



Common
Humanitarian
Fund

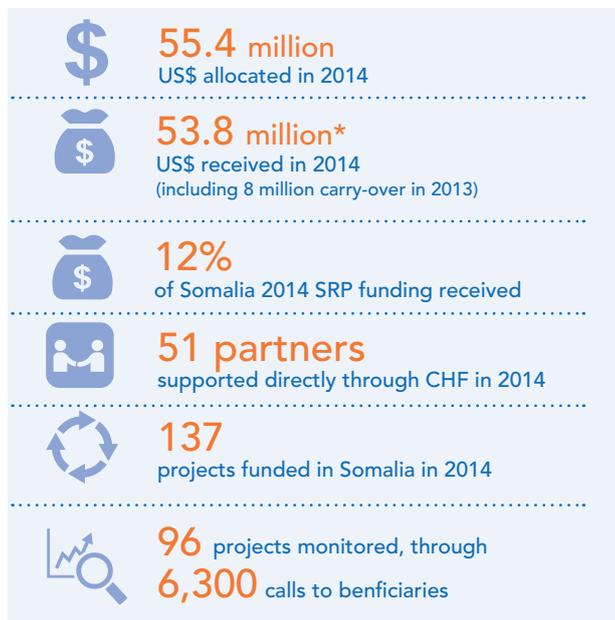


SOMALIA COMMON HUMANITARIAN FUND | CHF
ANNUAL REPORT 2014

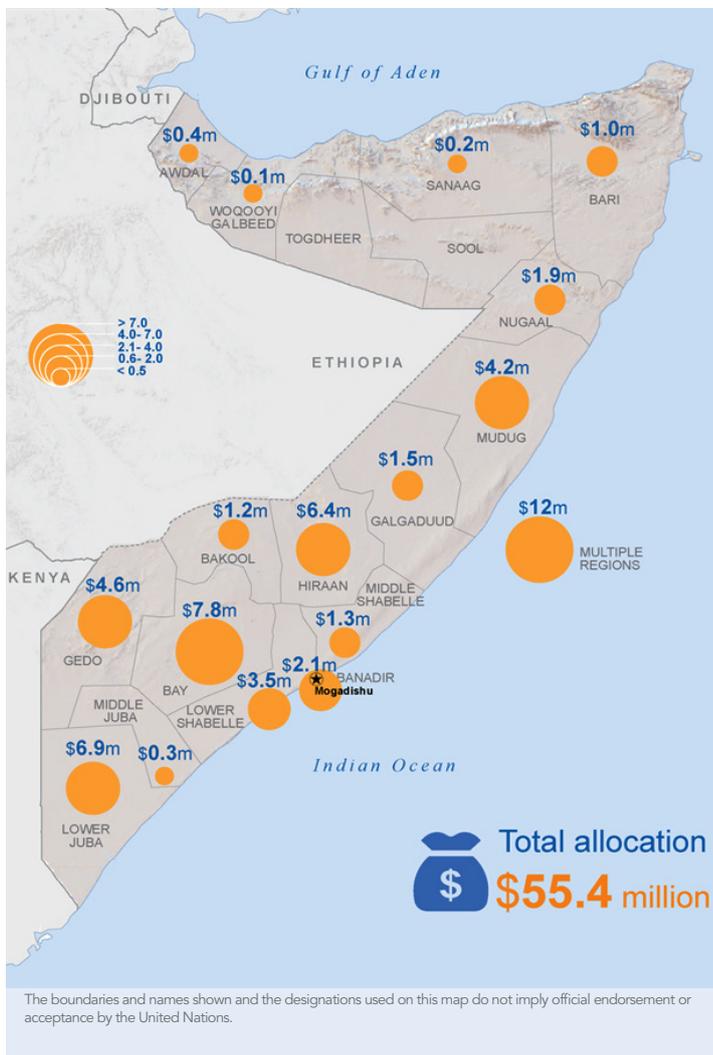
CHF SOMALIA 2014 DASHBOARD

Key facts and figures for the Somalia Common Humanitarian Fund in 2014

2014 CHF SNAPSHOT



CHF 2014 ALLOCATIONS PER STATE (in US\$ millions)



2014 CHF Allocations By Type (in US\$, 31 December 2014)

Allocation Type	Amount	%
Individual Reserve Allocations	9,987,970	18
Standard Allocation 2014	25,075,322	45
Reserve Strategy	20,305,609	37
TOTAL	55,368,901	100

2014 Allocations by Organization Type (in US\$, 31 December 2014)

Organization	Amount	%
INGO	23,088,198	42
Local NGO	6,431,308	12
UN Agency	25,849,394	47
TOTAL	55,368,901	100

* Total figure includes CHF programme support and audit costs

2014 ALLOCATIONS (in US\$ million)

per cent of 2014 CHF Somalia allocations*

CLUSTER	FUNDING	%
FOOD SEC	11.9	21%
WASH	9.6	17%
NUTRITION	8.4	15%
EP	7.9	14%
HEALTH	7.8	14%
S & NFI	3.8	7%
PROTECTION	2.7	5%
EDUCATION	2.4	4%
MS	0.9	2%

\$55.4
million

* As of 31 Dec 2014

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A Somali girl walks down a road at sunset in an IDP camp near the town of Jowhar, Somalia © AU UN IST Photo / Tobin Jones

FOREWORD

by the Humanitarian Coordinator in Somalia

For the Common Humanitarian Fund (CHF), 2014 was a watershed year where its role as a key response pillar was reaffirmed despite early funding challenges. Contributions were slow to materialize before the mid year with only \$20 million initially contributed. But with a \$26 million boost after July, and 8 million carryover, the CHF ultimately provided over \$55 million to the highest priority humanitarian needs in Somalia.

This funding pattern was a departure from the norm, but the CHF still managed to emphasize a strategic, transparent and needs based approach. This resulted in two strategic allocations, including the first standard allocation for \$25 million in the second quarter of 2014 and the second multi sector strategic reserve allocation for \$20 million in the last quarter of the year. And throughout the year, I was able to approve 18 reserve allocations for \$10 million, as detailed in the annual report, to respond to sudden onset needs and critical gaps.

Altogether, the CHF benefitted from the support of nine donors in 2014. These included Australia, Denmark, Finland, Germany, Ireland, Netherlands, Sweden, Switzerland and the United Kingdom. Their proactive partnership, in addition to their generous contributions, has been much appreciated. They stood by the CHF and supported a risk management assessment that demonstrated the CHF capacity to be accountable in the management of funds.

Looking to key outcomes, the strengthening of the CHF after the mid-year enabled funding to the three month operational plan, an exercise undertaken by the Humanitarian Country Team to reprioritize life-saving critical gaps and to respond to early warning signals. At the time, food insecurity indicators were comparable to the pre-famine period before 2011. This response leveraged both the CHF and the CERF in a joined up strategy that provided a total of \$40 million to underpin a multi-sector response which helped to prevent a further deterioration of the humanitarian situation.

Additionally, results by cluster can be reviewed in detail within the report, but to name a few, the CHF funding supported nutrition treatment programmes to nearly 200,000 children, pregnant and lactating women and resulted in nearly 50,000 children enrolled in schools, CHF funding also ensured vaccinations to 125,000 children and women of child bearing age and assisted up to 800 IDP households in Mogadishu to return to their villages of origin. And again, both CHF and CERF were leveraged to respond to the measles outbreak, which together provided \$1.3 million to vaccinate nearly 650,000 children.

Finally, I wish to express my appreciation to our donor partners for their ongoing support through the CHF which enables us to respond to needs as they are identified on the ground. As we work together to meet the needs of vulnerable Somali people, I encourage donors to maintain their commitments and strengthen contributions through 2015.

Philippe Lazzarini

Humanitarian Coordinator in Somalia

15 June 2015

HOW DOES THE SOMALIA CHF WORK?

What is the CHF? The Common Humanitarian Fund CHF is a multi-donor pooled fund managed under the direction of the Humanitarian Coordinator (HC). The fund is used to support the timely allocation and disbursement of donor resources to the most urgent humanitarian needs and critical gaps in Somalia.

When was the CHF established? The global CHF was born out of the Humanitarian Reform initiative of 2005, which called for improved accountability and predictability in financing for humanitarian emergencies. The Somalia CHF was established in 2010.

What organizations and projects does the CHF fund? The CHF grants funding to national NGOs, international NGOs, and UN humanitarian agencies in Somalia. The CHF funds activities that have been identified as the most urgent and critical humanitarian needs in alignment with the Somalia Humanitarian Response Plan (HRP).

Who decides what are the most urgent and critical humanitarian needs? The HC decides on the most critical needs to be funded, in consultation with the CHF Advisory Board and informed by cluster coordinators' recommendations. Cluster coordinators' work with partners to define CHF cluster priorities derived from the highest priority needs articulated through the HRP.

How are individual projects chosen for funding? The Somalia CHF has two allocation mechanisms:

The standard allocation allocates the majority of funds received from donors to projects included in the Somalia HRP at the outset of the year. These are prioritized and vetted by the clusters through the cluster review committees. The projects are then recommended to the CHF Advisory Board for endorsement and finally approved by the Humanitarian Coordinator.

The reserve is primarily intended for the rapid and flexible allocation of funds in the event of unforeseen circumstances,

emergencies, or strategic needs. Reserve allocations are significantly quicker to disburse than those allocations selected through the standard allocation process. The need for a reserve allocation must be cleared by cluster coordinators and then undergo a due diligence process by the OCHA Humanitarian Financing Unit (HFU) before being approved and signed off by the Humanitarian Coordinator.

Who provides the funding? The Somalia CHF is funded with contributions mainly by UN member states. Since its inception in 2010, the fund has disbursed a total of US\$294 million through its standard allocation and reserve windows with funds contributed by 15 member states and the African Union. Any UN member state can become a donor to the CHF.

Who manages the CHF? The Humanitarian Coordinator (HC) is responsible for the management of the CHF and accountable for the use of the fund. An Advisory Board, under the chairmanship of the HC and comprised of four UN agencies, four NGOs, and two donor representatives advises on the use of funds.

The Humanitarian Financing Unit (HFU) in OCHA oversees the management of the fund on behalf of the HC and oversees the monitoring of NGO projects of the fund. The UNDP Multi-Donor Trust Fund Office (MPTF) serves as the fund 'Administrative Agent' and receives, administers and manages contributions from donors, and disburses funds to UN agencies. OCHA serves as the 'Managing Agent' for the fund and is responsible for contracting and disbursing funds to NGO implemented projects.

How is the CHF governed? The Somalia CHF is governed by the Country-Based Pooled Fund (CBPF) guidelines comprised of a Policy Instruction and an Operational Handbook. The Policy Instruction sets out the principles, objectives, governance and management arrangements for CBPFs and the Operational Handbook provides technical guidance, tools and templates used in the management of CBPFs.



Food distribution center in Afgooye © Tobin Jones/UN PHOTO

2014 HUMANITARIAN CONTEXT



Deterioration of humanitarian situation in 2014

Drought, insecurity, surging food prices, increasing malnutrition and funding shortages led to a significant increase in humanitarian needs in 2014. Over one million people in Somalia were unable to meet their basic food requirements, an increase of 20 per cent since February 2014. Two-thirds of these people were internally displaced, and approximately 80 per cent of them were women and children. A further 2.1 million people were on the verge of slipping into acute food insecurity. This brought the number of people in need of humanitarian aid to 3.2 million, the highest since the end of the famine. The overall nutrition situation deteriorated with 14.9 per cent of children under the age of five in Somalia acutely malnourished and 2.6 per cent severely malnourished. While the humanitarian situation has improved marginally in 2015 so far, 731,000 people are still in urgent need of assistance.

The military offensive against Al-Shabaab

Following the Somalia National Army and African Union Mission in Somalia's operations in March and in August/September 2014, the security situation became more complex in southern and central Somalia, with unclear areas of control and absence of valid interlocutors. For humanitarian agencies, this heightened the risk of responding to the needs of populations in need. In 2014, both military offensives against Al-Shabaab led to the displacement of an estimated 80,000 people. While access to key towns like Baidoa, Belet Weyne and Kismayo improved in 2014, road access to districts and rural areas was constrained due to blockades imposed by Al Shabaab. The humanitarian community used air cargoes to deliver assistance in areas where other modalities such as use of contractors and local partners were not possible. Road

access to areas that came under Government control in 2014 remained a top priority, but roadblocks and checkpoints held by armed actors continued to hamper road access, particularly in southern and central Somalia. The two main supply roads most affected by road blocks remain Belet Weyne-Mogadishu and the Mogadishu-Baidoa-Doolow roads. They also augment prices of commercial food as traders transfer the high cost of operating in insecure areas to the consumers, making it increasingly difficult for vulnerable people to access food in the markets and impacting negatively on the food security situation in some areas.

