

2nd SHF 2017 Standard Allocation round

Allocation strategy paper

Project proposal deadline:

**Wednesday, 15 November 2017, 23h59
(Mogadishu/Nairobi)**

Proposals can only be submitted by the eligible SHF partners through the SHF Grant Management System.

1. Allocation summary

This document lays out the approach to allocating funds through the Somalia Humanitarian Fund (SHF) 2nd 2017 SHF Standard Allocation round (SHF-2017-SA2, **US\$13 million**). Reflecting the current humanitarian situation and the timing of the allocation round, the 2nd 2017 SHF Standard Allocation will **focus on sustaining famine prevention response in Somalia** by supporting integrated humanitarian response in select IDP settlements in 5 areas in Somalia (envelope A, \$8.7 million) and individual cluster-specific priorities (envelope B, \$4.3 million).

The allocation round complements SHF funding allocated earlier in 2017 through the 2017 First Standard Allocation round (February-April 2017, \$27 million); SHF 2017 Reserve – Integrated Response 1 (Baidoa, Banadir, May-June 2017, \$6.3 million); and SHF 2017 Reserve – Integrated Response 2 (Galmudug, Togdheer, Lower Shabelle, July-September 2017, \$11 million).

2. Current humanitarian situation in Somalia (October 2017)

About 6.2 million people are in need of humanitarian assistance, a marginal reduction from the 6.7 million reported at the beginning of the year. Over 3.1 million people are in Crisis (IPC Phase 3) and Emergency (IPC 4) and will face acute food insecurity through the end of 2017. The number of people in the Emergency (IPC 4) has doubled from 439,000 to 800,000 over a five-month period. An estimated 388,000 children under the age of five are acutely malnourished, 87,000 of them severely and at risk of death.¹ The deterioration of the overall nutrition situation in Somalia is largely attributed to the acute and widespread food insecurity and increased morbidity as a result of limited health service availability, poor health-seeking behaviour, sub-optimal feeding practices, and difficulty of accessing clean water.

Despite the massive scale up of humanitarian assistance in response to the rapidly deteriorating drought, the threat of famine still persists in the worst affected areas, particularly in the north-east and among the internally displaced. Cumulative dry seasons including the below average to poor Gu (April-June) rains have resulted in severe livestock losses and poor or limited cereal production consequently leading to reductions in milk and meat as well as increase in cost of minimum expenditure basket. Poor households in crop dependent and pastoral livelihoods face destitution, increasing indebtedness and have little or no food stocks.

Drought remains by far the largest driver of displacement in Somalia, followed by conflict, accounting for over 804,000 of the more than 975,000 people displaced in 2017 alone. Banadir and Bay regions have borne the largest burden, receiving 458,000, almost half the number, of internally displaced persons (IDP) reported by the Protection and Return Monitoring Network (PRMN) by the end of August 2017. IDPs remain most vulnerable and continue to face discriminatory practices that deny them equitable access to limited services available including shelter. They face exploitation, child separation, sexual and gender based violence, and have limited livelihood and coping options. The deleterious effect of the drought on IDPs revealed a deterioration in the nutrition situation in most of the 13 main settlements with the majority being in either Crisis or Emergency.

¹ 2017 Somalia Post *Gu* seasonal Food Security and Nutrition Assessment

3. Allocation strategy – 2nd 2017 Standard Allocation

The following SHF allocation principles for 2017 form a baseline for this allocation round:

- Continued focus on **famine prevention life-saving humanitarian** response;
- Prioritization of **direct implementation** through international and national non-governmental partners;
- Support for **local partners**, if, when and where feasible;
- Seek **integration across clusters** and **complementarity with other funding sources**.

The additional, but limited available SHF funding (approximately 1.2 per cent of all available resources for humanitarian action in Somalia in 2017) comes at the time when the situation is critical or deteriorating at many locations, while programming cycle of some ongoing interventions is coming to an end.

Consultations with key SHF stakeholders confirmed support for the continuation of integrated response, when and where possible, as a reflection of the collective strategy HCT and best practice. Integrated response leads to maximum impact of limited resources and the Fund's ability to support such interventions is perceived as a strength and comparative advantage. At the same time, many cluster coordinators emphasized the need for some degree of flexibility that would allow for cluster-specific prioritization at this crucial time of the year – when critical programming might be coming to an end or when cluster-specific needs are emerging at select locations, where even small- or mid-scale interventions could have significant impact.

Consequently, the SHF Advisor Board approved the strategic scope and geographic focus of the allocation:

SHF SA 2		Integration (IDP settlements) Proposed envelopes	Cluster-specific	% of SA2
(i) \$8.7M	IERTs	2,400,000		19%
	Edu/FS / H/N/WASH	3,800,000		29%
	CCCM / Shelter-NFI / P	2,500,000		19%
(ii) \$4.3M	Education		400,000	3%
	Food Security		1,200,000	9%
	Health		600,000	5%
	Logistics		250,000	2%
	Nutrition		600,000	5%
	Protection		400,000	3%
	Shelter/NFI		250,000	2%
	WASH		600,000	5%
		\$8,700,000	\$4,300,000	100%

I. Providing integrated support in IDP settlements [2/3 of available funds, \$8.7 million]

IDP settlements across Somalia have borne the largest burden of drought- and conflict- related displacement and vulnerability levels in some of these settlements remain extremely high.

