

Allocation Details	
This second standard allocation aims at strengthening responses to the emerging needs and the most critical funding requirements in conflict and drought affected areas in Benishangul Gumuz, Oromia and Somali regions to complement previous allocations organized earlier in the year. It will provide cross-cutting thematic support to Gender, Accountability to Affected Population (AAP), and Protection from Sexual Exploitation and Abuse (PSEA) initiatives to enhance the inclusion of these issues in the humanitarian programming cycle, particularly to EHF-funded projects. In addition, this allocation will place protection as the center of the response and place NGOs, especially national NGOs, as the focus of partnership. This allocation avails US\$ 24.3 million to enable humanitarian partners providing timely assistance and support the continuity of essential life-saving interventions for most vulnerable population in the targeted locations.	
Allocation Title	Strengthening responses to the emerging needs in drought and critical funding requirements in conflict affected areas in Southern Ethiopia
Allocation Type and Round	2021 Second Standard Allocation (SA2)
Emergency Type	Internal conflict and natural disaster responses
Allocation launch Date	20 December 2021
Proposal Submission Deadline	9 January 2022
Section 1: Strategic Statement	
<p>The escalating conflict and expanding severe drought conditions in other part of Ethiopia have been overshadowed by the overwhelming humanitarian needs due to the conflict in the North. Prolonged drought and security conditions are projected through the first quarter of 2022, with a poor forecast of a third consecutive rainy season in October to December and with no political solutions in place to resolve the ongoing conflict. The main objective of this allocation is to provide multi-sectorial critical life-saving assistance in the areas with high needs and to the populations severely affected by drought and the ongoing conflicts in Benishangul Gumuz, Oromia and Somali regions. Guided by the Mid-Year Review of the Humanitarian Response Plan (MYR-HRP), this allocation will place protection at the center of the response including support to the safe and dignified return or relocation along with other drought focused response in health and nutrition. The commitment to address cross-cutting issues in humanitarian programming will be significantly and carefully considered through the provision of seed funding to support AAP, Gender and PSEA. Noting the volatile context and access constraints, this allocation will prioritize partnership with NGOs and strong collaboration with national NGOs.</p>	
Section 2: Humanitarian Context	
<p>Ethiopia continues to face severe humanitarian conditions as needs emanating from conflict, climatic shocks, disease outbreaks, desert locust and the adverse effects of the ongoing Covid-19 pandemic continue to grow. Conflict has remained the main driver of humanitarian needs in the country in 2021.</p> <p>While the northern Ethiopia conflict remains as the most impactful, conflicts have also escalated in other parts of the country, notably in Oromia, Benishangul-Gumuz and Afar-Somali border areas. The trend of displacement has increased over the last three years from 3.2 million internally displaced people (IDPs) in 2018 to 4.3 million at the latter part of 2021. The displaced people have limited access to nutritious food, protective shelter, safe water and sanitation facilities, as well as services to meet their basic needs.</p> <p>In Oromia, the security situation in Wellega, Borena, Guji, Bale, and parts of Hararghe remains volatile and unpredictable as a result of expanding operations of Unidentified Armed Groups (UAGs). The situation in East and West Wellega is more pronounced with extreme access restrictions and ongoing fighting between Government forces and armed groups. The total number of IDPs in the two severely affected zones of East and West Wollega has reached 184,000.</p> <p>The security situation in Benishangul Gumuz remains tense as attacks and fighting between security forces and Gumuz armed group continues. The security situation in IDP locations in Metekel zone is volatile. As a result, killings, damage of properties and displacements are reported. The humanitarian situation across the region is extremely dire, with restricted or non-existent access to life-saving assistance for affected people, including food, health, shelter, and protection services. Since June 2020, some 384,000 people have been displaced within the region and an unknown number to neighboring Oromia, according to regional authorities.</p> <p>Meanwhile, disruption of farming activities and the below-normal performance of seasonal rains have contributed to the worsening food and nutrition situation. The situation is particularly dire in Southern Oromia (Borena, West Guji and Guji zones), where there is serious shortage of pasture, food, and water for people and livestock across all the three zones. Drought has led to mass harvest losses in the zones,</p>	

with close-to total loss of harvest in Borena (over 95 per cent). Over 19 health facilities remain non-functional in Guji and over 180 water systems/facilities are in need of maintenance in Guji and West Guji zones. In all the zones, the number of school dropouts has increased as a result of ongoing military activities. Immediate livestock feed, animal health and vaccination support are required to prevent further deterioration of the livestock condition including to save 10 per cent of the breeding livestock.