Prevailing needs

Poor basic services undermine the resilience and coping mechanisms of vulnerable people. At the end of 2014, over one in seven children under the age of five, or 230,000 children, was estimated to be acutely malnourished. About 38,000 of them were severely malnourished and were at risk of death if they did not receive urgent medical treatment and therapeutic food. Three out of four acutely malnourished children were in southern and central Somalia. In addition, about 3.2 million people in Somalia needed emergency health services, while access to safe water at just 30 per cent remains one of the lowest in the world. The impact of lack of basic services is felt strongest among the internally displaced people who are also affected by cyclical disease outbreaks. Around 1.7 million children across Somalia were out of school, and among those in school only 36 per cent were girls.

Meeting humanitarian needs

Despite the extremely difficult and dangerous operating environment, humanitarian organizations still managed to reach people in need. A massive polio vaccination campaign in 2013 reached over 4 million people and managed to contain the number of new polio cases to 194 in 2013, and five confirmed cases in 2014. Food security partners reached nearly 1.4 million people with livelihood investment and asset activities. Partners supported 592,000 people with responses geared towards improving access to food focusing mainly on people unable to meet basic food needs and about 355,000 children were treated for acute malnutrition. About 290,000 and 400,000 children were vaccinated against measles and polio respectively. In addition, 380,000 people benefitted from temporary access to safe water and 538,000 people were provided with sustainable access to safe water. About 150,000 people received emergency assistance packages (EAPs) and 98,000 were supported with transitional shelter solutions. Over 23,000 children in settlements for displaced people and newly accessible areas were supported with school supplies and a further 35,000 children in these settlements had their schools reopened thanks to their teachers receiving school incentives again. A CHF/CERF funded measles response reached 648,120 children in the worst affected areas of Banadir, Lower Juba and Puntland - 128,000 more than were originally targeted. Improved access to several areas as a result of the military offensive against AS was a contributing factor.

Access constraints

Although there has been some degree of humanitarian access in all 18 regions of Somalia, the delivery of essential aid supplies and services remained restricted in most districts of southern and central Somalia given high levels of insecurity. Attacks and threats against aid organizations continued to hamper the delivery of humanitarian assistance to communities, including in Mogadishu. Al Shabaab carried out targeted attacks against aid workers and disrupted humanitarian assistance in 2014 and 2015. These included the 20 April 2015 attack on a UN van in Garowe that killed four UN staff and two Somali guards. As of April 2015, over 40 incidents have led to the death of 8, injury of 14, abduction of 7, and arrest and detention of 20 humanitarian staff in 2015. In 2014, 75 violent incidents led to the death of 10 and abduction and arrest of 22 staff. Armed groups have also made several attempts to loot relief food and disrupt food distributions. Despite these challenges, assistance continued to be delivered over 2014 and 2015 through different modalities including the use of air cargoes, cash transfer mechanisms and through local partners. Furthermore, humanitarian access is uneven and varies across clusters. While moving supplies in large quantities such as food is challenging, the delivery of medical supplies and vaccines has been comparatively easier.

Emerging developments in 2015

Ongoing insecurity in many parts of southern and central Somalia has hampered the return of internally displaced people and Somalis in neighbouring countries. In addition, there has been an increase in people fleeing the conflict in Yemen and arriving in Somalia. As at mid-June, more than 16,000 people (of which some 15,000 are Somali) - have arrived in Berbera (Somaliland) and Bossaso (Puntland). As a result, the humanitarian situation in the country faces could be compounded in 2015. An Inter-Agency Task Force, led by UNHCR and IOM, has developed a refugee and migrants response plan that aims at providing services to up to 43,000 people over the next six months. In addition, health concerns remain pressing. Around 3,300 suspected measles cases have been reported 2015, (as of May) while around 4,000 cases of AWD/cholera were recorded, with 85 per cent of the cases children under the age of five.



IDPS move into displacement sites in Mogadishu © UN PHOTO

HUMANITARIAN FINANCING

Contributions

In 2014, donors' contributions to the Somalia CHF were greater than in 2013, where \$42.6 million was contributed. By the end of 2014, the CHF had received \$45.8 million in new contributions. The amount available for allocations in 2014 was \$53.8 million given a carry-over of \$8 million from 2013. The carry-over was a result of donor deposits in the latter half of the year and the return of some unspent funds. In 2014, the receipt of donor contributions was nearly evenly split between the first and second half of the year. By June 2014 \$21.3 million had been received, and from July to December, the remainder of \$24.5 million in contributions were received.

In 2014 funding to the Humanitarian Response Plan (HRP) was proportionally lower than funds received over the past six years, including the years preceding the 2011 famine. Over the year donors contributed a total of \$458 million funding against the \$933 million requested in the 2014 HRP. Funding in support of the HRP was slow to materialise in 2014. By March 31 only \$152 million (16% of amount required) had been funded, a significantly lower figure than the \$287 million funded at the same period in 2013 (which was 22% of the amount required in 2013). By mid 2014, a total of \$246 million had been received, still just over a quarter (26%) of the required funding for the HRP. Funding picked up in the third and fourth quarters of 2014, presumably based on increased donor responsiveness to a deterioration in the humanitarian situation. \$109 million was received for the third quarter 2014, and \$102 million for the fourth quarter 2014.

Allocation and disbursement of Funds

Over 2014 the CHF allocated \$55.4 million through its standard and reserve windows. These allocations have supported 51 partners and funded 137 projects. In April, \$25.1 million was allocated through the standard allocation, while \$30.3 million was allocated through the reserve over 2014. The reserve included both 18 individual reserve allocations for a total of \$10 million, and a multi-sector reserve strategy allocation of \$20.3 million that provided funding to 57 projects through 37 partners.

CHF funding amounts to 12 per cent of the total amount contributed to the 2014 Somalia HRP, and close to 15 per cent of all non-food distribution funding to the HRP.¹ This suggests a more strategic reliance on the CHF by non-food clusters, especially life-saving interventions in livelihoods, WASH, health and nutrition. Indeed, the CHF has provided more than 30 per cent of funds received through the HRP to the protection, health and shelter clusters.

The standard allocation had three priority areas, including support to most vulnerable IDP and host communities through the provision of an integrated package of basic services; action to address chronic humanitarian crises including community led initiatives mitigate risks; and support to common services including UNHAS, cluster coordination and projects under the Enabling Programmes cluster in the HRP.

In September 2014 the reserve strategy sought to address remaining critical gaps and life-saving needs identified in the HCT three month operational response plan and the HRP Midyear Monitoring Report. The reserve strategy was strategically aligned to the CERF underfunded window and addressed the same above noted priority needs (see CERF/ CHF Complementarity section overleaf).

Individual reserve allocations supported response to sudden onset emergencies and critical funding gaps. These included funding for the provision of humanitarian air services, measles vaccinations in outbreak areas, access to safe water in 10 districts, food assistance to 16,200 vulnerable people, and to ensure continuity of lifesaving health care services at Belet Weyne Hospital.

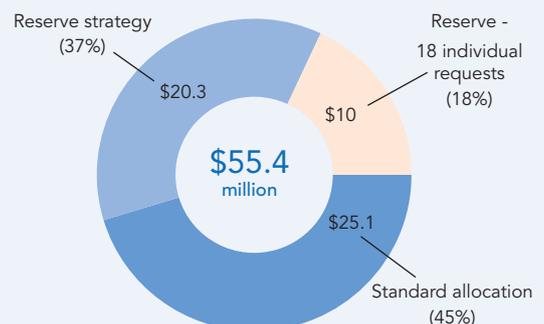
In the standard allocation, 93 per cent of disbursements to projects were made between May and end July. This three month period, beginning with project endorsements on 10 April, represents quality control and vetting of projects and budgets, through to the completion and sign off of MOUs through to the final fund disbursements. It also reflects the period where partners would like to see greater efficiencies

1 In the absence of data disaggregating food security and livelihoods projects, this is calculated by removing WFP food distribution projects from the remainder of Food Security cluster projects.

2014 CHF CONTRIBUTIONS BY DONOR

DONOR	Contribution (US\$)	Percent
United Kingdom	14,703,300	32%
Sweden	10,599,231	23%
Denmark	5,602,619	12%
Australia	4,384,000	10%
Ireland	4,042,400	9%
Switzerland	2,039,941	4%
Finland	1,860,600	4%
Netherlands	1,268,400	3%
Germany	1,256,000	3%
TOTAL	45,756,490	100%

2014 CHF ALLOCATIONS BY TYPE



CHF / CERF Measles Response

Measles is one of the leading causes of death for young children in Somalia, a situation made worse by a lack of health services across the country. Between January and June 2014 around 4,000 suspected cases of measles were reported, more than double than the same period in 2013. Three quarters of cases were reported in children less than five years old. In response a CERF allocation of \$1.5 million and a CHF allocation of \$300,000 were made to UNICEF and UNICEF to kick-start a campaign to combat the outbreak. The vaccination drive was conducted concurrently with a polio vaccination campaign and reached 648,120 children in worst affected areas of Banadir, Lower Juba and Puntland - 128,000 more than was originally targeted. The success was attributed to the adoption of house to house campaigns and detailed micro planning at all administrative levels administrative levels. Importantly, the funds enabled the repair and maintenance of cold chain facilities in eight regions.

and more timeliness in the receipt of funds. In contrast, more than 80 per cent of disbursements were made within a two month period in the second allocation for the CHF reserve strategy, between 8 October 2014 when projects were endorsed and 10 December 2014. Efforts to reduce these timelines required greater vigilance to encourage faster turnarounds, between recipients, the CHF secretariat and the OCHA funding coordination section in New York. It also reflected better quality project proposals and budgets that adhered to guidelines, resulting in the need for fewer turnarounds.

CHF and CERF complementarity

In 2014 the Central Emergency Response Fund (CERF) made two allocations totalling \$21.4 million to support the humanitarian response in Somalia. Each allocation was supported by CHF reserve allocations to ensure complementarity and maximize impact. In April and May 2014 the CERF allocated \$1.5 million to WHO and UNICEF through its rapid response window to support the response against the measles outbreak in mid-2014. This funding was complemented by the CHF reserve with \$300,000. (see box above)

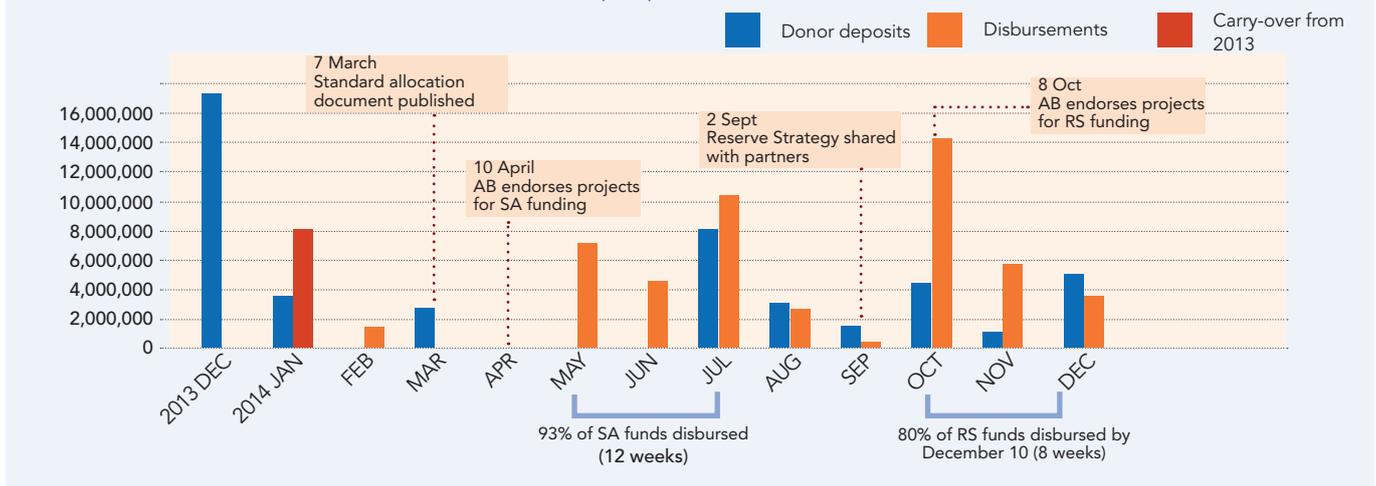
Substantial allocations were made by CERF and CHF to support mid-year life saving critical gaps, as determined in the HCT's multi-sector three month operational response plan and the HRP mid-year monitoring report. The CERF allocated \$20 million from its under-funded emergency (UFE) window, which was complemented by a CHF reserve strategy allocation of

\$20.3 million. This enabled a robust pooled fund strategy to respond to the most urgent humanitarian needs and critical gaps which was underpinned by \$40 million in total.