The combination of indicators for some of these settlements depicts the critical situation on the ground – they are in Emergency (IPC4), with critical to extremely critical Global Acute Malnutrition (GAM) (over 20%) and Severe Acute Malnutrition (SAM) (over 5%) rates accompanied by extremely high morbidity and mortality rates, and receiving highest numbers of IDPs to-date in 2017: Dhusamareeb IDPs (Galgaduud), Mogadishu IDPs (Banadir), Baidoa IDPs (Bay), Afgooye corridor IDPs (Lower Sabelle) and North Gaalkacyo IDPs (Mudug).

The surge in pressure on basic services presents an increased public health risk, thus scaling up of health and WASH services is critical at these locations. The SHF funds will be used to scale up integrated interventions targeting the most vulnerable to ensure immediate access to nutrition, wash and health, as well as food for the acutely food insecure; and emergency livelihood support with integrated response.

Table 1

Population Group	IPC	GAM	SAM	CDR*	U5DR**	Morbidity	Displacement arrivals to region (Jan-Aug 2017)***
Dhusamareeb IDPs (Galgaduud)	4	33.4	11.4	0.67	2.19	58.9	37,000
Mogadishu IDPs (Banadir)	4	20.4	6.6	1.55	4.61	45.7	222,000
Baidoa IDPs (Bay)	4	29.4	10.4	1.62	3.09	40.8	236,000
Afgooye corr. IDPs (L. Shabelle)							87,000
Gaalkacyo North IDPs (Mudug)							

* Crude death rate ** Under 5 death rate *** PMRN

Some 1.2 million children are, or will be, acutely malnourished by the end of 2017.² The high numbers of malnutrition among children under five years indicates a significant likelihood of malnutrition among children of school going age as well. Thus access to food and nutrition support should extend to schools consequently ensuring children remain safe and protected in schools hence reducing dropouts and school closures.

Major protection related concerns include children at risk of family separation and recruitment, and gender based violence. At these locations the enhanced support for schools, community-centres, and other child friendly spaces would enhance the protection of children while water kiosks, berkedes and sanitary facilities (latrines) would enhance the protection of all persons especially women, children, and persons with specific needs. Through the integration of community based protection, physical structure and accompanying engagement and promotion of community councils/groups, temporary multi-purpose community centres could also facilitate improved implementation of activities by other clusters.

With the assistance of the IDP database/Detailed Site Assessments (DSAs), priority locations within the 5 areas have been identified, together with the applicable integrated packages to respond to the most urgent needs:

i) Integrated Emergency Response Teams (IERTs)

Main Objective

To provide integrated multi-sectoral and lifesaving services to drought and conflict affected communities in IDPs of Gaalkacyo north, Baidoa, Banadir, Lower Shebelle (Afgooye Corridor) and Dhusamareeb districts.

Guidance to IPs:

For IERTs, applicants need to submit a multi-cluster project covering all three clusters and components.

Activities and components

The integrated emergency response team provide a range of integrated health, nutrition and WASH lifesaving interventions consisting of:

- WASH facilities are established, repaired, maintained at targeted communities, schools nutrition/stabilizations centers
- Promote the adoption of good hygiene and sanitation practices to affected communities, schools, health and nutrition promotion sessions
- Ensure there is adequate WASH facilities (latrines, hand washing, clean drinking water and medical waste disposal) at health centres and Cholera Treatment Centres/Units)

² Burden estimate, Somalia Nutrition Cluster, September 2017

- assisting families with malnourished child with WASH package (hygiene promotion, hygiene kit, household water treatment) and support distribution of hygiene kits to discharged patients
- Provision of OPD health/Nutrition services through outreach mechanisms
- Identify and refer patients with severe cases that requires admission at health facilities after providing first aid services.
- Health education, Sanitation and hygiene promotion - Support implementation of community hygiene Promotion for epidemic outbreak Prevention.
- Danger sign identification of malnourished children with medical complication and appetite test.
- Organize community sensitization and mobilization sessions at facility and outreach level of the affected areas.
- Distribute standard (IEC) materials for social mobilization.
- Closely coordinate with the regional, district and NGOs social mobilizers, elders, Sheikhs all involved in activities on mobilizing communities.
- Anthropometric screening and identification for all children 6-59 months and pregnant and lactating women (PLW)
- Treatment of MAM and SAM without medical complication and treatment of MAM for PLW
- Referral of MAM and SAM cases with medical complication and failed appetite
- Prevention programs – BSFP/MCHN covering children 6-36 months and PLW
- Breast feeding promotion and support of infant and young child nutrition
- Deployment community nutrition workers to conduct daily screenings
 - Identify, refer and follow up malnutrition cases (children and PLW)
 - Identify and refer for prevention programs
 - Providing social behavioural change communications

IERT Health, Nutrition and WASH interventions will target (refer to **annex 1** for specific site selection):

- Gaalkacyo North IDPs (Halabokhad IDPs, Salaama II IDPs, Najah IDPs, Furaat IDPs, Ala amin IDPs, Donyale IDPs and Bali Abaar IDPs)
- Baidoa IDPs (ADC site, North and East site)
- Banadir IDPs (KM7 to KM 13-Kahda and KM 7 to KM 13-Deynile)
- Dhusamareeb IDPs (Guricel and Dhusamareeb settlements)
- Lower Shebelle (Afgooye corridor IDPs)

ii) [Integrated CCCM, Protection and Shelter/NFI package](#)

Main objective

Vulnerable families have protection risks mitigated and addressed, access to dignified basic services in IDP hosting sites/communal facilities, Household Non Food Items (NFIs), emergency shelter, and enhanced settlement management and community-based protection achieved via increased engagement with – and establishment or consolidation of – community structures representational of all age groups and genders.