The impact of the drought has also expanded to neighboring zones of Somali Region, with severe water shortages reported in Korahe, Dollo, Afder, Liban, and Dawa zones. Consequently, deteriorating food security and shortage of pasture for livestock is reported. Over 62,000 livestock have reportedly died due to drought, lack of feed, and disease outbreaks. People are moving livestock to riverine locations to get feed and water, leading to large migrations towards water sources. More than 1.45 million people in Somali Region need urgent water trucking support. In addition, desert locust swarms continue to be reported in Dollo, Korahe, and Liban zones.

As of 22 November 2021, there were 370,332 confirmed Covid-19 cases with 6,693 deaths registered out of 3.8 million samples tested since March 2020. The pandemic has also heightened protection needs by exposing children and women to negative coping mechanisms such as child marriage and child labor representing a threat to human capital development with about 2.7 million children not re-enrolled in school between 2020 and 2021.

Meanwhile, the Mid-Year Review, a revision of the Humanitarian Response Plan for 2021, appeals for US\$ 1.488 billion to provide emergency food assistance to 12.8 million people and non-food support to 10 million people. The revised target includes 14.8 million people of whom 57 per cent are children and 22 per cent women. Furthermore, the revised target includes 2.5 million persons with disabilities. The regions outside of Tigray with the highest inter-cluster number of people targeted for assistance are Oromia (4.4 million), Somali (3.9 million), and SNNP (1.9 million), followed closely by Amhara (1.8 million) and Afar (1.1 million). The overall number of people targeted has increased with 17 per cent as compared to the original HRP.

Despite soaring humanitarian needs, limited partners' capacity, lack of access to affected areas, and travel restrictions continue to hamper life-saving efforts. Food assistance and other humanitarian support in many woredas remain challenging due to security concerns. Furthermore, as a result of active military operations, many woredas remain inaccessible, where population movement to safer places is restricted and many essential services remain dysfunctional or inaccessible. Nutrition has become a serious concern, with increasing cases of severe and moderate acute malnutrition identified among the under-five and pregnant and lactating women (PLW).

Section 3. Priorities

3.1 Overview:

Priority/ies	Amount allocated	Geographic Location	People Targeted (indicative)
Drought response	US\$ 2,000,000 a. Health (\$1,000,000) b. Nutrition (\$1,000,000)	1. Somali region / Dawa zone: Moyale, Hidet, Kadaduma and Mubarak woredas 2. Oromia region/ Borena zone: Dhas, Moyale, Dillo, Arero, Guchi, Dire, Elwaye, Wachile, Miyo, Dubuluk and Taltale woredas	175,700
Conflict response	US\$ 22,000,000 a. Agriculture (\$1,500,000) b. CCCM (\$2,000,000) c. Education (\$1,000,000) d. ES/NFI (\$3,000,000) e. Health (\$2,800,000) f. Logistic (\$1,000,000) g. Nutrition (\$3,000,000) h. WASH (\$3,000,000) i. Protection (\$4,700,000) • GP & HLP (\$1,700,000) • CP (\$1,500,000) • GBV (\$1,500,000)	1. Somali region a. Fafan zone: Tuliguled woreda b. Siti zone: Afdem and Meiso woredas c. Afder zone: Dolobay woreda 2. Oromia region a. East Hararghe zone: Chinaksen woreda b. West Wallega zone: Mene Sibu, Kundala, Babo, Guliso, Begi, Gimbi and Kiltu Kara woredas c. East Wallega zone: Kiremu, Haro Limmu, Guto Gida, Sasiga, Gida Ayana and Ebentu woreda d. Guji zone: Liben and Gora Dola woredas 3. Benishungul Gumuz region: a. Asosa zone: Sherkole woreda b. Metekel zone: Dibate, Bulen, Dangur and Madira woredas c. Kamashi zone: Kamashi, Mizigan (Belojiganfoy) and Sedal zones.	500,000
Cross-cutting thematic support	US\$ 300,000 a. AAP (\$100,000) b. PSEA (\$100,000) c. Gender (\$100,000)	Nation-wide	
Total	US\$ 24,300,000		675,700