The CERF funding addressed four priority areas: (i) Acute malnutrition in displacement settlements; (ii) Improved food security; (iii) Provision of basic services for vulnerable communities; and (iv) Improved protective environment among displaced people. Both the CERF UFE and CHF reserve strategies prioritized the same high priority geographic areas. Both strategies were informed by humanitarian priorities identified in assessment reports and the HRP Midyear Monitoring Report that measures progress against targets set in the 2014 HRP. The strategies also sought to address outstanding critical gaps that remained in the HCT's three-month multi-sector operational response plan.

Although the CHF reserve in Somalia has traditionally been used to fund individual requests to support response to sudden onset emergencies and address critical funding gaps, a reserve strategy allocation was exceptionally approved in 2014 to complement the CERF and respond to mid-year needs. This approach was consistent with the CHF Global Guidelines that empower the Humanitarian Coordinator to use the reserve to address strategic multi-sectoral needs.

DONOR DEPOSITS AND CHF DISBURSEMENTS 2014 (US\$)



OVERVIEW OF 2014 CLUSTER PROGRESS

The CHF has supported 137 projects across nine clusters, inclusive of Enabling Programmes and the Multi-sector for Refugees which were not funded in 2013. Given that funds for the standard allocation were disbursed from May to July, and funds for the strategic reserve were disbursed in October and November. Most projects have since reached the six month interim reporting stage. The following section will therefore summarize the 2014 cluster achievements.

The 2014 standard allocation was strategically focused on three priorities with the following critical priority regions:

1. Support to the most vulnerable Internally Displaced Persons (IDPs) and host communities through the provision of an integrated package of basic services. The priority regions for this objective were Bay (Baidoa), Gedo (Luuq), Mudug (Gaalkacyo) and Lower Juba (Kismayo) due to the large number of protracted IDPs whose high malnutrition rates were exacerbated by limited livelihood options and inadequate health and WASH services. The need to ensure a protective environment was also recognized as critical in the selected regions.
2. Action to address chronic humanitarian crises/disasters: This included community led initiatives to anticipate, mitigate, cope with and overcome risks as well as ensuring longer term mitigation measures. The priority regions here were Bay (Baidoa and Diinsoor), Bakool (Ceel Barde, Rab Dhuure, Xudur and Tayeeglow), Gedo (Luuq), Hiraan (Belet Weyne and Mataban) and Lower Juba (Kismayo). The allocation aimed to: (a) prevent people in stress from slipping into emergency and crisis by strengthening their capacity to absorb shocks; (b) contribute towards the reduction of chronic acute malnutrition rates; and (c) respond to the needs of people who were highly vulnerable to floods, drought, and communicable disease outbreaks such as acute watery diarrhoea.
3. Support to common services including projects under the Enabling Programmes cluster in the HRP. This included support to: (a) UN Humanitarian Air Services to ensure the continuity of the services; (b) cluster coordination to facilitate coordination of humanitarian action including oversight of CHF projects; and (c) other common services projects, and mainly FSNAU, Radio Ergo and NGO Consortium costs and the NGO Safety Program.

The reserve strategy focused on four areas where gaps in response, and new needs were identified:

1. Improve the nutritional situation in IDP settlements and areas of high vulnerability: Projects were designed to address acute malnutrition in IDP settlements in seven urban areas (Mogadishu, Kismayo, Doble, Doolow, Dhuusamarreeb, Garowe and Gaalkacyo) and in areas of high vulnerability where there were linkages to food insecurity and inadequate WASH and health services.
2. Improve access to food in food insecure areas: The allocation aimed to improve food security following under performance of the Gu rains through food distribution and livelihood interventions in pastoral, agro pastoral and riverine areas in affected districts in Bakool, Hiraan, Middle Shabelle, Lower Shabelle, Gedo and Galgaduud regions of south central Somalia and Nugaal, Bari, and Mudug regions. This included addressing critical food needs through emergency food assistance, wet feeding and unconditional cash transfer in areas affected by poor rains and the deterioration of market functioning.
3. Restore and improve basic services in underserved and/or newly accessible areas: Humanitarian partners targeted the provision of integrated basic services for vulnerable populations in newly accessible areas and in areas with limited humanitarian response.
4. Enhance protection services for vulnerable children and survivors of protection violations: This included improvements in the protective environment for IDPs and other vulnerable groups.

In addition to the strategic allocations, there were 18 individual reserve allocations totaling \$10 million that supported response to sudden onset emergencies and critical funding gaps in 2014. These allocations funded the provision of humanitarian air services, measles vaccinations in outbreak areas, access to safe water in 10 districts, and ensured continuity of lifesaving health care services at Belet Weyne Hospital. In addition, \$3.3 million was allocated to WFP in November 2014 to provide food assistance to 16,200 IDPs and host communities south-central Somalia through cash and voucher transfers to improve their access to needed food commodities from markets.

SUMMARY OF 2014 ALLOCATIONS (as of 30 Nov 2014, source: FTS, CERF, CHF database)

Cluster	Amount Allocated (CHF) - \$ Millions	% of HRP Funding Received (CHF)	Projects /Partners	Beneficiaries Targeted	CERF Allocation \$ Millions	Total HRP Funding \$ Millions
Education	2.4	16	7/5	26,144	1	14.6
Enabling Programmes	7.9	23	17/9	7,502,654	-	35.0
FS	11.9	7	20/15	330,599	8	177.4
Health	7.8	31	22/12	2,492,610	5	25.3
Multisector	0.9	4	3/3	14,608	-	24.2
Nutrition	8.4	14	24/18	163,490	3	59.4
Protection	2.6	30	8/8	39,769	1	8.9
Shelter / NFI	3.8	46	7/5	122,828	-	8.3
WASH	9.6	39	29/20	886,119	3.5	24.9

2014 CLUSTER ACHIEVEMENTS

EDUCATION ACHIEVEMENTS 2014



Lead Agencies: UNICEF and Save the Children

Objectives: CHF funded projects responded to two Education cluster objectives in the 2014 Humanitarian Response Plan, including to:

1. Ensure vulnerable children (girls and boys) and youth affected by emergencies have access to safe and protective learning spaces where they are provided with lessons that impart life-saving messages and skills.
2. Improve the quality of education by recruiting, paying incentives to and training teachers, building the capacity of CEC members, school administrators to implement and manage quality and resilient education programs

Allocation:

The CHF disbursed a total of US\$2.4 million to seven education projects implemented by five partners through the standard allocation of \$1.4 million and the strategic reserve of \$1 million. CHF funding comprised 16 per cent of the cluster's 2014 HRP funding receipts of \$ 14.6 million.

In the first standard allocation, the Education cluster identified priority areas where vulnerable children particularly IDPs would benefit from a full package of quality, life-saving learning designed to enrol and retain students for a complete cycle of primary education. In addition, these services would be provided in complementarity to other clusters to ensure an integrated and lasting response. Projects thus focused on the construction/rehabilitation of learning facilities, provision of learning materials and teacher incentives, and teacher training.

The CHF strategic reserve allocated \$1million, that complemented a \$1 million allocation CERF grant to continue the cluster's strategy of ensuring a comprehensive learning package for school age children in selected priority areas. While CERF funds were primarily used to provide critical learning materials, CHF funded teacher incentives and the construction of temporary learning spaces to reduce the extremely high rates of attrition that had ensued following lack of supplies and teacher incentives. Of particular concern was ensuring the return to school of 30,000 children and teachers in 60 IDP settlements where learning centres had closed due to lack of teacher incentives.

Achievements and Challenges:

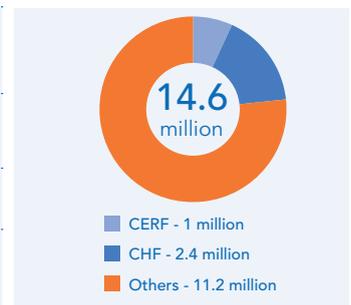
In line with the cluster's objectives to provide access to safe, protective learning spaces and schools to vulnerable children, CHF funded projects in 2014 provided temporary learning spaces with gender sensitive WASH facilities, learning materials, recreational facilities and teacher incentives to foster retention and the return to school of school-going children. To sustain the quality of education, the provision of teacher training and inclusion of life skills in the curriculum were carried out, as well as trainings of community education.

Recognizing the importance of providing a protective

2014 Allocation Summary



2014 HRP Funding



2014 Output Indicators	Planned	Achieved	%
Number of children enrolled in school	52,867	47,608	90
Number of children provided with learning supplies	15,481	16,872	108
Number of girls enrolled in school	2,375	1,727	73
Number of learning spaces rehabilitated/constructed that meet INEE minimum standards for facilities (particularly space)	135	116	86
Number of CECs trained	847	682	81
Number of teachers trained	548	400	73

*This section highlights the indicators and targets of projects funded by the CHF in 2014 which were completed or were ongoing between 1 March and 31 March 2015.

environment for children, education allocations were linked to the shelter and protection clusters – especially for IDP communities - and advocated for complementarity in activities and common locations.

To offer a semblance of normalcy to children in conflict-affected communities, the majority of CHF-funded education projects supported schools where children from displaced families would have access to education. Thus an estimated 26,144 children in 245 schools and learning centres were reached.

Like other clusters, Education projects were affected by insecurity that led not only to delays in project start-up but also a request for a change in location. One project that had targeted building temporary learning spaces for IDP returnee children in their places of origin had to relocate due to insecurity as the area was still under Al Shabaab control. The Education cluster also cited challenges of identifying CHF eligible partners for most of the interventions that were prioritised in South Central Somalia. Only one out of five local partners with strong presence and capacity to run education programmes in the region was eligible for CHF funding. Thus, the cluster elected to recommend eligible International NGOs who would sub-contract to local partners to support the learning centres before closure. Community and local authority involvement at each stage of project implementation identified as an important component of project success.

The Education cluster is chronically underfunded hampering the attainment of most of its medium term objectives as spelt out in the 2013-2015 CAP. Of particular concern are efforts to

sustain teacher incentives and thus keep children in school. It has been difficult to sustain teacher incentives without external (community and donor) support. Moreover, CHF funding does not guarantee year to year funding, since priority locations can change depending on the prevailing humanitarian situation. In addition, obtaining community support for teacher incentives, particularly among IDP families, has been hampered by their own difficulties in meeting other needs. Children's retention in schools is also affected by drought-induced displacement which forces families to migrate to new areas.

Over the course of 2014, a total of eight education projects were remotely monitored through call centre monitoring and received a beneficiary satisfaction rate of 94 per cent.



Classroom in Mogadishu, Somalia © UNICEF Somalia / Kate Holt

ENABLING PROGRAMMES

ACHIEVEMENTS 2014



Lead Agency: OCHA

Objectives: CHF funded projects responded to five Enabling Programmes cluster objectives in the 2014 Humanitarian Response Plan, including to:

1. Strengthen coordination to support delivery of humanitarian aid to ensure equal access for men, women, girls and boys;
2. Enable humanitarian activities and personnel with safety and security programmes;
3. Provide timely and relevant food security, livelihood and nutrition, water and land, and droughts information and analysis on emergency situations;
4. Disseminate messages on protection and humanitarian needs of the vulnerable people in Somalia, and convey life-saving and disaster risk reduction messaging relating to seasonal and perennial shocks;
5. Provide a safe, efficient and cost-effective inter-agency air transport service for over 100 United Nations Agencies, NGOs, and donor organizations providing humanitarian assistance in Somalia.

Allocation:

The CHF disbursed a total of US\$ 7.9 million to 17 Enabling Programmes projects implemented by nine partners through the standard allocation of \$2.5 million, a strategic reserve allocation of \$1 million, and reserve allocations of \$4.3 million. CHF funding comprised 39 per cent of the cluster's 2014 HRP funding receipts of \$ 24.9 million.

In the first standard allocation, the Enabling Programmes cluster prioritised common services enabling humanitarian programming in Somalia. This included support to the UN Humanitarian Air Services (UNHAS) with \$1 million to ensure the continuity of services over the year and cluster coordination funding to facilitate coordination of humanitarian action, including oversight of CHF projects. In addition, other common services projects - mainly FSNAU, Radio Ergo and NGO Consortium costs and NGO Safety Program (NSP) were also supported.

Under the CHF reserve strategy and individual allocations, the main priority for funding was support to the provision of humanitarian air services (UNHAS) through the course of the year, as well as funding for security aircraft flights in support of relief operations.

Achievements and Challenges:

In 2014, CHF funding enabled UNHAS to provide air access to the humanitarian community for cargo and passengers operating in Somalia, through which 330,000 tonnes of cargo was uplifted and successfully delivered, to reach over 66,000 people. CHF funding also supported UNDSS to carry out emergency evacuations, relocations, and MEDEVAC operations.