Activities and components of the package will include:

- Coordination and monitoring of service provision at site level and intra site to ensure efficiency in service delivery and avoid duplication or gaps in services
- Strengthen the predictability and effectiveness of multi sectorial interventions at site level and/or areas of concentration of sites – service monitoring/ coordination/ IM activities

Guidance to IPs:

Applicants can submit (1) a multi-cluster project covering all clusters and components of the package; or (2) can submit individual proposals covering one or two clusters in collaboration with other partners (individual proposals, sub-contracting is discouraged).

- Strengthen existing community mechanisms and establish new community representation and empowerment structures - for example female and child councils / water management committees, etc. (community infrastructure costs – i.e. a temporary covered community space/structure, AAP activities and mobilisation incentives, meeting costs) in order to ensure access to information and services, to raise awareness of rights and reduce stigma, and improve accountability to affected population by ensuring direct feedback
- Improve living conditions and safe access to services and assistance (CWC, community governance/ training/ community led site maintenance activities). Where feasible, settlement re-planning to reduce congestion and overcrowding.
- Training of all humanitarian staff interacting with populations on Psychological First Aid and principled referrals
- Principled referral of cases and follow-up of cases (ie. CPiE and GBV; to ensure services are accessed; engagement with government and humanitarian services)
- Child mobilisation / basic community psychosocial support activities to improve child well-being based on a mobile outreach modality – ie. regular visits to targeted sites each week, with involvement of parents / volunteers where feasible to promote sustainability of initiatives. Incorporation of basic life-skills training in activities (ie. hand-washing, nutrition, mine risk education, gender, etc.).
- Protection monitoring at individual and community level, in close coordination with (sub-national) Protection Clusters and using agreed-upon reporting formats, informing protection responses and broader humanitarian and development programming. Regular reporting required.
- Provision of solar lamps
- Distribution of emergency shelter through in-kind distribution or unconditional cash/vouchers
- Distribution of emergency NFIs through in-kind distribution or unconditional cash/vouchers.
- Post distribution monitoring.

Joint CCCM , Protection and Shelter/NFI activities will target 4,500 households:

- Mogadishu / Lower Shabelle
- Baidoa
- Dhusamareeb
- Gaalkacyo

Submitting organisations are required to coordinate closely on site selection with the relevant clusters prior to implementation. In case of drastic changes in circumstances between the time the DSA data collection was carried out and implementation start, additional consultations at field level will be held and as a result trigger modifications regarding the selection of sites.

iii) Integrated package (Education/Food Security/Health/Nutrition/WASH)

Main objective

Reducing morbidity through food security, nutrition, health and WASH interventions for IDPs and host communities and using education and other basic service facilities among key entry points.

Activities and components of the package will include:

- Education: Establishment of temporary learning spaces incl. gender friendly WASH facilities
- Education: Support to functional permanent schools to absorb IDP children when and where feasible and appropriate
- Education: Provision of teaching and learning materials and emergency teacher incentive

- Education: School feeding
- Food Security: Emergency assistance (food / cash / vouchers) for three months to address acute food insecurity needs for populations in Emergency as per Cash Working Group guidelines on Minimum Expenditure Basket
- Food Security: Cash transfers with deliberate effort towards asset creation/small business support for IDPs
- Food Security: Support the restoration of household and community productive assets through conditional transfers;
- Health – Provision of essential primary health care services including basic maternal and reproductive health services through supporting non-functioning health facilities (HC).
- Health - Supporting outbreak prevention, control and response interventions at community level
- Health – Health education and social mobilization of communities.
- Health- Referral services of severely sick patients to secondary health care facilities
- Nutrition: Establishment of nutrition services
- Nutrition: Anthropometric screening and identification for all children 6-59 months and pregnant and lactating women (PLW)
- Nutrition: Treatment of MAM and SAM without medical complication and treatment of MAM for PLW
- Nutrition: Referral of MAM and SAM cases with medical complication and failed appetite
- Nutrition: Prevention programs – BSFP/MCHN covering children 6-36 months and PLW
- Nutrition: Breast feeding promotion and support of infant and young child nutrition
- Nutrition: Deployment community nutrition workers to conduct daily screenings
- Nutrition: Providing social behavioural change communications
- WASH: Emergency WASH facilities are established, repaired, maintained at targeted communities, school's nutrition/stabilizations centers (boreholes, shallow wells, storage tanks, pipelines) that support a large population
- WASH: Promote the adoption of good hygiene and sanitation practices to affected communities, schools, health and nutrition promotion sessions
- WASH: Ensure adequate WASH facilities (latrines, hand washing, clean drinking water and medical waste disposal) at health centres and or Cholera Treatment Centres/Units) including latrine emptying
- WASH: Assist families with malnourished child with WASH package (hygiene promotion, hygiene kit, household water treatment) and support distribution of hygiene kits to discharged patients
- WASH: Train volunteers from targeted communities, so that in their turn they can educate the population to change their hygiene behaviour.
- WASH: Targeted distribution of hygiene kits- Provision of hygiene kits at household level will include consumable hygiene kit

Guidance to IPs:

Applicants can submit (1) a multi-cluster project covering all clusters and components of the package; or (2) can submit individual proposals covering one or two clusters in collaboration with other partners (individual proposals, sub-contracting is discouraged).

NB: Targeting of HHs for cash grants must include:

- families with malnourished children
- families with children of school going age – cash grants should be conditioned on families enrolling their children in schools incl. appropriate monitoring measures for ensuring continued attendance

NB: where possible IDP children should be supported to enrol in permanent functional schools. Proximity must be assessed. In these cases, projects can support expansion of permanent functional schools rather than establishing temporary learning spaces. Waiver of school fees needs to be negotiated with the management of permanent functional schools.