3.2. Description

Priority one: Drought response

<p>Objective: Provide critical life-saving assistance to most acutely vulnerable groups affected by the expanding severe drought in Somali and Oromia regions. The allocation will focus on integrated health and nutrition interventions only. Special attention will be given to children under-five 5, pregnant and lactating women (PLW), people with disability (PWD) and old people.</p>
<p>List of Activities:</p> <ol style="list-style-type: none"> 1. Health <ol style="list-style-type: none"> a. Procurement and distribution of emergency and reproductive health kits to health facilities and Mobile Nutrition and Health Teams (MNHT). b. Provide MNHT and Primary Health Care (PHC) services. c. Provide Emergency Obstetric Care, Reproductive Health (RH) and Minimum Initial Service Package (MISP) services integrated into emergency health service. d. Management of Children with Medical Complications of Severe Acute Malnutrition (SAM). e. Strengthening disease surveillance and lab capacity for outbreak response. 2. Nutrition <ol style="list-style-type: none"> a. Treatment of Severe Acute Malnutrition (SAM). b. Treatment of Moderate Acute Malnutrition (MAM). c. Support to Infant-Youth Child Feeding (IYCF) practices and community outreach.
<p>Priority Two: Conflict Response</p>
<p>Objective: Provision of life-saving multi-sector assistance to vulnerable IDPs, returnees and host communities most at risk due to the escalating conflict in Benishangul Gumuz, Oromia and Somali regions through multi-sectors programming.</p>
<p>List of Activities:</p> <ol style="list-style-type: none"> 1. Agriculture <ol style="list-style-type: none"> a. Provision of supplementary livestock feed to vulnerable pastoral households and agro-pastoral households. b. Support treatment and vaccination of animals to mitigate large-scale loss of livestock. 2. CCCM <ol style="list-style-type: none"> a. /Site Improvement: camp feasibility assessment, camp planning and design, camp improvements i.e. drainage, privacy partitions, solar light installation, construction of communal facilities i.e. communal kitchen, child friendly spaces, camp distribution area, camp administration space etc. b. Setting up of IDP committee, complaints feedback response mechanism, and community watch. c. Coordination: camp level coordination meetings at woreda and zonal levels, service mapping, service monitoring, site profile, and IM products. d. Capacity Building: delivering training on basic CCCM and cross-cutting issues, as well as partner coaching, shadowing, and mentoring. 3. Education <ol style="list-style-type: none"> a. Provision of temporary learning spaces. b. Distribution of temporary learning material. c. Cleaning/disinfecting activities in schools. d. Conduct teachers training on Psychosocial Support (PSS) and pedagogy on Accelerated Education Program (ALP). 4. ES/NFI <ol style="list-style-type: none"> a. Provision of safe, appropriate and critical lifesaving emergency shelter and non-food items. b. Provision of cash for shelter / rental. 5. Health <ol style="list-style-type: none"> a. Procurement and distribution of emergency and reproductive health kits to health facilities and Mobile Nutrition and Health Teams (MNHT) outreach b. Provide MNHT and Primary Health Care (PHC) services. c. Provide Emergency Obstetric Care, Reproductive Health (RH) and Minimum Initial Service Package (MISP) services integrated into emergency health service. d. Management of Children with Medical Complications of Severe Acute Malnutrition (SAM). e. Provision of Support Clinical Management of Rape kits and services. f. Strengthening disease surveillance and lab capacity for outbreak response. 6. Nutrition <ol style="list-style-type: none"> a. Treatment of Severe Acute Malnutrition (SAM). b. Treatment of Moderate Acute Malnutrition (MAM). c. Support to Infant-Youth Child Feeding (IYCF) practices and community outreach. 7. Logistic <ol style="list-style-type: none"> a. Provision of humanitarian organizations with augmented logistics and storage capacity including facilitating transportation / preposition of supplies. 8. Protection <ol style="list-style-type: none"> a. GP: Protection monitoring. b. GP: Emergency support to persons exposed to violence, abuse or serious neglect through psychosocial support, cash, legal counselling, NFIs and appropriate referrals. c. GP: Dispute resolution and peacebuilding activities to reduce social tension and risk of intercommunal violence. d. GP/HLP: Facilitating identity and civil documentation and registration. e. HLP: Dispute resolution (including community-based dispute resolution).