The Somalia NGO Consortium and the NGO Safety Programme (NSP) continued to provide support aimed at strengthening coordination of NGO activities and enhancing access to vulnerable people. The Consortium provided security and

2014 Allocation Summary

\$ 7,860,000
US\$ Amount Allocated

35 %
of HRP Funding Received

9 partners, **17** projects

People targeted total 6,000,000

2.5m 2.5m 0.5m 0.5m

2014 HRP Funding



■ CERF - 0
■ CHF - 7.9 million
■ Others - 14.4 million

2014 Output Indicators	Planned	Achieved	%
Humanitarian related messages produced and broadcast	365	183	50
Number of agencies listed as NGO Consortium members	50	82	164
Number of Food Security, Nutrition, Climate and Market information updates and briefs	16	14	88

*This section highlights the indicators and targets of projects funded by the CHF in 2014 which were completed or were ongoing between 1 March and 31 March 2015.

access analysis that ensured safety and welfare of humanitarian staff by minimizing risks when delivering assistance. In addition, 300 people received the Hostile Environment Individual Safety Training (HEIST) focusing on personal security of NGO workers. The main challenge identified for the functioning of the Consortium was inconsistent commitment by member organisations due to capacity constraints.

CHF funding also supported the Food Security and Nutrition Analysis Unit (FSNAU) to produce and disseminate 10 monthly and quarterly information products which included Climate Updates, Market Data Updates, Nutrition Updates, Food Security and Nutrition Briefs, Food Security and Nutrition Briefs. Two technical seasonal assessment reports were produced which included the Food Security and Nutrition Analysis Post Gu 2014 technical series report and the Nutrition Analysis Post Gu 2014 technical series report. Challenges included continued insecurity in parts of southern and central regions, which led to suspension of some of the planned assessments. In addition CHF funding supported the Somalia Water and Land Information Management (SWALIM) collect hydro meteorological data to support flood information. SWALIM produced and disseminated 120 flood information bulletins.

CHF funding supported Radio Ergo's humanitarian radio operations, which included continued broadcasting and the capacity building development of 28 journalists.

Over 2014 three resilience projects funded in 2013 were remotely monitored through call center monitoring and received a beneficiary satisfaction rate of 91 per cent.

Emergency Air Cargo and Humanitarian Passenger Flights

Throughout 2014, humanitarian access has been severely constrained in 28 districts in southern and central Somalia, due to insecurity, fighting along major supply routes, road blockages and the encirclement of newly recovered areas by non-state armed actors. Altogether some 2,200 conflict incidents with humanitarian implications were registered by OCHA Somalia partners, and compiled by OCHA including 107 incidents related to checkpoints.

The CHF made five allocations (one standard allocation and four reserve allocations) totaling \$4 million to support air cargo flights and passenger flights in 2014. These included flights which enabled humanitarians and air cargo to access hard to reach areas. In August, regular emergency air cargo flights were initiated to provide urgently needed relief in hard-to-reach areas, including the Bay and Bakool regions. So far, the emergency flights have allowed humanitarians to reach over 66,000 affected people in three regions with more than 330 metric tons of aid. Cargo included nutrition supplies, supplementary food, vaccinations and education material. CHF funding to airlifting is not financially feasible in the long run as cargo flights are an extremely expensive way to deliver supplies necessary to mount a full response to the needs. For aid to reach those most affected in 2015, regaining access by road to communities isolated by conflict will be a top priority.



In 2014, emergency flights allowed humanitarians to reach over 66,000 affected people in three regions with more than 330 metric tons of aid. © UN Photo/WFP/Phil Behan

FOOD SECURITY

ACHIEVEMENTS 2014



Lead Agencies: WFP and FAO

Objectives: CHF funded projects responded to two Food Security cluster objectives in the 2014 Humanitarian Response Plan, including to:

1. Provide immediate improved household access to food to people in 'emergency' throughout the year, and those in 'crisis' during the livelihood lean season, and vulnerable households through safety nets
2. Provide seasonally-appropriate and livelihood-specific inputs to increase the productive capacity of rural livelihoods; invest in the construction and/or restoration of household and community productive assets to build resilience to withstand future shocks and prevent further deterioration.

Allocation:

The CHF disbursed a total of US\$11.9 million to 20 food security projects implemented by 15 partners through the standard allocation of \$4.5 million, the strategic reserve of \$4.1 million and the reserve of \$3.3 million windows. CHF funding comprised seven per cent of the cluster's 2014 HRP funding receipts of \$177.4 million.

In the first standard allocation, the cluster identified priority areas focusing on livelihood support to IDPs, and livelihood activities that addressed the underlying causes of household vulnerability more broadly. These included projects focusing on vocational skills and functional literacy and numeracy, as well as those providing seasonal support to vulnerable households, and supporting community participation in the construction of livelihood assets.

The CHF strategic reserve allocated \$4.1 million that combined with an \$8 million CERF underfunded grant to address a common livelihood support and food security strategy. The strategy included the distribution of food and provision of safety nets for the most vulnerable populations in locations with highest food insecurity indicators, in emergency and crisis. It supported the provision of agricultural inputs and trainings in agricultural production. Emergency livestock treatment and vaccination were additional areas of intervention to increase household food security and income. Further, some projects provided fishing inputs and value addition, such as for storage and processing. A \$3.3 million reserve allocation was approved in November 2014 to enable WFP to provide food assistance to 16,200 IDPs and host communities in Baidoa, Kismayo, Garbahare and Garowe through cash and voucher transfers to improve their access to needed food commodities from markets, while at the same time supporting market recovery in the local economy.

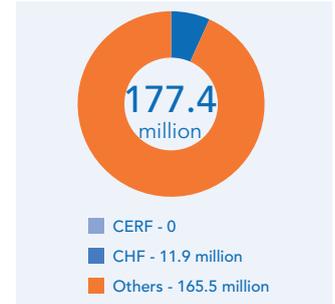
Achievements and Challenges:

Achievements in 2014 included distribution and treatment of livestock targeting pastoral and agro-pastoral communities, rehabilitation of community livelihood assets using the cash for work modality, provision of seasonal livelihood inputs mainly the support to land preparation and seeds for farmers and distribution of food. Through these activities

2014 Allocation Summary



2014 HRP Funding



2014 Output Indicators

	Planned	Achieved	%
Number of individuals trained	3,486	1,893	54
Number of people and returnee IDPs that received a livelihood investment package	24,886	20,636	83
Number of people receiving unconditional support to improve access to food through safety nets	31,715	18,061	57
Number of people that benefited from conditional transfers to improve access to food and protection of livelihood assets	308,982	223,012	72

*This section highlights the indicators and targets of projects funded by the CHF in 2014 which were completed or were ongoing between 1 March and 31 March 2015.

the projects were able to reach 274,479 people in Somalia. About 37,168 households benefited through cash for work interventions which saw the rehabilitation of over 19 water catchments, strengthening of river embankments ranging in length between 10 km to 40 km, de-silting of irrigation canals. The cash for work activities increased the purchasing power of households to meet the rising cost of essential food items. Additionally, 1893 individuals were trained in areas of conservation Agriculture, vocational and financial/small scale business management skills and about 10,158 farmers were provided with agricultural inputs including seeds and tools. To further strengthen the livelihoods of pastoral and agro-pastoral communities, close to 508,000 livestock belonging to 14,112 households were treated and vaccinated.

The challenges encountered during the project implementation included access constraints and localized political and clan conflict. For example in Baidoa, military attacks on the Baidoa-Buurhakaba road limited access to Buurhakaba delaying cash for work activities. Further, political and clan conflicts impeded operations particularly in parts of southern Somalia.

Over the course of 2014, a total of 19 food security projects were remotely monitored through call center monitoring and received a beneficiary satisfaction rate of 96 per cent.

HEALTH

ACHIEVEMENTS 2014



Lead Agency: WHO

Objectives: CHF funded projects responded to two Health cluster objectives in the 2014 Humanitarian Response Plan, including to:

1. Increase access to life-saving primary and secondary health care services including emergency health services and life-support services to the most vulnerable people including IDPs, women and children
2. Increase access to high-impact reproductive health, maternal, new born and child health services as per national priority package for Somalia.

Allocation:

The CHF disbursed a total of US\$7.9 million to 22 health projects implemented by 12 partners through the standard allocation of \$4 million, the strategic reserve of \$3 million and the reserve of \$0.8 million. CHF funding comprised 31 per cent of the cluster's 2014 HRP funding receipts of \$ 25.3 million.

In the first standard allocation, the cluster identified priority areas focussing on increasing access to lifesaving primary and secondary health care services including disease surveillance, maternal and child health care with emphasis on reproductive health and immunization, and capacity building of health staff.

The CHF strategic reserve allocated \$3 million that combined with a \$5 million CERF underfunded grant to fill gaps in medical supplies and equipment and direct support to health facilities (including through first level referral lines). In addition, projects which focused on outbreak detection and response and on capacity building of local partners, community health workers and midwives were funded. Priority groups included IDPs, particularly women and children.

The CHF made reserve allocations to three projects. One project supported continued health service provision at Beletweyne Hospital in Central Somalia with \$0.5 million, while two projects were provided funds of \$300,000 to support the measles outbreak response.

Achievements and Challenges:

CHF funded health projects were able to reach almost a million people largely through support to hospital facilities with large caseloads. In addition, the CHF supported an emergency vaccination campaign targeting almost 520,000 children due to a measles outbreak mid-2014. CHF funds were instrumental in the repair and maintenance of eight regional cold chain facilities. Combined with CERF funds, the campaign exceeded its target and reached 648,000 children. The CHF also supported pipeline projects providing essential primary health care supplies including vaccines and emergency kits for reproductive health. Funding of pipelines also ensured that partners' costs were limited to operating costs, staff recruitment and training, and purchase of essential medicines and supplies. Further, it ensured that a total of 148

2014 Allocation Summary



2014 HRP Funding



2014 Output Indicators	Planned	Achieved	%
Number of health facilities supported	176	160	91
Number of children below five years and women of child-bearing age immunized/vaccinated against vaccine preventable diseases (VPD)	251,335	124,076	49
Number of consultations per clinician per day by health facility	757	838	101
Number of health workers trained in common illnesses, integrated management of childhood illnesses, surveillance of communicable diseases and/or trauma management	2,260	1,621	72

*This section highlights the indicators and targets of projects funded by the CHF in 2014 which were completed or were ongoing between 1 March and 31 March 2015.

health facilities were supported, thus ensuring critical gaps were filled.

Along with insecurity and bureaucratic obstacles, challenges to recruit qualified technical health workers also led to programmatic delays across several CHF funded projects. Further, given the inadequate capacity of health workers, refresher trainings were necessary, as was additional oversight to maintain a minimum standard of service. For example, inadequacy in case definitions for communicable diseases such as shigella by health workers resulted in reporting inaccuracies and cases were not responded to within the recommended 96 hours. Supply chain challenges were also experienced in some areas such as in Lower Juba and in Baidoa due to the poor road network. Mobile outreach services to villages were also limited by militants control of the surrounding villages which posed a security risk to health workers.

More broadly, medium and long term strategic funding for secondary health facilities remains a huge challenge for the cluster. CHF was only in a position to provide emergency funding to hospitals as a stop-gap measure. These funds served only to keep essential departments running, and cannot replace dedicated funding for hospital functioning

Over the course of 2014, a total of 14 health projects were remotely monitored through call centre monitoring and received a beneficiary satisfaction rate of 99 per cent.

NUTRITION

ACHIEVEMENTS 2014



Lead Agency: UNICEF

Objectives: CHF funded projects responded to four Nutrition cluster objectives in the 2014 Humanitarian Response Plan, including to:

1. Mitigate risks associated with malnutrition among vulnerable boys, girls (6-59 months), pregnant and lactating women (PLW) in severe emergencies
2. Contribute to the reduction of malnutrition related ailments and mortality among vulnerable boys, girls (0-59 months), pregnant and lactating women (PLW) through systematic equal access to quality integrated curative and preventive food-based nutrition interventions
3. Improve women, boys and girl's access to evidence-based and feasible nutrition and nutrition related resilience activities, available through the Basic Nutrition Services Package (BNSP) interventions linking nutrition to Health, WASH, Food Security, Education and child protection programmes
4. Strengthen the coordination and capacity of all nutrition partners

Allocation:

The CHF disbursed a total of US\$ 8.4 million to 24 Nutrition projects implemented by 18 partners through the standard allocation of \$4.4 million and the strategic reserve of \$4million. CHF funding comprised 14 per cent of the cluster's 2014 HRP funding receipts of \$ 59.4 million.

In the first standard allocation, the cluster identified priority areas focussing on the provision of basic nutrition services packages for children aged 6 to 59 months and pregnant and lactating women in IDP and host communities in central and south Somalia. In addition, the cluster prioritised capacity building of its partners to improve the quality of service delivery.