Locations / settlements (refer to **annex 1** for further details on locations to be targeted) to be targeted by joint Edu/FS/Health/Nut/WASH activities:

- Baidoa
- Dhusamareeb
- Afgooye (Banadir/Lower Shabelle)
- Gaalkacyo North

II. Cluster-specific prioritized interventions

The cluster-specific envelope, accounting for 1/3 of available funds (\$4.3 million) allowing for the prioritization of cluster-specific activities in up to two additional cluster-specified geographic areas (IPC4 or IPC3) that require stand-alone interventions. Complementarity between clusters to provide a holistic response to affected populations is also encouraged and should increase the likelihood of funding of projects.

Cluster coordinators have identified the following priority areas and activities (per cluster):

i) Education

Area: Galmuduug

Amount: \$400,000

Priority activities:

- Provision of safe drinking water in schools;
- Hygiene promotion in schools;
- Rehabilitation/provision of water storage in schools;
- Provision of emergency school feeding;
- Establish temporary learning spaces, including provision of teaching and learning materials;
- Support to Community Education Committees on school water management to ensure broader lifesaving impacts of education-related intervention;
- Emergency teacher incentives can be included if sufficient justification is provided.

NB: where possible IDP children should be supported to enrol in permanent functional schools. Proximity must be assessed. In these cases, projects can support expansion of permanent functional schools rather than establishing temporary learning spaces. Waiver of school fees needs to be negotiated with the management of permanent functional schools

ii) Food Security: Improve access to food and safety net (IASN) response and livelihoods protection

Area: Dhusmareeb / rural areas (Galgaduud); Baki, Borama, Lughaye and Zeylac districts (Awdal)

Amount: \$1,200,000

Activities:

- Emergency assistance aimed at mainly improving immediate access to food
- Unconditional transfer (food / cash / vouchers) to address acute food insecurity needs of populations in Emergency and crisis
- Conditional transfer that support the restoration of household and community productive assets while meeting the food requirement of affected people

The choice of transfer modality should be guided by the local context analysis of affected population, market analysis and as per harmonized cash transfer values of Cash Working Group (CWG).

iii) Health

Area: Maxaas, Mataban and Bulaburde (Hiraan) and Taleeh (Sool)

Amount: \$600,000

Activities:

- Provision of essential primary health care services including basic maternal and reproductive health services through supporting non-functioning health facilities (HC) and outreach services in hard-to-reach areas.
- Referral of server cases to health facilities.
- Supporting outbreak prevention, control and response interventions at community level.
- Health education and community awareness raising interventions.

iv) Logistics

Area: South Central; Dhussamareb, Quansadere and Dinsor.

Amount: \$250,000

Activities:

- United Nations Humanitarian Air Service (UNHAS): In order to allow humanitarian personnel to access the affected regions and implement the emergency response, the service of two Dornier planes needs to continue, especially in light of the rehabilitation of some airstrips (see area, above) and similar remote runways. Dorniers are smaller aircrafts, allowing operational flexibility and enabling access to the remote and rough airstrips of southern and central Somalia.

v) Nutrition

Area: Qooryoley district (Lower Shabelle) and Mahas (Hiran)

Amount: \$600,000

Activities:

- Scaling up treatment for SAM and MAM through screening and referral;
- Blanket/ Target supplementary feeding;
- Delivery of the Basic Nutrition Services Package (BNSP) linked to WASH, Health and communication for development (C4D).
- Nutrition follow-up / independent surveys in five locations (\$150,000)

NB: One region will be funded directly by another donor but the selection of project will be through the SHF process.

vi) Protection

Area: Underserved IDP communities at risk in Baidoa (Bay) and Dhuusamarreeb (Galgaduud)

- *Final site targeting (IDP sites and surrounding host communities) to be identified in conjunction with regional protection cluster to avoid duplication and ensure complementarity.*

Amount: \$400,000

Activities:

- Strengthen existing community mechanisms and establish new community representation and empowerment structures – for example female and child councils – enhancing community-based protection and ensure feedback from communities representational for all age groups and genders is communicated to the sub-national protection cluster and other coordination fora.
- Social cohesion / peaceful coexistence activities using community representation structures, supporting dialogue and projects that contribute to mitigation of potential conflicts and reduction of tensions between host- and IDP communities using an approach that takes into account the aim of achieving sustainability of the dialogue beyond the project duration. Identification of needs affecting both host- and IDP communities to be communicated via the sub-national protection cluster and other coordination fora.
- Protection monitoring and assessment at individual and community level, in close coordination with (sub-national) Protection Clusters and using agreed-upon reporting formats, informing protection responses and broader humanitarian and development programming. Regular reporting required.
- Social / case workers using outreach modality to ensure individuals / families with specific needs are identified, referred in a principled manner to appropriate service providers, and cases are followed up.
- Child mobilisation / basic community psychosocial support activities to improve child well-being based on a mobile outreach modality – i.e. regular visits to targeted sites each week, with involvement of parents / volunteers where feasible to promote sustainability of initiatives. Incorporation of basic life-skills training in activities (i.e. hand-washing, nutrition, mine risk education, gender, etc.).
- Identification and of unaccompanied and separated children and referral to family tracing services in line with established standards.
- GBV response through provision of clinical, psychosocial, security and safe house services to survivors of GBV, including small-scale livelihood projects to contribute to empowerment and reintegration.
- Sensitisation of communities (men and women) to disseminate information on health, psychological and social consequences of GBV as well as available services. Sensitisation and involvement of community leaders, including religious leaders, in GBV prevention initiatives.
- Distribution of solar lanterns and dignity kits based on a thorough on-site assessment.

