Somalia Humanitarian Fund
Strategic Reserve Allocation 2016: Allocation Paper

This document outlines the objectives of the 2016 Somalia Humanitarian Fund (SHF) reserve allocation for Mogadishu, and provides guidelines to ensure that the allocation achieves its objectives. .

I. Overview

On 27 June 2016, the SHF Advisory Board (AB) discussed and endorsed an allocation of $6 million to support lifesaving and sustained integrated response to Internally Displaced People (IDPs) in Mogadishu. It was agreed that the allocation would focus on the key districts identified by the Inter Cluster Coordination Group, specifically Daynille and Kaxda along the Afgooye corridor (K7-K15) at the outskirts of Mogadishu. On 10 August 2016, the ICCG met to discuss priority needs in the selected locations and agree on cluster envelopes. Between 11 and 18 August each cluster based on four options presented, provided feedback on the split of allocation per cluster. This led to the suggested allocation of $7 million, up from $6 million,

II. Humanitarian Context and needs

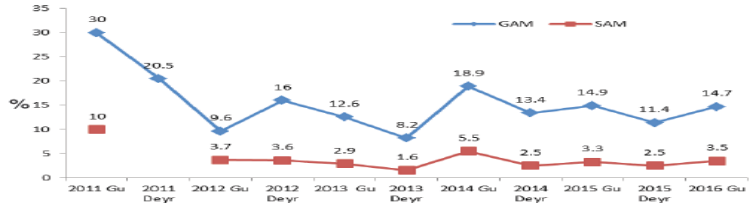
There are 1.1 million internally displaced people in Somalia who continue to live in crowded settlements, exposed to protection risks and with limited access to basic services including health, sanitation and hygiene facilities. They make up 68 per cent (648,040), of the people who are in crisis and emergency[1]and are therefore in need of immediate life-saving assistance. The most vulnerable of the IDPs reside in Mogadishu, an area that hosts the largest estimated protracted IDP population in Somalia with more than half residing in the outskirts, along the Afgooye corridor[2]. Events such as clan conflicts, military operations in southern and central Somalia, natural disasters and forced evictions have continued to create new displacements along the Afgooye corridor.

In 2015, majority of the over 120,000 IDPs forcibly evicted from Mogadishu city joined settlements in Daynille and Kaxda periphery districts where living conditions are deplorable, services are limited or not existing and where human rights violations are commonly reported. Daynille and Kaxda districts have the highest number of settlements – 142 and 120 settlements respectively, or a total of 262 settlements, which amounts to over half of all settlements in Mogadishu. According to the findings of the Internal Displacement profiling exercise in Mogadishu, the concentration of IDPs is slightly higher in Daynille, making up 35 per cent of the IDP households identified in the exercise hence representing 138,412 internally displaced persons followed by Kaxda which hosts 76,739 displaced persons or 20 per cent of the enumerated 68,795 IDP households or 399,292 persons.

District in Mogadishu	IDP Household (HH)	% of HH[3]	Individuals
Daynille	24,120	35	138,412
Kaxda	13,530	20	76,739
Others	31,145	45	184,141
Total	**68,795**	**100**	**399,292**

The ongoing evictions, continued military offensive and increased food insecurity in pockets of southern Somalia will increase the number of displacements and further aggravate the humanitarian crisis in Mogadishu where worrying humanitarian indicators continue to be reported. Slightly more than a third of the population in emergency and crisis are found in Banadir where the current malnutrition rates indicate a sustained serious level of acute malnutrition since *Deyr* 2014/15 with Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) prevalence of 14.7 per cent and 3.5 per cent respectively. Results of *Gu 2016* assessment of IDP's in Mogadishu registered Crude and under five death rates of 0.33 /10 000/day and 0.99 /10 000/day respectively in the Mogadishu IDPs, an improvement from the reported serious level of under- five death rates (1.50/10 000/day) in *Deyr 2015* and (1.36) in *Gu 2015* assessments[4] with the main causes of under-five deaths being fever, diarrhoea and acute respiratory infection.

Figure 8: Trends in GAM and SAM prevalence among Mogadishu IDPs



[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

[2] Internal Displacement Profiling in Mogadishu, April 2016

[3] Represents the percentage of an overall enumerated household of 68,795 IDPs in Mogadishu as per findings from the IDP profiling in Mogadishu

[4] FSNAU Nutrition update-Preliminary findings from 2016 Gu season nutrition surveys among Internally Displaced Persons (IDPs) in Somalia, June 2016

Similarly, the IDP population in Mogadishu presents the poorest health situation[5] among the target groups[6]. About 80 per cent of deliveries are attended at home. Diarrhoea cases are on the increase. Records from Banadir hospital show that 40 per cent of the diarrhea cases are from IDPs in the outskirts of Mogadishu[7]. While the distance to water points in Mogadishu settlements are about 400 to 500 meters (four to seven minutes) away which meets the SPHERE standards for distance from any household to the nearest water point in emergencies, more than half of the IDPs do not treat drinking water. Majority use communal latrines that are not segregated by sex and are not lockable. The education situation is also alarming. Only 15 per cent of children in settlements along the Afgooye corridor are accessing education. Six learning centers with 3,240 learners and 60 teachers are on the blink of closure in the new academic year[8]. In addition to this, 23 schools in the Afgooye Corridor have already closed hence affecting 5,163 learners.