The CHF strategic reserve allocated \$4 million that combined with a \$3 million CERF underfunded grant identified priority areas facing acute malnutrition rates particularly among IDP children in urban settlements and in rural areas whose food security outcomes were expected to worsen. It also prioritised enhancing preparedness and contingency programming in areas with chronic vulnerabilities to address both acute needs and chronicity of acute malnutrition. Target groups included children aged 0-59 months and pregnant women who would benefit from preventative and curative nutrition services. Activities proposed to reduce the mortality and morbidity due acute malnutrition included the timely provision of nutrition supplies; and the provision, promotion and support activities on ITCF.

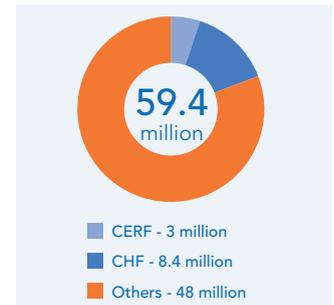
Achievements and Challenges:

The cluster's response strategies centred on the delivery of the Basic Nutrition Services Package (BNSP), a holistic preventative and curative package of nutrition services including treatment of acute malnutrition. Its primary beneficiaries, children under five years of age and pregnant and lactating women, were reached through a combination of mobile and fixed service sites.

2014 Allocation Summary



2014 HRP Funding



2014 Output Indicators

	Planned	Achieved	%
Number of children (6-59 months) and pregnant and lactating women admitted in treatment programmes	232,038	198,568	86
Number of pregnant women and women with children (0-24 months) reached through IYCF education and counseling	14,349	14,916	103
Number of Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition	2,732	2,113	77
Number of women receiving micronutrient supplementation	66,423	89,513	135

*This section highlights the indicators and targets of projects funded by the CHF in 2014 which were completed or were ongoing between 1 March and 31 March 2015.

CHF funds enabled the cluster to allocate \$4.2 million to four pipeline projects by UNICEF and WFP to procure essential nutrition supplies for the treatment of acute and moderate malnutrition for NGO partners. CHF funding also enabled the training of 120 participants from 12 local NGOs in Bay region on the Integrated Management of Acute Malnutrition (IMAM) Guidelines and other critical components of Nutrition such as BNSP, NNHP. Trainees also benefited from placements with other organisations. The training was revised to make it more practical than class based to cater for participants with lower level of education.

Security challenges hampered the timely implementation of a project in Xudur and delayed the completion of several nutrition projects in 2014. This was mostly prevalent in 'newly recovered' areas that experienced road blockades by militants. The start-up of some projects were also delayed over community and local authority sensitivities regarding recruitment of local staff which led to prolonged negotiations with local partners and authorities. This underscored the importance of closely coordinating with local authorities. Additional challenges related to ensuring functional feeding programmes arising from lack of qualified staff, admission criteria and stock outs that compromised the continuum of care. The Nutrition cluster still faces challenges to obtain adequate funding levels needed to implement resilience activities to combat chronic malnutrition in some areas. The use of a holistic approach with the health and WASH clusters is also expected to help address the underlying drivers of malnutrition.

Over the course of 2014, a total of 20 nutrition projects were remotely monitored through call centre monitoring and received a beneficiary satisfaction rate of 98 per cent.

PROTECTION

ACHIEVEMENTS 2014



Lead Agencies: UNCHR and DRC

Objectives: CHF-funded projects responded to Protection cluster objectives directed at IDP and host communities in the 2014 Humanitarian Response Plan, including:

1. To have trained and qualified service providers available to GBV and Child Protection survivors
2. To strengthen community engagement and policy makers on the prevention of GBV, including capacity building on available risk mitigation measures, or the provision of risk mitigation infrastructures.
3. To integrate protection activities with other sectors to ensure complementarity of assistance and services.

Allocation:

The CHF disbursed a total of US\$ 2.7 million to eight protection projects implemented by eight partners through the standard allocation of \$1.6 million and the strategic reserve of \$1.1 million. CHF funding comprised 30 per cent of the cluster's 2014 HRP funding receipts of \$ 8.9 million.

In the standard allocation, the cluster identified priority areas to address gender based violence (GBV) and child protection, including ensuring qualified service providers were available to support survivors. Three priority regions including Mudug, Bay and Lower Juba were prioritized, with a specific emphasis on Gaalkacyo, Baidoa and Kismayo towns.

The CHF strategic reserve allocated \$1.1 million that combined with a \$1 million CERF underfunded grant further strengthened protection services at the mid-year. Similar to the first allocation, priorities emphasized the provision of quality protection response including training and building capacity of personnel working with survivors.

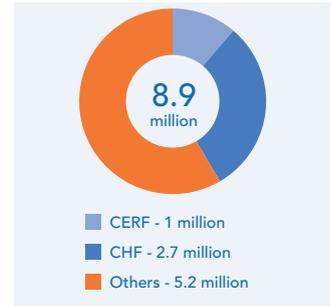
Achievements and Challenges:

Achievements in 2014 included response to protection violations, including activities that contributed to the prevention of violations, against vulnerable populations including children and survivors of GBV. CHF funded services for GBV survivors included psychosocial and mental health support, case management, medical response and referral services. For child protection, maternal and pediatric health services were provided in emergency areas. GBV and child protection activities were carried out in hospitals, maternal and child health clinics (MCH) and safe space centres. In all, 39,769 individuals were able to access specialized services. Further, trainings and awareness raising sessions were provided to increase service providers and communities' knowledge and capacity to address and prevent GBV, and to strengthen child protection activities. In particular, training related to child protection was carried out with community members, both for formal and informal authorities in vulnerable areas. Finally, protection mainstreaming trainings were also delivered to UN and NGOs personnel working in Somalia. Altogether 1,322 people received trainings on GBV case management and mental health support .

2014 Allocation Summary



2014 HRP Funding



2014 Output Indicators		Planned	Achieved	%
	Number of people trained on case management of GBV, mental health support	1,985	1,322	67
	Number of children supported through integration/reintegration	1,430	1,195	84
	Number of people accessing specialized services as a result of harmful fundamental human rights	695	699	101
	Number of people facing specific protection risks accessing specialized services	13,184	8,989	68

*This section highlights the indicators and targets of projects funded by the CHF in 2014 which were completed or were ongoing between 1 March and 31 March 2015.

In addition, CHF funding also enabled an international NGO to provide survivors of violations access to health facilities in Baidoa, which required transportation via convoys, accompaniment services and assistance packages on arrival. The project also offered support and incentives to health staff in Baidoa to enhance ethical standards and improve referral mechanisms for survivors. Additionally, some 400 GBV survivors in Gaalkacyo received timely and appropriate support through case management according to the survivor's needs which included psycho-social support (PSS), first aid, counselling and provision of dignity kits.

Another CHF funded project supported five health facilities comprising of four Maternal and Child Health (MCH) and obstetric ward in Kismayo Hospital to provide Case Management Referrals (CMR) services that included provision of post-rape kits, STI and HIV/AIDS rapid testing materials, and medical equipment for surgical care.

The main challenges to implement protection activities in 2014 and early 2015 stemmed from insecurity and limited access. For example, projects in Merka and Mogadishu were delayed several months due to insecurity in the areas, including inter-clan violence. It is important to note that such insecurity further exposes individuals to risk of violence and sexual assault, and in such insecure locations, survivors often do not file reports due to fear of retaliation.

Over the course of 2014 and 2015, eight protection projects were remotely monitored through call center monitoring with a beneficiary satisfaction rate of 99 per cent.

REFUGEE / MULTI SECTOR



ACHIEVEMENTS 2014

Lead Agency: UNHCR

Objectives: CHF funded projects responded to four Multi-sector cluster objectives in the 2014 Humanitarian Response Plan, including to:

1. Achieving durable solutions for displaced people and returning refugees to Somalia
2. Returnees have equal access to basic needs, essential services and durable solutions.
3. Refugee women, men, girls and boys have equal access to fair protection processes and documentation.
4. Refugee women, men, girls and boys have equal access to basic needs, essential services and durable solutions

Allocation:

The CHF allocated a total of \$931,000 to three projects implemented by three partners through standard allocation CHF window. The cluster prioritized support for the voluntary return and reintegration of 2,100 IDP households to their areas of origin—from Banadir and Mudug to Lower Shabelle, Hiraan and Bay.

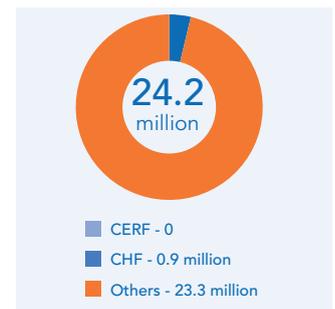
Achievements and Challenges:

CHF funded three projects implemented by DRC, NRC and Mercy Corps to support the attainment of durable solutions for 10,663 individuals wishing to voluntarily return from their areas of displacement. In Gaalkacyo and Mogadishu, CHF funds enabled the cluster to provide guidance to IDPs to make informed and voluntary decisions related to returning to areas of origin. For example, Mercy Corps identified and selected 50 IDP elders/leaders to participate in “Go See Visits” to selected villages in Lower Shabelle region, engaging them in a focus group discussion to improve their understanding of the situation and knowledge of specific groups in the community. 800 voluntary returnees were supported with transportation allowances covering registered family members, allowing them to return to their respective villages of origin in a dignified manner. The Return Consortium approved transport rates to districts/villages, and fitness to travel tests were conducted for all household members prior to departure. Local persons with medical background accompanied the sick, disabled and elderly persons with special needs during the return movement.

2014 Allocation Summary



2014 HRP Funding



2014 Output Indicators	Planned	Achieved	%
Number of individuals (IDPs) surveyed with Intention survey	14,150	22,144	156
Number of individuals (IDPs) provided with Standard Minimum Package at the areas of return	1,570	14,921	57
Number of individuals (IDPs) supported with transport from the place of displacement to the areas of return	3,400	1,341	39

*This section highlights the indicators and targets of projects funded by the CHF in 2014 which were completed or were ongoing between 1 March and 31 March 2015.

Security posed significant challenges in the area of operation. Mercy Corps initially planned to facilitate the return of 1,420 households from Mogadishu IDP settlements to villages of origin in Afgooye, Wanlaweyn, Qoryoley, Kunturwarey and Merka. The project also planned to support 213 vulnerable host community households by providing them with the same standard minimum return package to promote and strengthen reintegration of the returnees into the host communities. However, following increased insecurity in Qoryoley, Kunturwarey and Merka districts as a result of the second phase of AMISOM operation “Indian Ocean” in Lower Shabelle, the Return Consortium, UNHCR and Mercy Corps conducted pre-return assessments in Lower Shabelle and made a decision to facilitate the return of IDPs to only Afgooye and Wanlaweyn district villages. As a result, only 800 of the planned 1,420 households of displaced persons were able to return to their villages or origin.

SHELTER / NFI

ACHIEVEMENTS 2014



Lead Agency: UNHCR

Objectives: CHF funded projects responded to three Shelter and NFI cluster objectives in the 2014 Humanitarian Response Plan, including:

1. Provision of emergency shelter kits and non-food items (NFIs) to people displaced by disasters such as floods and conflict;
2. Provision of transitional shelters to displaced people in stable settlements taking into consideration land tenure issues and involvement of local authorities; and,
3. Supporting durable solutions through mainstreaming of the housing land and property issues in Somalia to ensure that shelter support remains sustainable.

Allocation:

The CHF disbursed a total of US\$3.8 million to seven shelter and NFI projects implemented by five partners through a standard allocation of \$1.7 million and a strategic reserve allocation of \$2.1 million. CHF funding comprised 46 per cent of the cluster's 2014 HRP funding receipts of \$ 8.3 million.

In the first standard allocation the cluster prioritized the provision of permanent shelter solutions in Gaalkacyo for local integration, as well as the provision of transitional shelter solutions in Baidoa, Luuq and Kismayo. Provision of transitional shelters was targeted towards enhancing the resilience of existing settlements, with a strong focus on settlement planning and improved land tenure. Preparedness and contingency planning was also prioritized by the cluster, particularly capacity building of partners through trainings on technical matters related to shelter, as well as trainings in participatory approaches to ensuring strong community involvement and ownership.

The CHF strategic reserve allocated \$2.1 million for projects distributing emergency assistance packages for displacements from the military offensive and for short-term displacements in South Central Somalia, as well as for projects which provided transitional shelter in South Somalia. Improved land tenure for IDPs in Puntland was also prioritized in the strategy, along with interventions to map infrastructure in Baidoa, Kismayo and Belet Weyne.

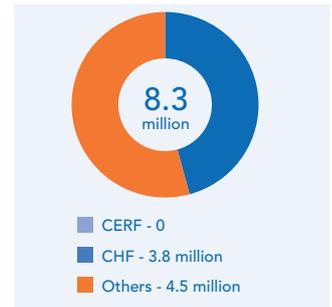
Achievements and Challenges:

CHF funding supported humanitarian partners to provide transitional shelter to 28,104 people and improved land tenure to 10,200 people in Somalia. Non-food items (NFIs) were distributed to 64,026 displaced people in Qardho, Abudwak and South central Somalia while other IDPs were provided with protection from life-threatening hazards through the construction of transitional shelter units. The Shelter and NFI cluster adopted an integrated approach in the provision of transitional shelters that also incorporated capacity building in site planning, the promotion of sustainability in shelter construction by mainstreaming housing, land and property considerations.