<ul style="list-style-type: none"> f. HLP: Case management (legal aid, material support) g. GBV: Distribution of dignity kits. h. GBV: Special services – Psychosocial Support, Case Management, Referrals and Legal Aid. i. GBV: Awareness raising. j. GBV: Capacity building for frontline service providers on the special services. k. CP: Case management and specialized services. l. CP: Mental health and psychosocial support (MHPSS). <p>9. WASH</p> <ul style="list-style-type: none"> a. Provision of emergency water trucking/tankering. b. Arrangement of sanitation and hygiene promotion. c. Rehabilitation of critical water supply schemes and construction of latrines d. Provision and distribution of essential lifesaving WASH NFIs including water treatment chemicals. <p>10. Mandatory cross-cutting activities for all sectors</p> <ul style="list-style-type: none"> a. PSEA <ul style="list-style-type: none"> • Arrangement of capacity development sessions provided for actors with clear guidance on where and how to report SEA allegations in a survivor-centred manner. • Production and distribution of age and gender- sensitive IEC materials on how to report sexual exploitation and abuse and how to access survivor-centred assistance. b. Gender <ul style="list-style-type: none"> • Arrangement of training for staff on 'Gender in Humanitarian Action' or 'Gender Mainstreaming'. • Inclusion of female beneficiaries in the humanitarian assistance. • Inclusion of women participating in assistance / distribution / management committees. c. AAP <ul style="list-style-type: none"> • Arrangement of training/sensitization on feedback/complaint issues at IDPs camps and host communities. • Establish feedback mechanism, e.g. suggestion box, establishment of community committee/watch etc. • Installation of notice boards at project sites. 	<p>Priority Three: Cross-cutting thematic support to PSEA, AAP and Gender</p>
<p>Objectives:</p> <ol style="list-style-type: none"> 1. PSEA <ul style="list-style-type: none"> a. Capacity building: utilizing the Ethiopia PSEA Network Training Package to ensure humanitarian partners are able to recognize consequences of SEA on affected communities, the seriousness of the problem, as well as understand how to prevent as well as how to respond to SEA in a survivor-centered, gender- specific and intersectional manner. b. Awareness Raising: inform affected populations as well as stakeholders about (a) CBCMs and GBV/CP services, (b) the process of reporting SEA to focal points, (c) the importance of taking a survivor-centered approach to preparedness and response, and (d) where to seek guidance through the already developed network-led information campaigns with linked IEC materials. c. Survivor Support: ensures that affected populations and the humanitarian community are able to report SEA incidents through accessible and safe channels, whereby SEA survivors will subsequently be provided with timely support, as well as multi-sectoral service provision, to address their intersectional needs. 2. Gender <p>To engage directly with EHF-funded NGOs, CSOs, Women Led Organizations (WLOs), and Clusters at national and regional levels to ensure gender equality programming through gender mainstreaming.</p> 3. AAP <ul style="list-style-type: none"> a. Capacity building: Increased AAP and community engagement knowledge in the newly established AAP WG regions, with focus on agency training, development of training facilitators via TOTs (for capacity cascading), inviting external facilitators for national level training and the development of contextualized training packages. b. Awareness Raising: Raise awareness to communities of humanitarian action in Ethiopia and activities of responding agencies. Via collaboration with the cluster system, development (including translation of the materials into relevant language formats) and dissemination of communication materials in accessible formats based on the communities preferred channels of receiving information (i.e written, audio and visual) and that are age, gender and culturally appropriate. 	<p>List of Activities:</p> <ol style="list-style-type: none"> 1. PSEA <ul style="list-style-type: none"> a. Develop an awareness-raising plan to share already developed key messages on SEA, CBCMs and available services with affected communities. b. Conduct awareness raising activities, focusing on women and children. c. Link survivors of SEA with GBV service providers for safe and confidential referral pathways. d. Train healthcare providers on psychological first aid for SEA and GBV survivors. e. Adopt common PSEA systems and standards for all regional hubs. f. Train focal points, humanitarian actors and partners on the established common systems. g. Conduct regular monitoring of complaints received to address any emerging challenges. h. Review EHF project proposals to ensure well-consideration of PSEA. 2. Gender <ul style="list-style-type: none"> a. Develop a 'Gender and Protection Mainstreaming Pocket Guide for Humanitarian Responders', which would be translated into local languages and distributed to the regions; b. Providing training on the Pocket Guide to national NGOs who received EHF funding, Clusters, and CSOs.