Of concern is the upsurge in GBV incidences caused by the many evictions that continued in early 2016 and the increased intrusion by armed groups in the settlements. Adding to protection concerns is the risk associated with landmines and other explosive remnants of war as IDPs are pushed further away from major cities such as Mogadishu. More than 75 per cent of all the IDPs in Daynille and Kaxda live in Buuls and in very congested settlements[9]. They, like most displaced people are in urgent need of improved transitional shelters that offer more protection, privacy and dignity over longer periods of time.

III. Strategy

This allocation is informed by the prevailing humanitarian priorities identified in recent assessments and takes into consideration findings from the paper on Internal Displacement profiling in Mogadishu as well as the recommendations of the Nutrition Causal Analysis. The focus is in line with the 2016 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.

The planned activities to address the needs in the two selected densely populated IDP districts of Daynille and Kaxda are linked by the interrelatedness of the cluster interventions. For example, protection interventions such as securing land tenure for IDPs will protect shelter, livelihoods and access to basic services. Deterioration in food security, WASH and health outcomes will have an impact on malnutrition levels necessitating preventative nutrition support. Supporting education will ensure that schools can offer important entry points to carry out interventions in other clusters and will ensure a protective environment for the children.

The clusters prioritized are **Education, Food Security, Health, Nutrition, Protection, Shelter and WASH** while the priority activities proposed include but are not limited to:

- Conditional and unconditional cash transfers to support household's immediate access to food and for income generation activities.
- Alternative livelihood support.
- Scale 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 centers.
- Scale up of regular identification of acutely malnourished children and PLW as well as provision of high energy biscuits and nutrition supplies to partners/centers.
- Prevention and response to outbreaks such as malaria, AWD and measles through treatment and regular health education.
- Construction of new and rehabilitation of existing latrines and hand washing systems.
- Rehabilitation of existing water points including sustainable exit strategy (solar panels and pumping systems) with a specific focus on schools and health posts.
- Provision of teacher incentives and distribution of teaching/learning materials
- Rehabilitation of learning spaces
- Prevention of forced evictions and securing land tenure for IDPs
- Support to GBV survivors and awareness creation on Improvised Explosive Devices (IED).
- Settlement planning and provision of NFI and emergency shelter kits.

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

[5] Nutrition cluster input, July 2016 and findings from Internal Displacement Profiling exercise in Mogadishu
[6] Targeted groups per Internal Displacement profiling exercise in Mogadishu include returnees, economic migrants, host communication, refugees and IDPs
[7] Health cluster input, July 2016
[8] Education cluster input, July 2016
[9] Internal Displacement Profiling in Mogadishu, April 2016

IV. Cluster Envelopes

Cluster	Proposed amount ($)
Education	765,000
Food Security	1,700,000
Health	1,000,000
Nutrition	850,000
Protection	850,000
Shelter	1,000,000
WASH	850,000
Total	**7,015,000**

V. Process overview

- Following the Advisory Board's endorsement of the SHF reserve strategy including cluster envelopes, Cluster Coordinators will proceed to identify, review and submit relevant proposals to address the specific needs elaborated in the strategy. SHF eligible partners will be selected based upon their capacity to respond in the priority areas and their ability to coordinate with relevant clusters. Partners recommended for funding will also be selected on the basis of their capacity to absorb the funds they are allocated.

- Full project proposals will be developed and uploaded into the Grant Management System by the implementing partner that is seeking funding. The GMS can be accessed via https://chfsomalia.unocha.org. The Cluster Coordinators/Cluster Review Committees after a technical review should determine whether the request is valid and funding should be granted. Requests recommended for approval are subject to a further review, by OCHA. Reserve allocations may be adjusted as per decision of the HC who holds ultimate responsibility for allocation decisions.

- 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.

VII. General guidance

- Selected projects should help achieve the HRP strategic priorities and cluster objectives as specified in the HRP. Projects that are ranked as 'high' in the HRP should be prioritized.
- All projects must address life-saving needs of IDPs in Daynille and Kaxda and should be complementary and coordinated across clusters. 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 for SHF funding, present in the locations targeted in this allocation or have the ability to immediately execute activities in the selected locations
- Projects can be implemented within 12 months if necessary and should not have a budget of less than $100,000.
- Clusters are encouraged to apply prioritization matrices (score cards) with standard scoring in at least the following key areas (i) strategic relevance (ii) programmatic relevance (iii) cost effectiveness/ value for money.
- 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 reasonableness of support costs.
- Partners should adhere to the Country Based Pooled Funds basic definitions and guidance including on project budget preparation including use of budget narrative and itemized budgetary breakdowns.
- To improve on the timeliness, only three revision rounds will be allowed for proposals. Projects that fail to reach the required level of quality after three rounds of revision will not be funded, and the funding earmarked for the project will be returned to the reserve.

- Clusters should ensure that the bulk of their allocation goes to NGO projects in line with the long term global target of 70 per cent funding to NGOs with about 25 per cent to national NGOs.

VII. Timeline

Date	**Activity**	**Who**
29 August	OCHA circulates approved strategy to clusters and Clusters to request partners to apply	OCHA
12 September	Deadline for partners to submit projects via GMS	IP
19 September	Cluster coordinator/CRC recommend projects for funding	Cluster Coordinator/CRC
7 October	OCHA's Humanitarian Financing Unit completes review of projects	OCHA
31 October	OCHA HQ completes review of projects and clears budget	OCHA