2014 Allocation Summary



2014 HRP Funding



2014 Output Indicators		Planned	Achieved	%
	Number of households assisted with non-food items and emergency shelter items	11,500	10,671	104
	Number of households provided with temporary and transitional shelters	4,500	4,684	104
	Number of households with improved security of land tenure	1,900	1,700	89

*This section highlights the indicators and targets of projects funded by the CHF in 2014 which were completed or were ongoing between 1 March and 31 March 2015.

CHF funding promoted sustainable shelter solutions for internally displaced persons by supporting the establishment of secure land tenure for displaced persons, and by integrating water, hygiene and sanitation services in shelter construction activities. This included facilitating negotiations for proper documentation of land donated by private individuals and local authorities, as well as building broad stakeholder consensus between local authorities, host communities and local individuals to ensure permanent land tenure for people settling or being integrated. 1,700 households gained access to improved land tenure. This has contributed to a reduction in evictions by ensuring that humanitarian partners make well-informed decisions during project implementation.

Despite the progress highlighted above, the lack of a secure land tenure system for internally displaced persons, recurrent evictions by local authorities and private landowners and insecurity affected the implementation of project activities in the cluster. In addition, insecurity in Kismayo and other locations in south central Somalia restricted humanitarian access, limiting project preparation and planning to accessible urban areas.

Over the course of 2014 and 2015, eight Shelter and NFI projects were remotely monitored through call center monitoring with a beneficiary satisfaction rate of 95 per cent.

WASH

ACHIEVEMENTS 2014



Lead Agency: UNICEF

Objectives: CHF funded projects responded to three WASH cluster objectives in the 2014 Humanitarian Response Plan, including to:

1. Provide reliable and sustained access to safe water based on identified strategic water points, establishment of sustainable management structures and development of household water treatment systems;
2. Provide reliable and sustainable access to environmental sanitation where all sanitation access programmes are coupled with sustained hygiene promotion for the targeted people; and
3. Support to emergency preparedness and early response to humanitarian emergencies.

Allocation:

The CHF disbursed a total of US\$ 9.6 million to 29 WASH projects implemented by 20 partners through the standard allocation of \$3.9 million, a strategic reserve allocation of \$4.2 million, and reserve allocations of \$1.5 million. CHF funding comprised 39 per cent of the cluster's 2014 HRP funding receipts of \$ 24.9 million.

In the first standard allocation, the WASH cluster prioritised projects focused on access to safe water, and sanitation and hygiene promotion activities. The main activities undertaken included the provision of reliable and sustained access to safe water based on identified strategic water points, the establishment of sustainable water management structures and the development of household water treatment systems. In addition, reliable and sustainable access to environmental sanitation and hygiene promotion was prioritized.

Under the reserve strategy, the WASH cluster allocated just under \$4.2 million in CHF funding which complemented \$3.5 million received through the CERF underfunded window. The allocation looked to address critical gaps in water supply and sanitation in big cities for existing IDPs camps, and floods and cholera affected areas. Finally, the WASH cluster funded \$1.5 million through seven individual reserve allocations for projects ensuring WASH services in ten districts, across six regions in Somalia. The allocations were in response to drought and flooding, as well as WASH support to IDPs in Mogadishu.

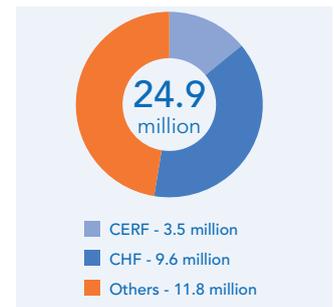
Achievements and Challenges:

The main WASH cluster activities accomplished by CHF funded projects in 2014 included the construction/rehabilitation of shallow wells and boreholes; the rehabilitation of surface water sources (berkards); the provision of temporary water access through water trucking; supporting household water safety through distribution of water filters and water purifiers; and support to community based water management structures through water user committee capacity building. In line with the 2014 – 2015 HRP strategy, the WASH cluster focused more on sustainable approaches with stronger linkages to institutions and communities.

2014 Allocation Summary



2014 HRP Funding



2014 Output Indicators

	Planned	Achieved	%
Number of people who have participated in hygiene promotion activities	430,995	260,637	60
Number of people with temporary access to safe water	156,483	154,167	98
Number of people with sustained access to safe water	407,757	312,200	77
Number of people assisted with appropriate sanitation	135,407	80,022	59

*This section highlights the indicators and targets of projects funded by the CHF in 2014 which were completed or were ongoing between 1 March and 31 March 2015.

CHF funding supported sustained access to safe water for 312,200 people, and temporary access to safe water for 154,167 people. In addition, 260,637 people participated in hygiene promotion activities, while sanitation services were provided to 80,022 disaster affected people across Somalia with varying needs. Projects targeted drought affected populations in Garowe, internally displaced persons in Kismayo, and people affected by floods in Jowhar.

Through the strategic reserve allocation, 3200 people affected by floods in Jowhar attained sustainable access to safe water through the rehabilitation of damaged shallow wells, rehabilitation of latrines, hygiene promotion campaigns and distribution of hygiene kits. A further 153,589 people were reached with appropriate hygiene promotion messages through community trained volunteers in flood affected regions of Middle Shabelle and Lower Juba. In addition the CHF supported improved access to safe water, the construction of latrines and hygiene promotion for 3000 internally displaced persons in Kismayo, Lower Juba.

The main challenges to project implementation in 2014 included insecurity in Al-Shabaab controlled areas of south and central Somalia, prolonged procurement processes due to new tendering policies, and a lack of humanitarian flights which restricted the transportation of humanitarian supplies to project locations. In several areas, fighting between the Somalia government forces and militia caused temporary suspension of activities which affected staff from accessing project sites. At the same time, the introduction of new regulations to NGO's in South central and instances where committees were to be selected to handle processes resulted to long discussions and delays in implementations. In addition, in several locations the quality of water coming out of drilled boreholes was unfit for human consumption.

Over the course of 2014 and 2015, 16 WASH projects were remotely monitored through call center monitoring with a beneficiary satisfaction rate of 99 per cent.



Jowhar experienced significant flooding in December 2013 forcing thousands to flee their homes and seek shelter on higher ground. © AU UN IST Photo / Tobin Jones

CHF MANAGEMENT, ACCOUNTABILITY AND THE WAY FORWARD

Global Country-Based Pooled Fund guidelines

The guidelines for Country-Based Pooled Funds were endorsed by the Emergency Relief Coordinator in February 2015. The guidelines include a Policy Instruction and an Operational Handbook. The Policy Instruction sets out the principles, objectives, governance and management arrangements for CBPFs and the Operational Handbook provides technical guidance, tools and templates used in the management of CBPFs. This also marks the global introduction of an accountability framework and operational methods to mitigate risk similar to the framework introduced in Somalia.

As part of the implementation of the CBPF guidelines the CHF online database used since 2011 will gradually migrate to a global Grant Management System (GMS) in 2015. The first stage of the migration was implemented during the first standard allocation for 2015 and the final stages will be implemented over the remainder of the year. The GMS will integrate the whole project cycle and provide

Accountability Framework

In late 2013 an improved and consolidated Accountability Framework was rolled out to increase the accountability of the Somalia CHF, mitigate risks arising from the management of funds, and monitor and report on project activities and outputs. The Framework has four pillars including partner capacity assessments, field and remote monitoring, reporting and project audits. The development and use of this framework has continued over the course of 2014 and has influenced the development of the global guidelines for Country-Based Pooled Funds that were formally approved in February 2015.

Risk management modules

A major accomplishment in 2014 was the implementation of a risk management module which enabled data emerging from the Accountability Framework to be used to inform the choice of partners during the standard and reserve allocations in 2014. The module provides a holistic overview of risk levels in two practical tools hosted on the CHF online database

– including the partner risk dashboard, and the project prioritisation dashboard.

The partner risk dashboard identifies and aggregates the scores from the capacity assessment, audit reports and monitoring results, as well as credible external sources, thereby assigning an aggregate risk level for each partner (high, medium or low).

The project prioritisation dashboard enables clusters to understand a range of risk components when prioritising projects during allocations. The dashboard brings together three variables: partner risk, location risk and activity risk to provide an overall project-based recommendation on the maximum funding level and the monitoring modalities (for example increased and more thorough monitoring for high risk projects) to be applied to a project. An example of this is shown below.

In the first scenario, a medium risk activity (capacity building) proposed by a medium risk partner for implementation in a high risk area (Bardheere District) would be considered for funding. Given the higher risk associated with the location the funding would be for a limited amount with recommendations for different monitoring modalities. The second scenario shows that even with a low location risk level location (Doolow District), a partner with a high risk level will have limitations on the amounts that can be granted, and will be subject to stricter monitoring follow up. This will include increased third party monitoring, several phases of remote call monitoring, and follow up by OCHA field offices in Somalia.

Where partner, project activity, and location risk levels are all high a project would not automatically be considered for funding, but would require cluster consultation with the CHF secretariat and subsequent Advisory Board approval.

In using the prioritization dashboard the clusters are thus able to determine beforehand the potential funding level and applied monitoring modalities of projects proposed for CHF funding and subsequently manage the allocation process more efficiently by adjusting the proposals accordingly.

Excerpt from project prioritisation dashboard

Partner Risk Level	Cluster Activities	Activity Risk Level	Region	District	Location Risk Level	Eligible for Funding?	CHF Funding and Monitoring modalities
Medium	Capacity Building	Medium	Gedo	Bardheere - Urban	High	Yes	Max Grant 300,000 USD. 3rd party monitoring at mid-term of the project (may be recommended). Two call campaigns at mid and end term of the project OCHA field office follow up
High	School Feeding	Medium	Gedo	Doolow - Urban	Low	Yes	Max Grant 150,000 USD. 3rd party monitoring at mid-term of the project (may be recommended). Two call campaigns at mid and end term of the project OCHA field office follow up

Accountability Framework 2014 summary

Capacity Assessment

In 2013, 111 NGO partners were assessed on four capacities: institutional, management, financial and technical. From these 72 partners that passed the requirements for funding were identified. The partners risk levels were further classified as high, medium or low. The capacity assessment was shared with all assessed partners and has created a baseline for improvement. The CHF strives to improve local NGO capacities to deliver, and increase humanitarian coverage. In 2015, a new capacity assessment will be conducted and assess or re-assess up to 35 NGOs to increase the number of eligible partners in key locations around Somalia.

Detailed due diligence information on CHF partners was updated during the 2014 standard allocation, the reserve strategy allocation and the first standard allocation of 2015. This information is hosted on the CHF online database and the global grant management system.

Audit

By December 2014, 135 projects had audits due, of which 100 had been completed. The remaining 35 projects are in the process of being audited and the final reports are expected by July 2015.

Financial findings or ineligible amounts were identified in about 30 per cent of the projects. The main reasons cited for these findings included expenditures outside the contractual period, unbudgeted expenses and costs claimed without adequate supporting documentation. These findings were subsequently followed up and disallowed.

Monitoring

In 2014 remote call monitoring was used to contact 6300 beneficiaries of 96 CHF funded projects. The monitoring covered 15 regions in Somalia. More detail is provided in the monitoring section overleaf.

Reporting

By March 2015, 155 interim reports and 127 final reports were due. Of these, 152 interim and 125 final reports have been submitted. The overall percentage of reporting on time is 98 per cent. Of the reports not yet submitted the main reason for delay cited by partners is the need to get clearance by their respective headquarters. These are being followed up on to ensure 100 per cent compliance.

Monitoring

In 2014 monitoring was carried out through remote monitoring undertaken by an external call-centre. Three phases of the call-centre monitoring were carried out between October 2013 and October 2014, with a focus on improving data relevance and collection. In total 6,300 individuals – 3300 women and 3000 men - were interviewed across 96 projects which were funded by the CHF in 2012 (24 projects) and 2013 (72 projects).

The projects to be monitored were identified based on the risk level of the partner, the location and the activity. Of the 71 NGO projects funded in 2012 remote monitoring was carried out for 24 that were selected based on the risk level. Based on the successful implementation of the first round of call-centre monitoring, 72 out of 78 NGO projects funded in 2013 were monitored to widen the coverage.

The 96 projects monitored were located in 15 regions of Somalia and 84 of these were in 11 of the highly insecure south and central regions of the country reaching 94 per cent of the 6,300 individuals called. This enabled data to be gathered on project implementation which would otherwise have been difficult to collect through conventional monitoring means providing a good picture of how projects were implemented.