vii) Shelter

Area: Qansaley and Kabassa (Dollow IDPs)

Amount: \$250,000

Activities:

- Provision of Non Food Items (NFIs), locally purchased NFIs in areas where markets function (inclusion of cash/voucher modalities);
- Provision of emergency shelter kits.
- Settlement re-planning to reduce congestion and overcrowding.
- Post distribution monitoring

viii) Water, Sanitation and Hygiene

Area: Baidoa and Afmadow

Amount: \$600,000

Programme objective: The health condition of targeted communities is improved through better access to clean water, use of latrines, and increased health promotion and safe hygiene practices.

Activities

- Water supply: Emergency Repair/Rehabilitation of existing strategic water points (boreholes, shallow wells, storage tanks, pipelines) that support a large population). Where there are unreliable water supply

sources, water bladders/union tanks and tap stands will be installed to allow water trucking/vouchers to meet the daily water needs. Community Water management committees including pump operators will be trained on operation and maintenance of Water facilities.

- Sanitation: Construction/desludging of latrines in IDP settlements, health facilities, Cholera Treatment Centres and schools. Where existing latrines are filled up or non-functional, latrine repairs, pit emptying/ desludging will be considered to improve the sanitation and hygiene condition. In locations with inadequate latrines available, emergency latrines will be constructed and fitted with hand washing facilities to promote handwashing after use latrines
- Hygiene promotion:
 - Train volunteers from targeted communities, so that in their turn they can educate the population to change their hygiene behaviour. Community Health workers, community Influencers (gate keepers) and Religious leaders (imams) will be mobilized, trained to engaged with the communities. They will conduct hygiene promotion and awareness raising sessions at household levels according to the differential needs of children, men and women. The key messages will also include effective household response practices such as understanding what cholera, water disinfection at household and water source levels, handwashing with soap at critical times and appropriate food handling.
 - Targeted distribution of hygiene kits- Provision of hygiene kits at household level will include consumable hygiene kit (soaps and washing powder), ORS, aqua tabs, Jerry cans and water storage containers where needed. This will be complemented by hygiene promotion awareness to ensure proper use of these kits and hygiene behaviour change

4. Process overview and timeline (see also Annex 2: SHF Process Guidelines)

The allocation round uses *standard allocation modality*, allowing for a fast-tracked but competitive allocation process, with strategic prioritization conducted and determined collectively by the Somalia Inter-Cluster Coordination Group (ICCG) and ultimately endorsed by the SHF Advisory Board and the Humanitarian Coordinator. During the strategic prioritization process, cluster coordinators are strongly encouraged to consult and take into consideration inputs from relevant authorities while upholding the underlying humanitarian principles of independence, neutrality and impartiality.

Selection of individual interventions and partners will be conducted by Inter/Cluster Review Committees (whose composition may be cross-cluster, depending on projects submitted), assessing the proposed interventions by the eligible partner³ strictly against the present allocation strategy and the pre-defined SHF score card.

Non-governmental organisations should be prioritized for the allocation round. If, when and where feasible, local and national partners should be supported. For detailed information on the allocation process see Annex 1 of this strategy (SHF Process Guidelines).

In line with the 2017 Humanitarian Response Plan, the SHF will continue to promote the *integrated* and *targeted* response across all clusters (see guidance above).

Target area: The interventions should focus on specific and defined areas. **Proposals outside of the defined geographic and substantive scope will not be considered for strategic review.**

Direct implementation is prioritized. Sub-contracting is admissible in exceptional cases only when clear added value is demonstrated.

The current conditions continue to demands a rapid and decisive decision-making and further scale-up of life-saving response. This will entail **strong commitment and enhanced efforts from all stakeholders to step up the timelines and do everything in their power to expedite the processes leading to emergency response.** Stakeholders within the SHF allocation process will attempt to expedite the allocation process to the extent possible and ensure maximum possible responsiveness.

Table 3: Allocation timeline

Date	
3 Oct 2017	• ICCG discusses and endorses, in principle, the draft strategy
6 Oct 2017	• Strategy submitted for endorsement to the SHF AB and HC respectively
10 Oct 2017	• SHF AB endorses the approach (10 October meeting)
6 Nov 2017	• Strategy, call for proposals and eligibility list published
15 Nov 2017	• Deadline for the submission of SHF projects (IPs) (early submission encouraged)
20 Nov - 22 Nov	• Strategic Review Committees: strategic review and selection (SRCs/CCs/HFU)
23 Nov 2017	• List of recommended projects shared with the SHF AB / HC for endorsement
28 Nov 2017	• IPs resubmit proposals (hard deadline)
27 Nov - 8 Dec	• Technical review finalized (OCHA/HFU, clusters)
10 Dec 2017	• Clearance of budgets (OCHA/FCS).
15 Dec 2017	• Grant Agreements signed (HC, IPs) Implementation can start at the time of IP signature
20 Dec 2017	• Grant Agreements signed (OCHA/EO)
10 Jan 2018	• Funds disbursed

³ The updated eligibility list will be published on 23 October 2017 on the SHF website <https://www.unocha.org/somalia/shf/>.

