

This document outlines the objectives of the Somalia Humanitarian Fund (SHF) reserve allocation for 2016, and summarises the analysis leading to the strategic decisions made. The document provides guidelines to ensure that the allocation achieves its objectives. This revision reflects funding proposed to address the second objective on response to IDPs and host communities.

I. Overview

The SHF Advisory Board (AB) met on 27 January 2016 to agree on the most appropriate funding modality for the 2016 allocation. To better prioritise, operate flexibly and effectively in an environment of increasingly less funding, the AB recommended a “Reserve Plus” model. The endorsed model allows for a rapid emergency response to address most urgent humanitarian needs while taking into consideration strategic multi-sectoral needs as funds become available.

Reserve allocations should be significantly quicker than the Standard Allocation Process, thereby encouraging a swift process that enables timely response. This SHF Reserve Strategy will leverage this approach, while assuring a strategic focus and a transparent and consultative process at all levels. To this end, the AB allocated the available funds of \$13 million to respond to on-going emergencies while ensuring alignment to the Somalia Humanitarian Response Plan (HRP). The priority objectives endorsed by the AB for this allocation are:

- a) Response to the drought in Somaliland and Puntland (allocation completed)
- b) Addressing acute malnutrition in internally displaced people (IDP) settlements (for approval)
- c) Response to AWD/cholera in Kismayo (allocation completed).

OCHA convened a series of Inter Cluster Coordination Group (ICCG) meetings to ensure integrated response, agree on the critical interventions required to address the first two objectives and discuss on funding requirements. On the fourth meeting held on 1 March 2016, the ICCG proposed cluster envelopes for the drought component and requested that the allocation for this component be released while allowing more time to agree on the IDP settlements where integrated response will maximise impact. The Heads of Humanitarian Agencies met on 4 March to obtain clarity on the rationale behind the allocation of envelopes to the clusters for drought response and further suggested a revision. This led to the suggested allocation of \$6.5 million, up from \$5.5 million, to support response to the drought in Somaliland and Puntland.

On 14 March 2016, the ICCG met to further discuss the second priority objective endorsed by the AB, which is to address acute malnutrition in IDP settlements. It was agreed that in addition to targeting IDP settlements with high nutrition rates, the risk of evictions should be taken into consideration in prioritizing the target IDP locations and settlements due to the knock-on effects across clusters caused by evictions. Further, each cluster ranked all IDP locations in terms of severity of needs and consequently agreed to target settlements in Baidoa, Doolow, Gaalkacyo and Kismayo. To ensure a meaningful integrated response with the approved allocation of \$5.9 million, the ICCG in their meeting held on 29 March decided to initially target Kismayo and North Baidoa where integrated response would address the nutritional causal factors, reduce the eviction risk and enhance response to evictees, prevent further outbreak of AWD/Cholera, ease the pressure exerted on the limited basic services due the increased influx of IDPs and address the heightened protection violations in the selected locations. This was further discussed in a meeting held on 30 May where the clusters presented their funding requirements to meet planned interventions in the selected locations and proposed cluster envelopes for AB’s consideration. To adequately address the underlying causes of malnutrition and contributing factors while ensuring meaningful programming, the ICCG requested for an increase in the IDP allocation for the selected areas from the AB endorsed \$5.9 million to \$7 million. **This brings the overall allocation to \$14.1 million.**

II. Humanitarian Context

The humanitarian situation in Somalia remains acute with high rates of malnutrition and food insecurity. Nearly 4.7 million people or 38 per cent of the Somalia are acutely food insecure. This includes 931,000 people in Crisis and 22,000 in Emergency that are already in need of urgent life-saving assistance¹. Another 3.7 million people struggle to meet their minimal food requirements hence need livelihood assistance to withstand shocks².

¹ The Integrated Food Security Phase Classification (IPC) is a set of analytical tools and processes to analyse and classify the severity of a food security situation using a widely accepted five-phase scale. Each of these phases has important and distinct implications for where and how best to intervene and therefore influences priority response objectives. The five IPC phases are: Minimal; Stressed; Crisis; Emergency; and Famine. Use of those words in this document generally refers to this scale.

²FSNAU/FEWSNET and partners, Feb 2016: Major findings and recommendations from the 2015/2016 post Deyr seasonal food security and nutrition

The below normal rainfall and drought conditions in parts of Northwest and Northeast Somalia through the beginning of 2016 has led to below average cereal harvest (87 percent lower than the five-year average in Northwest agro-pastoral livelihood zones)³, large-scale abnormal outmigration and mortality of livestock, rising water prices and sharp increase in debt levels among poor households. The worst affected areas are parts of Bari, Nugaal, Sanaag and Sool in Puntland as well as pockets in Awdal, and Waqooyi Galbeed regions of Somaliland. The dry *Jilaal* (January to March) season particularly in the drought hit zones led to a further deterioration in the humanitarian situation. Negative coping strategies are evident and continue to have significant detrimental effects on the most vulnerable households. Immediate coping strategies include sale of productive assets, reduction of food diversity, buying food on credit, out-migration to other areas within the country and sharing accommodation or other resources. Child labour and forced marriages are also among those negative coping strategies that have been reported. Urgent lifesaving support is required along with interventions to avert further deterioration of the situation for those on the tipping point.