Success stories on remote call monitoring

One of the monitored Food Security projects implemented by a national NGO, focused on livelihood support to agro-pastoral communities through provision of farm inputs and rehabilitation of productive assets in Afgooye district, Lower Shabelle Region. Notably many respondents expressed gratitude to the NGO and its staff, while confirming that they were using the rehabilitated canal to irrigate their farms.

Sample of results from call-centre monitoring in 2014

	YES	NO	Total	Percentage (Yes)	Percentage (No)	Note
Was she/he satisfied with the project?	3,819	193	4,012	95%	5%	"Yes" is positive
Did she/he have complaints about staff?	180	3,885	4,065	4%	96%	"No" is positive
Did she/he have complaints about diversion?	148	3,911	4,059	4%	96%	"No" is positive

Respondents' feedback from the call centre

In some instances, respondents were hesitant to acknowledge their identities especially in insecure areas. But overall the respondents were positive and appreciated the fact that the CHF had contacted them and valued their opinion on the projects that were meant to address their humanitarian needs.

Respondents were asked questions related to specific projects – the NGO implementing it and the project activities. The table on the following page show that 95 per cent of the 4,065 persons who responded to questions on project satisfaction, staff satisfaction and concerns over possible diversion were happy with project implementation. Only four per cent of respondents expressed dissatisfaction with the quality of implementation. The reasons for the complaints included delays in making payments and non-presence of NGO staff among others. The concerns of the remaining four per cent of persons interviewed were triangulated with other callers to discern whether there was wide beneficiary consensus about a project.

A second round of calls and meetings with staff of the affected NGOs was sufficient to clear the initial negative findings from a number of the projects, but physical verification will be required for 24 projects using third party field monitoring to verify the activities implemented. The monitoring system automatically integrates the results of the remote monitoring exercise and the risk-level assigned to the monitoring report into the partner risk management module.

External assessment of risk management system

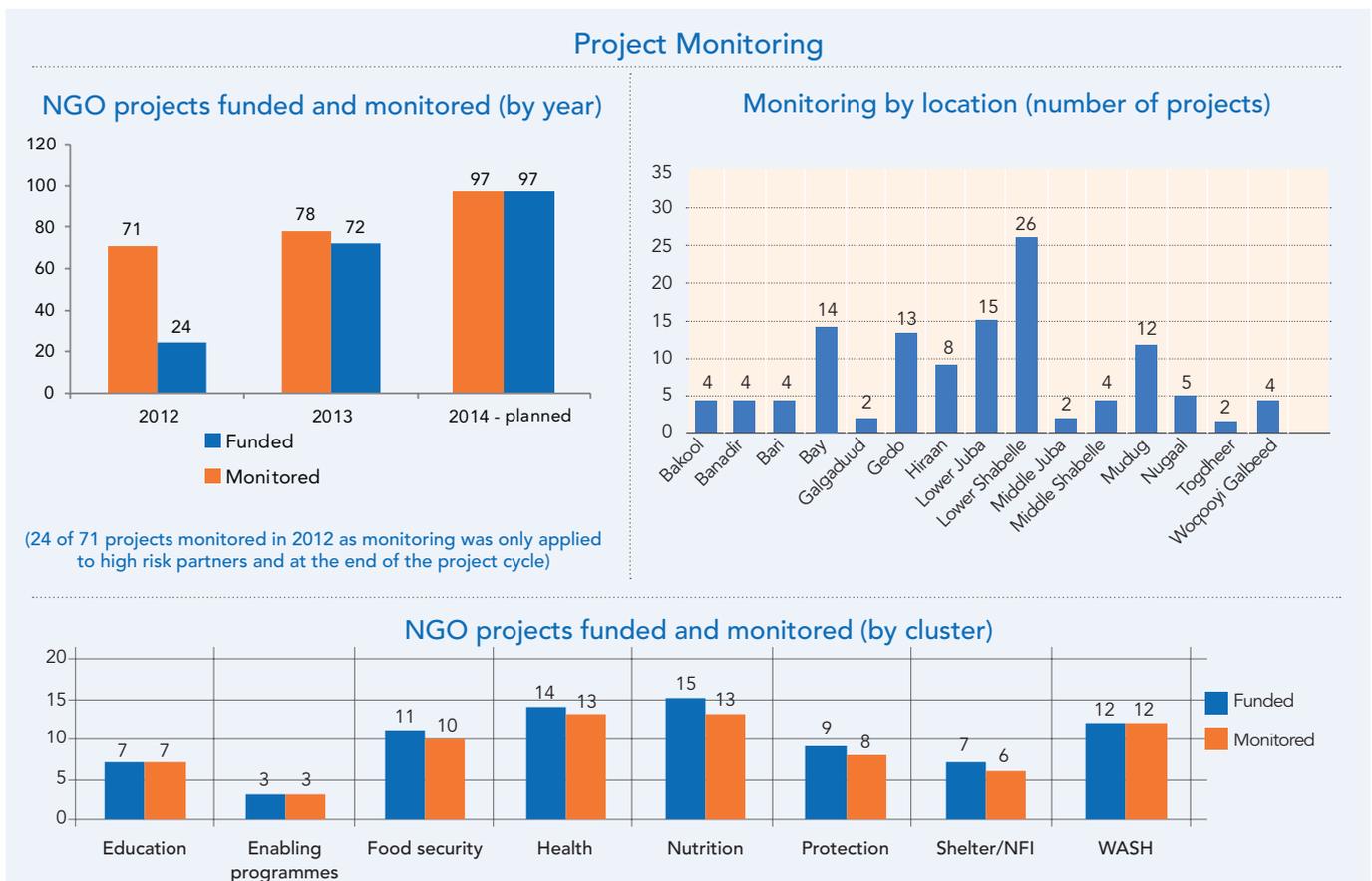
A verification exercise was commissioned by Sweden in May

2014 to assess the adequacy of the CHF risk management and monitoring systems. It concluded that the systems are adequate to ensure accountable and effective management of funds. As a result of the Swedish assessment, and wider recognition of the strength of the risk management framework donors have bolstered their funding to the CHF since July, providing an additional \$27.5 million and enabling a \$20 million CHF reserve strategy endorsed end of August.

Improvements for 2015

The Somalia CHF is committed to continue strengthening risk mitigation measures to further improve accountability to donors and to people in need. Two areas of improvement are pursued in 2015 as part of the roll-out of the global guidelines for Country-Based Pooled Funds (CBPFs) and applied to the first Standard Allocation of 2015.

First, a risk-based approach to fund disbursement was implemented sub-dividing funding to partners into tranches according to the assessed risk level of the partner. For example a high-risk partner will receive an initial payment of 40 per cent and release of subsequent tranches would be dependent on monitoring and reporting results. This enables the CHF to allocate funds to high-risk partners, with less financial exposure, consequently managing risk more effectively. Second, the Memorandum of Understanding (MoU), which is the project agreement that governs the relationship between OCHA and its partners, has undergone a comprehensive revision to ensure a higher level of accountability. This risk-based approach will be more targeted to mitigate risk, while also ensuring a more cost effective approach.



Gender

The IASC Gender Marker was used to score all projects submitted under the 2014 HRP process. The CHF used these scores for all projects funded under the standard and reserve allocations. Although not all projects funded by the CHF scored a 2a or 2b (65.2%), it is worth noting that none of the projects were gender blind (Gender Marker 0).

It should be noted however that while clusters consistently apply the gender marker at the project selection and prioritization stage of the HRP, there is opportunity to systematically embed gender into the humanitarian programme cycle and needs assessments. This would improve the quality of sex and age disaggregated data, thereby enabling humanitarian projects to respond better to the distinct needs and interests of women, girls, boys, and men.

The mainstreaming of gender concerns across the UN system in Somalia is being strengthened with the establishment of an Integrated Gender Office (IGO) within the Office of the Special Representative of the Secretary General (O/SRSG) of Somalia. This office will coordinate the mainstreaming of key gender concerns across the humanitarian, development and peacekeeping arms of UN operations in Somalia.

In 2015, CHF Somalia will work closely with the IGO and with national and international partners to improve gender mainstreaming across project proposals and reporting. Efforts to bolster the current monitoring of CHF projects will include a review of the gender component in the coming year.

In an effort to ensure gender balance, the call-centre remote monitoring campaigns are designed to give voice to affected women and men. Out of the 6300 people called 52 per cent were women and 48 per cent were men.

No-Cost Extensions and revisions

For projects funded in 2012 to 2014, and planned to finalise in 2014, a total of 53 no cost extensions (NCE) were requested. The majority of reasons cited for the NCE requests related to insecurity – either due to the loss of access to project locations or because of a threat to project operations. For example, a critical six-month health project in Middle Juba could not be implemented due to prolonged negotiations, ultimately unsuccessful, with local militia who had occupied the health facility. Other examples included several shelter and WASH projects supporting IDPs in Mogadishu that had to be extended or revised after the Somali Government decided to relocate IDP populations who were living in the city.

Project revisions were requested over the reporting period for several reasons. These included budget revisions, which were often requested to reallocate funds from underspent budget lines to support project delays and NCE's (so as to ensure continuing activities). In addition, several projects requested changes to location due to increased insecurity and inaccessibility. Indicatively, a food security project focusing on veterinary services and fodder provision, could not base its fodder sites in Tuulo Barwaaqo, Gedo given its proximity to Al-Shabaab camps in the area. As such project activities were refocused on beneficiaries in El-Adde, Gedo who were identified as having similar needs. In some cases, revisions were required to respond to changes in priorities or due to material changes in the humanitarian context. For example, on the recommendation of the Health cluster, a project which was to have received funding to support a hospital in Afgooye, received approval to instead support a hospital in Baidoa due to the more critical situation in that location.

2014 CHF allocations by Gender Marker score

		#	%	US\$ million
2b	The principal purpose of the project is to advance gender equality	5	4	1
2a	The project is designed to contribute significantly to gender equality	81	61	29.7
1	The project is designed to contribute in some limited way to gender equality	46	35	19.2
0	No signs that gender issues were considered in project design	0	0	0
	Total projects	132	100	49.9

Reasons (frequency) cited by partners when requesting no-cost extensions

Insecurity	20
Programme delay	10
Change of programme scope	8
Government IDP policy	6
Procurement delay	3
Delay in transfers of funds from CHF	3
Staffing/recruitment delay	2
Lack of rain	1

Looking forward to 2015

In 2015, the CHF calendar was aligned to the Humanitarian Response Plan (HRP) planning process. The first standard allocation strategy for \$30 million was agreed in mid December and projects recommended to address the strategy were endorsed in mid February by the CHF Advisory Board. Underpinning the strategy was the objective to provide timely and quality life-saving assistance to the most vulnerable people in humanitarian emergency and crisis, while mainstreaming protection services to create a broader protective environment. Taking into account those people and locations with the highest vulnerability indicators, the strategy targeted the following:

- Internally displaced persons (IDP) and host communities in seven urban IDP settlements with the highest malnutrition rates, including Dhobley, Doolow, Dhusamareeb, Garowe, Galkaacyo, Kismayo and Mogadishu.
- Vulnerable communities with acute needs in newly recovered areas, selected based on those with the highest need for nutrition and health interventions, highest WASH vulnerability, and highest number in humanitarian emergency phases. Six locations were targeted in the areas of Hiran, Middle Shabelle, Lower Shabelle, Bay and Bakool.
- Select most vulnerable communities with acute needs and serious to alarming malnutrition rates caused by lack of water, poor sanitation and food insecurity. Households in Ceel Waaq, Bardheere and Baidoa are targeted.

While the intention was to provide early predictable funding to jump-start the response in the first quarter, which is a key aim of a strategic CHF process, only \$21 million of the required \$30 million had been contributed by the end of May 2015. As a result, available funding was prioritized toward the life saving interventions and those most time critical. A second batch is currently being prioritized to utilize commitments of \$5.5 million, after which there will be a gap of \$5.5 million (footnote: The total funding requirement is \$31.3 million since in addition to the standard allocation there were two reserve allocations totalling \$1.3 million).

In the coming year, the issue of predictable funding contributions by donors to the CHF will be considered. If contributions are spread throughout the year, then the allocation funding models will have to adapt, which may impact the ability to be a strategic fund aligned to the HRP, and instead to be more of a hybrid between a strategic fund and an emergency fund. This issue has been the subject of discussion at the CHF Somalia Advisory Board level and with donors to the CHF Somalia.

See Annex 3 on the 2015 standard allocation for a breakdown by cluster, organization and geographic location.