Annex 1: Breakdown of allocation per region for IERTs and integrated package (E/FS/H/N/WASH)

Population Group	Specific IDP sites	Suggested allocation
Dhusamareeb (Galgaduud) IDPs	<p>Guricel IDP camps (Barwaqo, Afcagag, Collage, Saximo, Seylac, Farey Waberi, Seddeh Labi, Kalaleh, Koryeri, Dahir Fito, Ceel Jinow Harwanag, Dhangad, Salal, Ceelcali farah, Isterliin, Danwadaag, Dabeyl, Harqaboobe, Xoriyo, Dulmiid, Booraancad, Faracade, Ajuran, Damanyo, Al-Adala, Siligle, Libixaluul, Xagaa, Qootiro, Barakeeye, Guuleed, Gashaan, Gashanbid)</p> <p>Dhusamareeb IDP settlements (Hanaano, Hayaan, Gargaar, Buurta, Dawacooleey, Shalxad, Waabari school, Faragoy IDP, Gadon IDP, Beer Abdifarah,, Marergur-Kalkaal IDP, Galbeed, Labi Dule, Balicad, Hanan bure/waberi, Hanan Bure/ Towfiiq Olol/IDP, Ceel qayoof Xera military Ceel xamud, Bulo Oogtarar and Huurshe, Ceel cadixakiin, Ceel xamud, Gahey/camp farax, Iftin shalxad, Collage, Hanaano 1)</p>	<p>1.2 million for integrated package 400,000 for IERT</p>
Baidoa IDPs (Bay)	<p>Baidoa-IDPs ADC Site (Haafato IDP, Rajo, Dusta, Hayad weyn, Hayaad yarey, Dooy 1, Mogor I, Maanyo, Busley ID)</p> <p>Baidoa-IDPs North site (Wadajir 4, Kormari, Bay Iyo Bakool, Deeq Alle, Sarman weyn, Dani & Doon, Kormari (2), Doorawera, Buure Manaas IDP)</p> <p>Baidoa-IDPs East site (Abuu Asharow, Buurhakaba, Towfiiq Buuli, Nuur, Boholgalaanjo, MAKOON IDP, Xassan Mumin, Dooy IDP)</p>	<p>1 million for integrated package 700,000 for IERT</p>
Afgooye corr. IDPs (L. Shabelle/Banadir)	<p>Lafole and Ceelasha Biyaha IDP camps (Saddex buurood and Jabad geel IDP settlements under Lafole and Ceelash Biyaha area (6 IDP camps with estimated population of 500 HHs)</p> <p>IDP camps in Afgoi town (8 IDP camps with estimated PoP of 1000HHs)</p> <p>KM7 up to KM13-Kahda IDPs settlements (BUULE baraka, Al Adaala, Jubba, Wardiile, Ceelbarde1, Ceelmareer, Gas bahar, Warmoog, Bangaleey, Bangaleey, Mahadaay, Hilaac, Kuntuwaareey Beergidiid, Wada jir, Taagane) KM7 up to KM13-Deynile IDP sites (Durdur, Hirwad, Xuriyo, Macruuf, Xaaxi, shirwac, Farsamo, Kobolaawe, Haaji Ali, Gabal Daye, Dur Dur, Towfiiq, Xoriyo 1, Doyow)</p>	<p>1 million for integrated package 700,00 for IERT</p>
Gaalkacyo North IDPs	Halabokhad IDPs, Salaama II IDPs, Najah IDPs, Furaat IDPs, Ala amin IDPs, Waaya arag IDPs, Donyale IDPs, Bali Abaar IDPs	<p>600,000 for Integrated package; 600,000 for IERT</p>

Annexes 2: SHF Process Guidelines

1. Project submission and prioritisation

- Following the AB and HC's endorsement of the SHF 2017 Standard Allocation 2 strategy, call for proposals will be issued. The call will be posted on the SHF website and disseminated through cluster mailing lists.
- Partners that feature on the SHF eligibility list (15 October 2017) will be selected based on the strategic relevance of their proposed interventions, their technical capacity and capacity to absorb the allocated funds, the ability to respond promptly in the priority areas and work closely with cluster coordinators and other partners during the project cycle.
- Full project proposals will be developed and uploaded into the Grant Management System (GMS) by the implementing partners that seek funding (via <https://chfsomalia.unocha.org>). *On 7 November 2017, the GMS system migrated to a new authentication mechanism called **Humanitarian ID**. Therefore, **to access the GMS, partners are required to log in to the Humanitarian ID**. Please find useful materials for GMS - Humanitarian ID authentication mechanism via <https://gms-blog.unocha.org/gms-humanitarian-id-launch>.*
- The Cluster Coordinators and/or review committees should, as they are performing their strategic and technical review, advise whether the request is valid and funding should be granted. Requests recommended for approval are subject to technical review by OCHA.
- Programming must reflect the distinct needs of men, women, boys and girls during the implementation period. As gender issues are manifested in different ways for each cluster, an overarching gender-sensitive approach will be ensured through prioritizing proposals that highlight their strategy towards overcoming obstacles that prevent vulnerable groups from receiving access to lifesaving services. A major focus will be placed on supporting female-headed households, as well as pregnant and lactating women who are particularly vulnerable from health- and nutrition-related risks. Children between the ages of six months and five years will also be a programming priority, as they face significant risks from malnutrition-related health complications. Protection should be mainstreamed and central to all allocations.
- Organisations that have an ongoing SHF project and apply for the same activities under this allocation should clearly indicate how the new funding will complement the previous SHF project. The decision on funding will be subject to that value of the currently ongoing IP projects, taking into consideration the SHF-assigned risk levels and the relevant thresholds.
- Partners should not apply for more than one integrated package (but can apply at multiple locations).
- All projects must address life-saving needs. The proposals must be backed by credible data to demonstrate the severity of needs and activities must be interconnected across clusters.
- Implementing partners must be eligible to receive SHF funding, present in the locations targeted in this allocation round or have the ability to immediately execute activities in the selected locations.
- Projects should be implemented within 12 months and should not have a budget of less than \$200,000, with larger project budgets strongly encouraged.
- Non-governmental organisations should be prioritized for the allocation round. If, when and where feasible, local and national partners should be supported.
- Clusters should prioritize the selection of non-governmental partners directly responsible for the implementation of projects. Sub-granting is admissible in exceptional cases only.
- While the primary responsibility to ensure the accountable and efficient use of SHF remains with the implementing partners, SHF will maintain the oversight through the application of its accountability tools.