- c. Providing ToT training on Gender in Humanitarian Action (GiHA), Sex and Age Disaggregated Data (SADD), and the Gender and Age Market (GAM) to national NGOs who received EHF funding, Clusters and CSOs (in line with the localization agenda);
 - d. Develop basic IEC materials on gender equality which can be translated into local languages;
 - e. Review EHF project proposals to ensure gender mainstreaming, SADD, and GAM.
3. AAP
- a. Conduct on-job AAP training for IAAWG-E member agencies' field staff across regions.
 - b. Conduct national AAP ToT trainings to improve member agencies' cascading capacity.
 - c. Conduct Beneficiary training/sensitization sessions on feedback/complaint issues at IDP, Refugee camps, and Host community sites across regions.
 - d. Adopt mandatory indicators on AAP & CE mainstreaming in line with IASC AAP guidance.
 - e. Conduct regional assessments of community preferred 2-way communication methodologies.
 - f. Design and distribute through preferred channels AAP community awareness related IEC materials in key areas per region.
 - g. Review EHF project proposals to ensure AAP & CE mainstreaming.

Section 4. CERF Complementarity

OCHA has conducted a joint EHF and CERF prioritization process to maximize complementarity of both Funds. While CERF is allocating \$20 million to scale up the responses in conflict-affected areas in the North, EHF is focusing its \$20 million allocation to respond to the crisis in the other parts of the country where the needs are high. In addition, both Funds are responding to the droughts in the South through CERF's \$5 million allocation to agriculture and WASH sectors, and EHF's \$2 million allocation to nutrition and health priorities.

Section 5. Criteria

Proposal Design

- **Access:** The applicant must confirm presence/access to the geographical target area(s) and proven operational capacity in that area and sector.
- **Conflict-sensitivity:** Projects need to be conflict-sensitive, notably through integrating a 'do-no harm' approach when designing the project.
- **Needs-based:** The needs are well identified using recent surveys and studies undertaken (data sources and updated assessment results must be attached within the submission) - and/or the reference on the sources provided. Partners are not required to conduct a separate needs assessment but must clearly provide evidence or reference to the recent assessment used and consultations. Partners should also develop their proposal building on the results and lessons learnt of previous projects.
- **Strategic relevance:** Projects should present a clear linkage to one of the strategic objectives of the 2021 MYR-HRP and activities must have clear alignment with the proposed response per objective.
- **Technical soundness:** Proposals must meet the technical requirements and cluster technical guidelines to implement planned activities.
- **The Emergency Relief Coordinator's (ERC's): Take into account the ERC's four global priority areas set out in January 2019, which include:** (a) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (b) programmes targeting disabled people; (c) education in protracted crises; and (d) other aspects of protection.
- **Cash programming:** Cash response should be considered as the first modality of response, where feasible and relevant and recognizing the current constraints on cash programming.
- **Protection mainstreaming:** Proposal should include following indicators:
 - Number of individuals participating in consultation meetings regarding the services and activities that affect them (disaggregated by sex and age).
 - Number of members of specific groups [to be decided by the applying organization – children, lactating women, elderly, persons with disabilities, members of religious, linguistic or ethnic minority etc.] – who accessed the delivered services and activities.
 - Number of persons screened by non-protection actors and referred to specialized protection services and follow up.
 - Number of complaints received from beneficiaries alleging that (1) a specific intervention negatively affects their safety or dignity; (2) lack of participation or consultation, or (3) unclear or discriminatory selection of beneficiaries; and the percentage of complaints that were acted upon.
- Careful consideration must be given to the ongoing impact of the Covid-19 pandemic, including risk analysis of continued implementation and design of relevant activities in the project strategy.