Women and children wait for assistance in Dolo, southern Somalia. © WFP/David Orr

ANNEX 1: SUMMARY TABLES

2014 CHF Allocations By Cluster (in US\$, 31 December 2014)

Cluster	Amount	%	% of SRP Funding
Food Security	11,872,201	21	7
WASH	9,584,509	17	39
Nutrition	8,379,520	16	14
Enabling Programmes	7,864,687	14	35
Health	7,804,330	14	31
Shelter and NFIs	3,806,261	7	46
Protection	2,681,891	5	30
Education	2,444,392	4	16
Multi-Sector for Refugees	931,110	2	4
TOTAL	55,368,900	100	12

2014 CHF Allocations By Type (in US\$, 31 December 2014)

Allocation Type	Amount	%
Individual Reserve Allocations	9,987,970	18
Standard Allocation 2014	25,075,322	45
Reserve Strategy	20,305,609	37
TOTAL	55,368,901	100

2014 Allocations by Organization Type (in US\$, 30 December 2014)

Organization	Amount	%
NNGO	6,431,308	12
INGO	23,088,198	42
UN	25,849,395	47
TOTAL	55,368,901	100

Top 10 Recipients of CHF Funding in 2014 (Received 60% of total CHF)

Organization	Allocated Amount	%
WFP (World Food Programme)	10,751,299	19%
UNICEF (United Nations Children's Fund)	4,346,893	8%
NRC (Norwegian Refugee Council)	3,886,918	7%
DRC (Danish Refugee Council)	2,841,162	5%
FAO (Food & Agriculture Organization of the United Nations)	2,450,000	4%
WHO (World Health Organization)	2,224,517	4%
IOM (International Organization for Migration)	2,178,340	4%
Oxfam GB (Oxfam GB)	1,711,913	3%
OCHA Somalia (Office for the Coordination of Humanitarian Affairs)	1,543,070	3%
COOPI (Cooperazione Internazionale - COOPI)	1,486,552	3%
TOTAL	33,420,664	60%

Donor Contributions (in US\$, 31 December 2014)

Donor	Contribution	% of Total
United Kingdom	14,703,300	32%
Sweden	10,599,231	23%
Denmark	5,602,619	12%
Australia	4,384,000	10%
Ireland	4,042,400	9%
Switzerland	2,039,941	4%
Finland	1,860,600	4%
Netherlands	1,268,400	3%
Germany	1,256,000	3%
TOTAL	45,756,491	100%

ANNEX 2: EMERGENCY RESERVE ALLOCATIONS

Cluster	Organisation	Project title	Total Budget	Region	Beneficiaries
Enabling Programmes	WFP (World Food Programme)	Provision of Humanitarian Air Services	489,621.30	Bakool, Bay	250
Enabling Programmes	WFP (World Food Programme)	Provision of Humanitarian Air Services in Somalia	1,000,000.00	Bakool, Bay	500
Enabling Programmes	UNDSS (United Nations Dept of Safety and Security)	Providing Emergency Medical and Mass Casualty Incident Response and Security Aircraft in Support of Relief Operations in Somalia	189,439.41	Multi-region	1,400
Enabling Programmes	OCHA Somalia (Office for the Coordination of Humanitarian Affairs)	Common Humanitarian Fund (CHF) Secretariat	1,439,131.00	Multi-region	120
Enabling Programmes	OCHA Somalia (Office for the Coordination of Humanitarian Affairs)	Provision of Call Centre Operator Services inside Somalia on behalf of CHF Somalia (Souktel)	103,939.80	Multi-region	10,000
Enabling Programmes	UNDSS (United Nations Dept of Safety and Security)	Security Aircraft in Support of Relief Operations in Somalia	642,000.00	Multi-region	1,400
Enabling Programmes	WFP (World Food Programme)	Provision of Humanitarian Air Services in Somalia	479,574.00	Multi-region	0
Food Security	WFP (World Food Programme)	Food and Nutrition Assistance through Cash and Vouchers	3,300,000.00	Bay, Gedo, Lower Juba, Nugaal	16,200
Health	UNICEF (United Nations Children's Fund)	Measles outbreak response campaign	146,250.81	Banadir, Bari, Lower Juba, Mudug, Nugaal	520,000
Health	IMC (International Medical Corps)	Ensuring the Ongoing Provision of Lifesaving Inpatient Healthcare Services at Beletweyne Hospital	513,294.78	Hiraan	6,400
Health	WHO (World Health Organization)	Measles outbreak response campaign	153,750.00	Banadir, Bari, Lower Juba, Mudug, Nugaal	520,000
Water, Sanitation and Hygiene	NCA (Norwegian Church Aid)	Emergency provision of safe water and livelihood support to drought affected vulnerable rural households in Eyl and Dangorayo districts- Nugaal region	233,101.34	Bari, Nugaal	8,445
Water, Sanitation and Hygiene	WOCCA (Women and Child Care Organization)	AWD interventions in Jowhar and Balcad district, Middle Shabelle	177,432.50	Middle Shabelle	41,046
Water, Sanitation and Hygiene	ARC (American Refugee Committee)	Emergency and Sustainable WASH interventions in Afmadow District	414,700.00	Lower Juba	55,700
Water, Sanitation and Hygiene	DRC (Danish Refugee Council)	Increasing Access to Safe Water and Hygiene Awareness for Vulnerable Men, Women, Girls and Boys Living in Water-scarce Areas in Eastern Sanaag Region, Puntland Somalia.	214,544.53	Sanaag	12,444
Water, Sanitation and Hygiene	Oxfam GB (Oxfam GB)	Emergency water Supply to Mogadishu IDPs in Badbaado, Deynile and Horseed camps	208,500.00	Banadir	78,129
Water, Sanitation and Hygiene	WASDA (Wajir South Development Association)	Emergency provision of safe water, appropriate and gender sensitive sanitation and hygiene promotion to vulnerable groups Lower Juba region of South Somalia	74,190.93	Lower Juba	45,300
Water, Sanitation and Hygiene	Solidarités (Solidarités International)	Emergency WASH support for drought affected populations in Galgaduud Region, Central Somalia	208,499.98	Galgaduud	15,456

ANNEX 3: 2015 STANDARD ALLOCATION

Summary of the Somalia Common Humanitarian Fund first standard allocation in 2015

2015 CHF SNAPSHOT

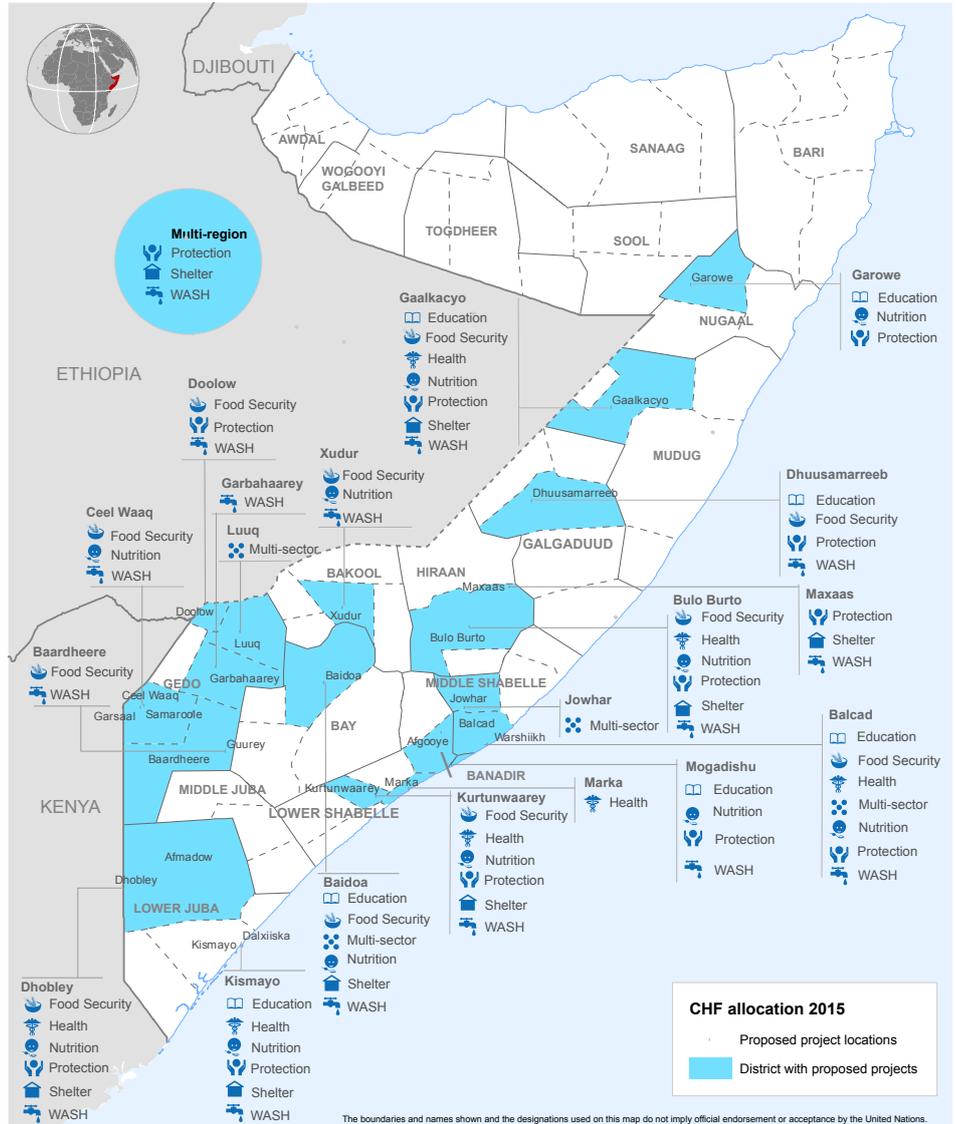
-  **21 million**
US\$ allocated
-  **17.5 million**
US\$ available for allocation
-  **2%**
contribution to Somalia
2015 HRP
-  **32 partners**
to be supported
-  **77**
projects recommended
for funding

2015 Allocations by Organization Type

Organization	Amount	%
International NGO	6,862,000	33
Local NGO	2,986,000	14
UN Agency	10,985,000	53
TOTAL	20,833,000	100

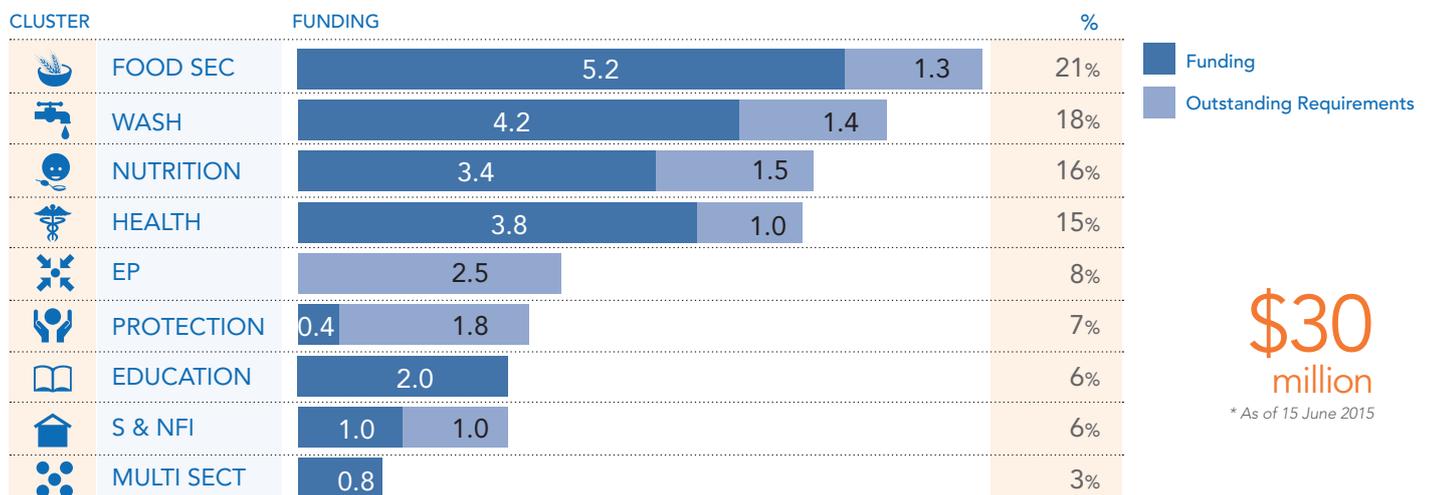
2015 Allocations by Type

Allocation type	Amount	%
Reserve	1,300,000	6
Standard Allocation	19,533,000	94
TOTAL	20,833,000	100



2015 ALLOCATIONS (in US\$ million)

per cent of 2015 HRP funding*



2014 DONORS TO THE CHF



Australia



Denmark



Finland



Germany



Ireland



Sweden



Switzerland



The
Netherlands



United
Kingdom

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The latest version of this document is available on <http://unocha.org/somalia>. Full project details and financial updates, can be viewed, downloaded and printed from <http://fts.unocha.org>

Cover photo: IDPs in Mogadishu © Kate Holt/IRIN

For additional information, please contact John Ndiku, ndiku@un.org or see <http://www.unocha.org/somalia>

Produced by OCHA Somalia, June 17, 2015.