2. Review of projects

- Project proposals will undergo both a 'strategic' and a 'technical' review process using the Grant Management System (GMS).

- For the strategic review, Strategic Review Committees (SRCs) will be convened (with multi-cluster composition for integrated projects).
- During the Technical Review (technical experts from the relevant cluster and HFU staff), further attention is paid to the following:
 - The technical soundness/quality of the proposal
 - The financial efficiency of the project
 - The coherence between the narrative, work-plan, log-frame and budget.
 - The complementarity and consistency of projects across sectors, seeking to build synergies with other sectors.
- The selection of partners and projects through SRCs should be conducted with the help of pre-defined score-cards. Selected interventions should demonstrate (i) strategic relevance; (ii) programmatic relevance; and (iii) cost effectiveness / value for money. Integrated response envelope submissions will also be assessed against (iv) integration. Score-cards should be made available to OCHA Somalia HFU and will be recorded in the GMS to ensure transparency and accountability of the allocation process.
- To ensure timely allocation and disbursement of funds, only three technical revision rounds will be allowed for selected proposals. The partners are required to respond to comments and perform adjustments within the time set at the time of review (usually within 48 hours) and, in case of lack of clarity, be in direct touch with OCHA Somalia HFU (see contact details below) and/or cluster coordinators. **Projects that fail to reach the required level of quality after three rounds of revision may not be funded, and the funding earmarked for the project may be relocated to other priorities, projects or clusters.**

3. Budgeting and finance

- Projects that can demonstrate ‘value for money’ relative to the project budget should be prioritized. Factors to consider include maximum reach and impact for given cost, outcome and beneficiary reach for each dollar invested, cost effectiveness of the intervention including, minimizing support and overhead costs.
- Projects that can demonstrate low indirect costs as a proportion of direct costs should be ranked favourably. See SHF Operational Manual, *Annex 2 – Budget Guidance (a); and Budget guidance preparation note (b)*.
- To reduce overhead costs, pass through arrangements where organisations simply pass on funding to their implementing partner organisation without providing any meaningful guidance, coordination, capacity building, technical advice, monitoring and evaluation capacities or any other function of additional value will not be funded.
- Partners with submissions across different clusters should ensure that common costs (administrative and operational) are rationalised.
- Partners should adhere to the Country-Based Pooled Funds / SHF basic definitions and guidance including on project budget preparation, use of budget narrative and itemized budgetary breakdowns (see SHF Operational Manual and its annexes).

4. SHF Operational Manual

For a comprehensive set of rules governing the use of SHF funds, please consult the SHF Operational Manual and its annexes available for download at <http://www.unocha.org/country/somalia/shf/governance> .

5. Who to contact?

OCHA Somalia Humanitarian Financing Unit (allocation process, GMS)

General inquiries

- Mr. Matija Kovač, SHF Manager, M: +254(0)732391043 | T: +254(0)207629154, kovacm@un.org, Skype: kovac_matija
- Ms. Afifa Ismail, Deputy SHF Manager, M: +254(0)708515570, afifa@un.org, Skype: afifaish

Programmatic issues

Food Security, Protection

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Education, Health and Nutrition:

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Shelter/NFIs and WASH:

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- Ms. Umikalthum Shukri Noor, T: +254(0)207629159, nooru@un.org, Skype: mulkys

Budget and finance *[keep Programmatic officers above in copy with project-specific queries]*

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Accountability

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- Mr. Khalif Abdihakim Noor, M: +252(0)619494889, abdihakim@un.org

Cluster coordinators / cluster support staff (allocation process, cluster-specific technical queries)

Camp Coordination and Camp Management – Ms. Kathryn Ziga; KZIGA@iom.int

Education – Ms. Sara Skovgaard; sskovgaard@unicef.org

Food Security – Charles Hopkins; charles.hopkins@wfp.org, Shibu Mulugeta mulugeta.shibu@fao.org

Health – Dr. Abdihamid Ibrahim Ahmed; Abdihamid.Ibrahim@savethechildren.org/abdihamidi@who.int

Nutrition – Mr. Samson Desie; sdesie@unicef.org

Protection – Mr. Matthijs Zeilstra; zeilstra@unhcr.org

Shelter / NFIs – Mr. Timothy Mutunga; mutunga@unhcr.org

WASH – Ms. Catherine Mutwiri, cmutwiri@unicef.org

6. SHF feedback and complaint mechanism

- Complaints regarding the SHF process or decisions can be brought to the attention of the SHF Manager
- At any point in time, stakeholders can bring their concerns to the attention of OCHA Somalia senior management through the confidential feedback email shf-feedback@ochasomalia.org.

