

Somalia CHF Reserve Allocation Strategy

29 August 2014

1. Context

Conditions in Somalia today are disturbingly similar to the pre-famine period in 2010 when the combination of reduced humanitarian access, insecurity, increase in the commodity prices, and two consecutive failed rainy seasons led to Somalia's devastating crisis. Today, some 857,000 people are already in need of urgent life-saving assistance while another two million people struggle to meet their minimal food requirements and need livelihood assistance to withstand shocks. Internally displaced people (IDPs) constitute the largest group of those in crisis and they continue to face serious violations including loss of property and livelihoods, family separation and gender based violence as well as forced recruitment and child abductions.

Early warnings from FSNAU assessments indicate the combination of delayed rains, a disrupted planting season and rising food prices in south central regions also affected by the military offensive is further worsening the humanitarian situation. Food insecurity along with inadequate WASH and health services have been clearly linked with malnutrition rates—with an estimated 203,000 acutely malnourished children under the age of 5 requiring urgent treatment, clean water and nutrition support. Over 50,000 of these children have been identified as severely malnourished and at risk of death.

In March, the military offensive by the Somali National Armed Forces (SNAF) and the Africa Union Mission in Somalia (AMISOM) against Al Shabaab (AS) insurgents opened up some key towns for humanitarian agencies, but access remains constricted due to insecurity. Multi-sectoral assessments in five newly accessible sites including Xudur, Waajid, Bulo Burto, Maaxas and Warsheik, revealed food insecurity due to market failure resulting in high prices and critical gaps in basic services.

To date, the CAP remains hugely underfunded, at 31 per cent (\$292 million) received of the \$933 million requested. Nearly all humanitarian agencies face significant resource gaps and are unable to meet the needs of affected people in many areas. Significant numbers of lifesaving water programmes have not been implemented despite a looming water shortage in the coming months, while other sanitation and health programmes are in danger of shutting down due to inadequate funding. The 2014 Mid-year Monitoring Report (MMR) also highlighted the underperformance of clusters against targets set out in the 2014 Strategic Response Plan (SRP).

2. Aim

The CHF reserve strategy's overarching aim to address the highest priority gaps with an emphasis on critical gaps identified in the three month operational plan, that remain underfunded, and which also complement and can boost the CERF underfunded strategic interventions. The following outcomes are envisioned through the CHF reserve strategy:

- Improve the nutritional situation in IDP settlements and areas of high vulnerability
- Improve access to food and safety nets in food insecure areas including provision of livelihood interventions
- Restore and improve basic services in underserved and/or newly accessible areas
- Enhance protection services for vulnerable children and survivors of protection violations

3. Strategy

As noted, the CHF reserve strategy is guided by critical gaps identified in the three month operational plan. The strategy also aligns with the CERF UFE strategy, sharing key objectives and prioritising the same geographic areas with the highest priority needs. These same geographic areas, especially those experiencing

drought conditions, are the same as those prioritised by the Somali government as having high humanitarian needs.

The strategy will emphasize funding to the lifesaving clusters, where the linkages between increased food insecurity, lack of clean water and inadequate WASH and health services point to increased nutritional risks in the prioritised high need areas. A multi-sectoral response among these lifesaving interventions is required to ensure an effective response. Supporting clusters including shelter, protection and education will also be strengthened to improve services and address critical gaps in newly accessible and underserved areas.

Both the CHF reserve and CERF UFE strategic objectives are also informed by the prevailing humanitarian priorities identified by assessment reports and by the Midyear Monitoring Report (MMR) that measures progress against targets set in the 2014 SRP. The CHF reserve and the CHF UFE strategies have been aligned to ensure the most effective use of the available pooled fund resources, and seek 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 partner. More specifically, the CHF will primarily fund NGO partners to further operationalize the response. CHF funding will therefore contribute toward meeting the following objectives:

- Address acute malnutrition (above threshold levels) in IDP settlements in seven urban areas (Mogadishu, Kismayo, Doble, Doolow, Dhuusamarreeb, Garowe and Gaalkacyo) and in areas of high vulnerability where there are linkages to food insecurity and inadequate WASH and health services.
- Improve food security due to under performance of the *Gu* rains through food distribution and livelihood interventions in pastoral, agropastoral and riverine areas in affected districts in Bakool, Hiraan, Middle Shabelle, Lower Shabelle, Gedo, Galgaduud regions of south central and Nugaal, Bari, and Mudug of North East. This includes 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.
- Provide integrated basic services for vulnerable populations in newly accessible areas and areas with limited humanitarian response.
- Improve protective environment among IDPs and other vulnerable groups.

Planned activities to address each objective are linked by the interrelatedness of the clusters. For example, areas where food security outcomes are expected to deteriorate there are impacts on malnutrition levels. These areas also face water shortages. Addressing the acute malnutrition in the seven urban IDP settlements and other priority areas will require a holistic approach with concomitant WASH and health 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.

4. Approach

The use of a CHF Reserve Strategy to address strategic needs is supported under the CHF Global Guidelines and while it is primarily intended for the rapid and flexible allocation of funds in the event of unforeseen circumstances and emergencies—the Humanitarian Coordinator may elect to use the reserve to address strategic multi-sectoral needs. Reserve allocations should be significantly quicker than the Standard Allocation Process, thereby encouraging a swift process that enables quick response.

This CHF Reserve Strategy will leverage this approach, while assuring a transparent and consultative process at all levels, and the cluster strategies have already been drafted by Cluster Coordinators in consultation with partners. The CHF Reserve Strategy has also been endorsed by the Humanitarian Coordinator and the CHF Advisory Board (AB). In addition, the CHF reserve strategic objectives are aligned to the CERF Underfunded Strategy, as noted above, which has been endorsed by the Humanitarian Country Team.

The clusters have until 16 September to submit their funding proposals. Earlier cluster submissions are encouraged and will be processed first. See detailed “Annex A” on the CHF reserve allocation process and

timeline—and please the need for a streamlined and timely submission. The CHF Advisory Board has indicated that late submissions may result in funds being reabsorbed into the CHF reserve.

5. Provisional breakdown

In total, US\$20 million may be allocated against this CHF Reserve Strategy. The Humanitarian Coordinator, endorsed by the CHF Advisory Board, has agreed on the following envelopes per cluster:

Revised CHF strategy allocation Table as approved by the CHF Advisory Board on 29 August 2014

Cluster	Proposed CHF allocation (\$)*	CERF UFE	Total (CHF & CERF)	Percentage
Education	1,000,000	1,000,000	2,000,000	5%
Food security	4,000,000	8,000,000	12,000,000	30%
Health	3,000,000	3,500,000	6,500,000	16%
Nutrition	4,000,000	3,000,000	7,000,000	18%
Protection	1,000,000	1,000,000	2,000,000	5%
Shelter	2,000,000	0	2,000,000	5%
WASH	4,000,000	3,500,000	7,500,000	19%
Enabling (UNHAS)	1,000,000	0	1,000,000	3%
Total	20,000,000	20,000,000	40,000,000	

See attached annexes.

Annex A: CHF Reserve Allocation Process and Timeline

Annex B: Consolidated Cluster Strategies