There are still an estimated 1.1 million internally displaced people (IDPs) in Somalia who are exposed to highest degree of rights violations, such as gender-based violence or forced evictions. 95% of all forced evictions affected IDPs, resulted in further rights violations, loss of shelter, livelihoods and access to humanitarian services. Housing, land and property rights violations therefore are a central element to address in an integrated response. In addition, 75 per cent of all Gender Based Violence (GBV) incidents recorded occurred in IDP settlements, requiring GBV-mainstreaming activities throughout the cluster system as part of the integrated response. Analysis of the food security status based on the food consumption score⁴, Household Dietary Diversity (HDD)⁵ and coping strategies index (CSI)⁶, reveals that IDPs have the highest rates of food insecurity. The combined poor and borderline food consumption score for Kismayo and Baidoa IDPs stands at 45 per cent and 20 per cent respectively thus reflecting high level of food insecurity in these areas. Similarly, acute malnutrition remains high in many IDP settlements. Global Acute Malnutrition (GAM) rates among IDPs in major towns are above the emergency threshold of 15 per cent. This is in part attributed to food insecurity and other underlying causes notably protection issues.

Notably, nearly 648,040 people or 68 percent of the total number of people in Crisis and Emergency are IDPs. They continue to live in crowded settlements, in poor shelter conditions, exposed to protection risks and with limited access to basic services including health, sanitation and hygiene facilities. Consequently, IDP settlements are prone to disease outbreaks such as water-borne diseases and measles. Already, there is an increase in reported cases of acute watery diarrhoea (AWD) and cholera in southern and central Somalia. Among the worst affected are IDP and host communities in Kismayo and Baidoa. Further aggravating the humanitarian situation in Kismayo and Baidoa is the massive influx of displaced populations due to conflict, forced eviction and seasonal flooding in surrounding regions. IDP settlements in both locations notably in the Dalxiiska area of Kismayo have become very congested. This also exerts further pressure on the limited basic services and increases the transmission rates of communicable diseases to populations already facing high mortality and morbidity rates. While lack of strong rule of law institutions continue to impede effective protection of civilians, including host communities, IDPs continue to bear the brunt of protection violations such as forced evictions, sexual and gender based violence, harassment and denial of access to assistance by gatekeepers and armed militias as they do not have the clan protection that host communities enjoy. Addressing protection concerns and supporting activities such as shelter and education that enhance the protective environment of the most vulnerable is thus vital for the adoption of an integrated response model in IDP settlements.

To date, the HRP remains hugely underfunded, at only 25 per cent (\$221 million) received of the \$885 million requested. Funding shortfalls to all clusters continue to severely affect the provision of critical life- saving services, inhibiting the success of integrated response.

III. Strategy and provisional breakdown

The SHF reserve strategic objectives are informed by the prevailing humanitarian priorities identified in recent assessments. The focus is in line with the HRP strategic objective to:

- Address humanitarian needs by providing life-saving and life-sustaining assistance to people in need, prioritizing the most vulnerable.
- Strengthen the protection of displaced and other vulnerable groups and catalyze durable solutions.

³ FSNAU/FEWSNET and partners, Feb 2016: Major findings and recommendations from the 2015/2016 post Deyr seasonal food security and nutrition

⁴ The Food Consumption Score (FCS) is a composite score based on dietary diversity, food frequency, and the relative nutritional importance of different food groups

⁵ The household dietary diversity score (HDDS) is meant to reflect, in a snapshot form, the economic ability of a household to access a variety of foods. Increase in dietary diversity is associated with socio-economic status and household food security (household energy availability)

⁶ The Coping Strategies Index (CSI) is a tool that measures what people do when they cannot access enough food.

The proposed available funding of **\$14.1 million** will target people in emergency and crisis through the following objectives:

1. Lifesaving response to **drought** affected people in the worst affected parts of Awdal Bari, Nugaal, Sanaag, Awdal and Sool regions and pockets in Woqooyi Galbeed and Awdal region (as identified in the annexed drought conditions map).
Amount allocated: **\$6.5 million** to scale up response under Food Security, Nutrition, Health and WASH with complementary services by Shelter and Protection. Clusters requested to coordinate their activities and ensure that services provided are integrated. **Allocated completed.**
2. Lifesaving and life sustaining integrated response to **IDPs and host communities** in Dalxiiska, Kismayo and North Baidoa. The clusters prioritised are Food Security, Health, Nutrition and WASH with complementary services by the Education, Shelter and Protection clusters.
Proposed allocation: **\$7 million. (Seeking approval)**
3. Reduce morbidity and mortality through response to **AWD/cholera in Kismayo**.
Amount allocated: **\$600,000** to WASH and Health clusters through joint proposals. **Allocation completed.**

The first objective on drought response is aligned with the CERF Rapid Response strategy and prioritises the same geographic areas hence ensuring the most effective use of the available pooled fund resources. It also seeks to bridge gaps in urgent lifesaving needs of affected people in the same locations with multi-sectoral responses, while leveraging the comparative advantages of the UN agencies and NGO partners. More specifically, the SHF will primarily fund NGO partners to further operationalize the response.