Monitoring and Risk Management

- **Monitoring:** A realistic monitoring and reporting strategy must be developed in the proposal. The EHF encourages the use of participatory approaches, involving affected communities in needs assessment, implementation and monitoring and evaluation (see also AAP).
- **Risk management:** 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, the project should present an alternative plan in line with the allocation strategy.

Integration, Complementarity and Partnerships

- **Complementarity with other partners:** The EHF will stress on partners showing complementarity with other organizations working in similar target areas (with EHF or other funding) to avoid overlaps and ensure added value synergies and improve cost effectiveness. During the strategic and technical review, partners may be required to modify their proposals accordingly.
- **Complementarity with other funding:** Additional/complementary source of funding (including development projects) must be reported on the project cover page and taken into consideration in the design of the proposal.
- **Localization:** 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 to the Grand Bargain localization agenda and the National NGOs' Engagement Strategy, endorsed by the EHCT in June 2020.
- **Partnerships:** Partnerships with non-EHF eligible members are encouraged when they can support scaling- up and improving the quality of the response. Applicants must provide detailed information about any sub- implementing partner and are responsible to verify their capacity and due diligence. If the proposed sub- implementing partner is an EHF partner, please clarify the reason why they are not directly applying for the fund and the added value of the partnership.
- **Sub-Implementing partners:** are encouraged by the EHF, particularly with national and local partners, where there is demonstrable added value, and the project remains cost-effective. The programme support costs (PSC) should be shared proportionately between the partner and the sub-implementing partner(s) in line with the Grand Bargain's efforts on localization workstream.

Inclusion of AAP, Gender, and PSEA Considerations

- **Accountability to the affected population:** Projects must include a section that outlines how quality and accountability to affected population aspects are mainstreamed through the project cycle. Project must include at least one (1) AAP activity as listed in section 3.2 Description: Priority 1. Conflict Response, 10. Mandatory cross-cutting activities.
- **Gender:** projects must ensure that gender is integrated throughout all the phases of the project cycle from the project assessment to the final review of the results achieved. The use of the Gender and Age marker tool is compulsory. Project must include at least one (1) Gender mainstreaming activity as listed in section 3.2 Description: Priority 1. Conflict Response, 10. Mandatory cross-cutting activities.
- **Protection against Sexual Exploitation and Abuse (PSEA):** In line with the requirement in the grant agreement, partners must ensure the relevant mechanisms are in place to detect PSEA cases both internally and externally. Project must include at least one (1) PSEA activity as listed in section 3.2 Description: Priority 1. Conflict Response, 10. Mandatory cross-cutting activities.

Other Criteria

- **Adherence to humanitarian principles:** support a principled humanitarian response to the vulnerable displaced people and host communities.
- **Cluster membership:** Active cluster membership should be confirmed by the respective Cluster Coordinator. Active membership includes at a minimum the following: must be an active member of the cluster as defined by the relevant clusters and endorsed by the ICCG. For multi-sectoral projects, active cluster membership should be confirmed by all relevant clusters to ensure eligibility. If one or more clusters cannot confirm active membership, this/these clusters will not be considered as eligible and should be removed from the proposal. The proposal can only be recommended if the proposal is strategically relevant and technically sound without the clusters submitted but rejected due to no cluster membership.
- **Value for money:** Projects must demonstrate 'value for money' (e.g., optimum outcome and beneficiary reach for each dollar invested and effectiveness of the intervention). Budget proposals must reflect the correct and fair budget breakdown of the planned costs and clearly outline units, quantities, and percentages. Partners should avoid including only lump sum amounts and use the automated Bill of Quantities (BoQs) on GMS. Project costs should be comparable to the technical difficulty and complexity of the proposed activities.
- **Re-programming flexibility:** Projects must factor in possible re-programming due to rapid changes of situation on the ground based on prior consultation with relevant clusters.
- **Sectoral category:** Projects may be submitted as a single or multisectoral proposals. For multisectoral, project must demonstrate an integrated approach to achieve the strategic objective/s. The project should include the exact budget distribution among the cluster on the cover page. The budget should clearly identify the costs per clusters. During the strategic and technical review, partners may be required to modify their proposals accordingly.
- **Project duration:** Duration should be set at the minimum necessary for efficient implementation of the project and may not be longer than 12 months.
- **The HC reserves the right to reject funding recommendation based on the following:**
 - The organization partner's performance and compliance with the EHF, including recent audit findings and spot check reports;
 - Limited absorption and implementation capacity of the applicant;
 - Disproportionate or unjustified budget costs in relation to the proposed project strategy; and
 - Absence of secured access to the targeted implementation area and population.