Annexes 3: List of eligible SHF partners (as of 7 November 2017)

The SHF eligibility list includes partners that fulfil **all** of the following three conditions:

1. The partner has **passed the SHF capacity assessment**.
2. The partner's due diligence status in the SHF Grant Management System is **approved**.
3. The partner has **no outstanding SHF oversight and compliance issues**.

Partners may be temporarily removed from the eligibility list due to due diligence status or outstanding oversight and compliance issues. In case of permanent suspension, formal communication will be shared with the partner. Partners marked (*) have their due diligence currently under review by the SHF.

Status	Partner SHF acronym (partner full name)
eligible	AADSOM (Action Against Disasters Somalia)
eligible	ACF (Action Contre la Faim)
eligible	ACTED (Agency for Technical Cooperation and Development)
eligible	ADA (Active Development Aid)
eligible	Adeso (African Development Solutions)
eligible	ADO (Agricultural Development Organisation)
eligible	ADRA (Adventist Development and Relief Agency)
eligible	ANPPCAN (African Network for the Prevention and Protection Against Child Abuse and Neglect in Somalia)
eligible	ARC (American Refugee Committee)
eligible	ARD (Action for Relief and Development)
eligible	ASEP (Advancement for Small Enterprise Programme)
eligible	AV (Aid Vision)
eligible	AVORD (African Volunteers for Relief and Development)
eligible	AYUUB Organization
eligible	BREC (Bay Regional Education Committee)
eligible	CARE Somalia (CARE Somalia)
eligible*	CARITAS (Caritas Switzerland)
eligible	CEFA (European Committee for Agriculture and Training)
eligible	CESVI (Cooperazione E Sviluppo - CESVI)
eligible	CISP (Comitato Internazionale per lo Sviluppo dei Popoli)
eligible	COOPI (Cooperazione Internazionale - COOPI)
eligible	CPD (Center for Peace and Democracy)
eligible	CRS (Catholic Relief Services)
eligible	CW (Concern Worldwide)
eligible	DA (DirectAid)
eligible	DF (Dialog Forening)
eligible	DKH (Diakonie Emergency Aid)
eligible	DRC (Danish Refugee Council)
eligible	FENPS (Formal Education Network for Private Schools)
eligible*	FERO (Family Empowerment and Relief Organisation)
eligible	GEWDO (Gedo Women Development Organization)
eligible	GRRN (Golweyne Relief and Rehabilitation NGO)
eligible	GRT (Gruppo per le Relazioni Transculturali)
eligible	HAPEN (Horn of Africa Peace Network)
eligible	HARD (Humanitarian Africa Relief Development Organization)
eligible	HINNA (Women Pioneers for Peace and Life)
eligible	HIJRA (HIJRA Organization for Welfare and Development)
eligible	HOD (Himilo Organization for Development)
eligible	HRDO (Hidig Relief And Development Organization)
eligible	IMC (International Medical Corps)
eligible	IMS (International Media Support)
eligible	INSO (International NGO Safety Organisation)
eligible	INTERSOS (INTERSOS)
eligible	IRC (International Rescue Committee)
eligible	IRW (Islamic Relief Worldwide)
eligible*	JDO (Jubaland Development Organization)

eligible	KAALO RDO (KAALO Relief & Development Organization)
eligible	KISIMA (KISIMA Peace and Development Organization)
eligible	MA (Muslim Aid)
eligible	MAG (Mines Advisory Group)
eligible	MC (Mercy Corps Europe)
eligible	NAPAD (Nomadic Assistance for Peace and Development)
eligible	NCA (Norwegian Church Aid)
eligible	NRC (Norwegian Refugee Council)
eligible	OXFAM NOVIB (OXFAM Netherlands – NOVIB)
eligible	PASOS (Peace Action Society Organisation for Somalia)
eligible	PAC (Physicians Across Continents)
eligible	PAH (Polish Humanitarian Action)
eligible	QRCS (Qatar Red Crescent Society)
eligible	RAWA (Rasawad Welfare Association)
eligible	RI (Relief International)
eligible	READO (Rural Education and Agriculture Development Organization)
eligible	SADO (Social Life and Agricultural Development Organisation)
eligible	SAFUK-International (Skills Active Forward UK)
eligible	SAGE (Sage Organisation)
eligible	SAMA (Salama Medical Agency)
eligible	SC (Save the Children)
eligible	SCC (Somali Community Concern)
eligible	SDRO (Somali Development & Rehabilitation Organisation)
eligible	SEDHURO (Socio-Economic Development and Human Rights Organization)
eligible	SGJ (Solidarity Group of Jubbaland)
eligible	SOADO (Somali Organic Agriculture Development Organization)
eligible	Solidarités (Solidarités International)
eligible	SOMA ACTION (Soma Action)
eligible	SomaliAid (SomaliAid)
eligible	SOUTHERN AID (SOUTHERN AID)
eligible	SOYDA (Somali Young Doctors Association)
eligible	SSWC (Save Somali Women & Children)
eligible	SRDA (Somali Relief and Development Action)
eligible	TASS (Tadamun Social Society)
eligible*	TARDO (Tanad Relief and Development Organisation)
eligible	Trócaire (Trócaire)
eligible	VSF-Germany (Vétérinaires Sans Frontières – Germany)
eligible	VSF-Suisse (Vétérinaires Sans Frontières – Suisse)
eligible	WARDI (WARDI Relief and Development Initiatives)
eligible	WASDA (Wajir South Development Association)
eligible	WOCCA (Women and Child Care Organization)
eligible	WRRS (Wamo Relief and Rehabilitation Services)
eligible	WVI (World Vision)
eligible	Yme (Yme Foundation)
eligible	Zamzam (Zamzam Foundation)