency NFIs and addressing urgent shelter needs, scaling-up of existing emergency response to ensure most vulnerable households are supported with assistance and access to adequate and dignified minimum living conditions.	Provision of ESNFI kits and items; Provision of Emergency Shelter.	4,000,000
Protection	Provision of life-saving assistance and strengthening case management services to identify, refer and support children at risk, GBV survivors and other vulnerable individuals. Additionally, the identified partners will conduct explosive ordnance threat assessments, non-technical surveys and explosive ordnance risk education to enable the safe delivery of humanitarian aid and ensure that conflict-affected people in the targeted areas will know how to mitigate the explosive risk.	Emergency support to survivors of violence and abuse (e.g. psychosocial counselling, cash, food, NFIs), in particular GBV-specialized support (incl. clinical management of rape); CP/GBV case management and specialized services; develop and strengthen CP/GBV referral pathways for multi-sector response; family tracing and alternative care arrangement for UASC; community awareness linked to service provision; community risk education and capacity building. Mine Action: Explosive ordnance threat assessments, non-technical survey and risk education; Victim Assistance	2,600,000 1,500,000 (Mine Action)
WASH	Provision of life saving WASH services including cash and fuel alongside addressing urgent public health risks through scaling-up of existing emergency response to ensure the most vulnerable households are supported with assistance and have access to adequate and dignified minimum water-sanitation and hygiene promotion services.	Provision of WASH in health facilities; Water trucking/tankering; Sanitation and hygiene promotion; provision/distribution of essential lifesaving WASH NFIs including water treatment chemicals; Rehabilitation and maintenance of water schemes and Pipeline expansion; cholera prevention and control.	4,400,000
		TOTAL	\$20M

IV. Allocation Approach / Principles/ Guidance

A) General Approach

- With geographic priorities and response requirements clearly defined, the primary modality of this allocation will be through proactive identification of partners who have operational presence in the targeted areas and with absorption and response capacities, where required consider innovative implementation modality including partnership strategies. This approach will ensure efficient prioritization and rapid processing of applications.
- Cluster Coordinators may use Expressions of Interest (EoI) to shortlist projects in a transparent manner. It has to be noted that this is an optional approach to be applied by cluster coordinators, which is outside of the formal process of the EHF.
- This allocation will support the scale up to newly opened (accessible) and most in-need woredas which previously did not receive humanitarian assistance and scale up current response in the woredas that host IDPs, return areas, including support host communities in a relevant manner.
- This allocation will require clear complementarity with other funding and/or cluster, joint inter-sectoral approach, complementarity with emergency response mechanisms, maximizing the use of resources.
- The allocation also considers the Emergency Relief Coordinator's (ERC's) priority areas, whereby response in the critical sectors of protection and persons with disabilities, older persons and women and girls are prioritized for funding. Of note, Education sector has not been prioritized in this allocation but due consideration to Education in protracted crisis response has been considered in the 2021 first standard allocation and will be given in subsequent allocations, provided that the funding is available, and the humanitarian situation allows.
- The decisions 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.
- Eligible organizations are international and national NGOs and organizations of the Red Cross Movement, which have undergone the due diligence and capacity assessment process to receive direct funding from the EHF, and United Nations Agencies.
- Eligible National NGOs are strongly encouraged to apply. Implementing partners are encouraged to establish/ use existing partnerships with NNGOs to ensure continued delivery of services in areas, where access is restricted and to build sustainable capacity of national partners in adherence with the Grand Bargain localization agenda and the National NGOs' Engagement – Strategy Paper, endorsed by the EHCT in June 2020.
- Programme development should include risk assessment and follow conflict sensitive programming and 'do no harm' approaches and be based on robust gender and protection analysis.
- Applicant organizations need to be part of the federal and local humanitarian coordination structure for funding consideration.
- Applying partners must provide indication on how they would secure/ensure principled humanitarian access to affected people residing in geographic priorities areas/woredas that deemed hard-to-reach.
- Assumptions and risks related to the project must be comprehensively and clearly spelled out, along with a clear risk management strategy. In case the original targeted geographical area is no longer

accessible or specific factors (e.g. cash and fuel) seriously hamper the project implementation, the project should present an alternative plan in line with the allocation strategy.

B) Project Prioritization

- Partners already operating in the targeted areas will be prioritized to scale up their ongoing interventions.
- National NGO applications will be prioritized, and applications from consortia including National NGOs will also be prioritized.
- Cash response should be considered as the first modality of response, where feasible and relevant and recognizing current constraints on cash programming. Protection intervention should follow established referral pathways.
- Projects must ensure the consideration of protection issues, in particular the mainstreaming of the centrality of protection and the Prevention of Sexual Exploitation and Abuse (PSEA) through the inclusion of related key indicators.
- Accountability to Affected Populations (AAP) should be an integral component of all project design/ implementation. AAP extends beyond available Complaint and Feedback Mechanisms, and therefore communities' active engagement in the development, implementation, and monitoring of projects should be ensured.
- Duration should be set at the minimum necessary for efficient implementation of the project and may not be longer than 12 months. Under the framework of a reserve allocation, a shorter timeframe is expected (6 to 8 months).
- Careful consideration of the impact of continued COVID-19 pandemic must be given, including risk analysis of continued implementation and design of relevant activities in the project strategy;
- Projects should include a section on conflict sensitivity assessment and implement a rights-based 'do no harm' approach.
- Project should aim to include an early warning and prevention component.

V. Timeline and Procedure

Activity	Indicative duration	Stakeholders involved
EHF eligible ⁶ partners submit applications through GMS	7 working days from 19 August	Partners
Strategic review completed	2 working days (by 31 August)	CCs, HFU
Re-submission of applications	2 working days (by 2 Sept.)	Partners
Financial and technical review & re-submission of budget	5 working days (by 9 Sept.)	CCs, HFU, ABTWG, FCS, Partners
HC endorsement	1 working day (by 10 Sept.)	HC

⁶ 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, as well as UN Agencies.

Project proposals re-submission	2 days (by 14 Sept.)	Partners
HC to share list of project proposals with AB & HC Final Approval	1 day (by 15 Sept.)	HC, AB, HFU
Finalization of Grant Agreement	2 working days (by 17 Sept.)	Partners, HC, HFU

Note:

Applications should be submitted on the Grants Management system (GMS) and should address the elements described above. EHF eligible partners should have updated due diligence on the GMS. **Applications received after the deadline or outside of the online Grant Management System will not be processed.**

Key Contacts

- 1) EHF Management Team: *Anne-Sophie Le Beux* (lebeux@un.org) / ehf-eth@un.org
- 2) EHF feedback and complaint mechanism: feedback-ehf@un.org
- 3) Cluster Contacts:

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