Section 6: Partners Eligibility

- International and national NGOs, and Red Cross Movement organizations that have successfully completed due diligence and capacity assessment process.
- Applications from National NGO (NNGO) and from partners with NNGO as sub-implementing partners will be prioritized. Partners are also encouraged to establish/use existing partnerships with NNGOs to ensure continued delivery of services in areas, where access is restricted and to strengthen sustainable capacity of national partners.
- Partners already operating in the targeted areas will be prioritized to scale up their ongoing activities.
- Partners should 1) have experience in implementation of respective sector activities, 2) have established operational presence in the targeted regions/zones, and 3) be part of the federal and local humanitarian coordination structure.

- e. Partners must be legally registered in the geographical area where projects will be implemented.
- f. United Nations agencies are expected to support mainly in Priority 3 (cross-cutting thematic support to PSEA, AAP, and Gender) of this allocation. For the other priority envelopes, UN agencies are recommended to apply in areas where they can demonstrate exceptional added value.
- g. Complete submission of outstanding financial and project narrative reports; and settle refund or any other financial-related obligation by **31 December 2021**.
- h. Partners will have to report to the clusters on a regular basis (including submission of 4Ws) and actively participate in the coordination mechanisms in Addis Ababa and at field level.

Section 7: Process and Timeline

7.1 Allocation Strategy Development Process

Under the direction of the Humanitarian Coordinator (HC), OCHA conducted prioritization process based on consultation with the Clusters and OCHA sub-offices, as well as review of recent data and information. The EHF Advisory Board (AB) discussed and endorsed the allocation strategy on 30 November. The allocation strategy paper is finalized through second round of input from the AB, Clusters and OCHA sub-offices.

7.2 Allocation Timeline

Step 1. Launch of Allocation Strategy Paper	Date: 20 December 2021		
	Start Date	End Date	Responsible body
Step 2. Submission of Project Proposals	18 December 2021	9 January 2021	Partners
Step 3. Project Vetting and Strategic Review	10 January 2022	21 January 2022	OCHA/HFU, Review committees
Step 4. Project Pre-approval and technical/financial review in GMS	24 January 2022	6 February 2022	OCHA/HFU, HC/AB, HQ/CBPFS
Step 5. Final Approval by HC and Grant Agreement Preparation	7 February 2022	18 February 2022	OCHA/HFU, HC
Step 6. Disbursement	19 February 2022	28 February 2022	OCHA HQ/CBPFS

Section 8: HFU Contacts and Complaints

8.1 Key Contacts

All correspondence and general inquiries about this allocation process should be sent to the OCHA Humanitarian Financing Unit, which serves as the EHF secretariat, at ehf-eth@un.org. Attention all communication to the HFU Manager, Laksmita Noviera, at noviera@un.org.

8.2 Complaints and Feedback Mechanism:

EHF stakeholders with insufficiently addressed concerns or complaints regarding EHF processes or decisions can contact the OCHA Head of Office (michel.saad@un.org) or write to feedback-ehf@un.org with these concerns. Complaints will be compiled, reviewed, and raised with the HC, who will then take a decision on necessary action(s). The HC will share with the Advisory Board any such concerns or complaints and actions taken thereof.

Section 9: List of Annexes

Annex 1: 2020 EHF Operational Manual (https://www.unocha.org/sites/unocha/files/EHF%20Operational%20Manual_2020.pdf)
 Annex 2: Budget preparation guidelines
 (https://www.unocha.org/sites/unocha/files/Budget%20Review_preparation%20Guideline_EHF.pdf)