Selection of locations and planned activities to address each objective are linked by the interrelatedness of the clusters. For example, forced evictions, a protection issue, results in loss of shelter, livelihoods and access to services. Therefore, protection efforts have to increase to avoid loss of humanitarian assets and an aggravation of the humanitarian conditions. Areas where food security outcomes have deteriorated also face water shortages which need to be addressed. These outcomes will also have an impact on malnutrition levels necessitating preventative nutrition support. Addressing the acute malnutrition in IDP settlements and other priority areas will require a holistic approach with concomitant WASH, health and food security interventions to reduce the elevated morbidity and mortality levels. Inadequate health and WASH services raise children's susceptibility to disease outbreaks including acute water diarrhoea and aggravate malnutrition, while supporting education will ensure that schools can offer important entry points for health, nutrition and hygiene promotion interventions for children in these areas. In addition initiatives on nutrition education targeting adolescent girls in schools will be introduced to address malnutrition among the mother that perpetuates the problem of generational malnutrition. Thus educating adolescent girls has been identified as one of the best ways of ensuring the health of the next generation. New displacements have significantly increased the need for provision of protective services, in particular for GBV and child protection as well as shelter and education.

Among the activities proposed by clusters with respect to response to IDPs in Kimayo and Baidoa and listed in annex A include but are not limited to:

- Conditional and unconditional cash transfers to support households immediate access to food.
- Provision of agricultural input and promotion of livestock assets through restocking as well rehabilitation of range areas/water sources.
- Scaling up of therapeutic feeding support for treatment of acute malnutrition cases including scale up of TSFP, outpatient Therapeutic Programmes, including via integrated mobile teams and stabilization centres.
- Micronutrient support for vulnerable groups (Pregnant and Lactating Women and children under five years of age).
- Strengthening primary health facilities and mobile clinics through provision of regular medical supplies and life saving drugs.
- Provision of regular medical supplies and life-saving drugs.
- Rehabilitation of existing latrines and hand washing system.
- Development of new water points, including boreholes and piping systems if possible.
- Provision of teacher incentives and distribution of teaching/ learning materials.
- Prevention of forced evictions through community dispute settlement, advocacy and response to housing, land and property rights violations.
- Improvement of tenure security with regards to enhanced shelter and livelihood components
- Holistic support to Gender Based Violence (GBV) survivors.
- Provision of transitional shelter and building the capacity of vulnerable communities on the use of local building culture and on how to build back safer.

This allocation will support time critical core pipelines provided the clusters coordinators demonstrate that procurement through UN agencies demonstrate value for money, timeliness, appropriateness and cost effectiveness.

IV. Approach

The available **\$14.1 million** will be used immediately while additional contributions once received will be used to provide lifesaving and life sustaining assistance to the most vulnerable people in need while strengthening the protection of the displaced and catalyzing durable solutions. To build on the gains made through previous standard allocations and CERF funds and address critical gaps in response, the HC may allocate additional reserve funds to support

- IDP settlements previously targeted by pooled funds as the malnutrition rates are or were above 15 per cent among them settlements in Mogadishu.
- Communities with serious to alarming malnutrition rates, very high WASH vulnerability, Health and Food Security needs while ensuring a protective environment.
- Immediate lifesaving interventions in regions most affected by floods, disease outbreaks, rapid onset and new needs related to evictions and conflict including newly released areas.
- Lifesaving critical gaps at the mid-year, especially in complement to a CERF grant under the underfunded emergency window.
- Critical gaps in Enabling Programme and Logistic cluster at the mid-year to organisations providing common services to the humanitarian community subject to strong justifications.
- Support to core pipelines.

V. Provisional Envelopes

In total, US\$14.1 million may be allocated against this SHF Reserve Strategy. The proposed cluster envelopes for the drought response component is shown in the following table alongside the CERF RR funding per cluster, in order to demonstrate the complementary funding approach that is recommended

Allocation on objective 1: Drought response in Somaliland and Puntland

Cluster	CERF RR	SHF allocated amount (\$)	Total allocated (CERF & SHF) (\$)
Education	0	0	0
Food Security	3,500,000	3,000,000	6,500,000
Health	1,500,000	500,000	2,000,000
Nutrition	3,000,000	1,000,000	4,000,000
Protection	0	500,000	500,000
Shelter	0	500,000	500,000
WASH	3,000,000	1,000,000	4,000,000
Total	11,000,000	6,500,000	17,500,000

Proposed allocation on objective 2: Integrated response to IDPs in Kismayo and Baidoa

Cluster	Proposed amount (\$)
Education	700,000
Food Security	1,700,000
Health	900,000
Nutrition	800,000
Protection	1,000,000
Shelter	900,000
WASH	1,000,000
Total	7,000,000

Allocation on objective 3: Response to AWD/Cholera in Kismayo

Cluster	SHF allocated amount (\$)
Health and WASH	600,000

Annexes

Annex A: List of activities (Response to IDPs)

Annex B: Allocation Process and Timeline

Annex C: Drought conditions map