

SHF Reserve – Integrated Response allocation strategy

1. Introduction

This document lays out the approach to allocating the available Somalia Humanitarian Fund (SHF) Reserve funds (US\$ 6.5 million) in response to the worsening drought conditions in Somalia.

This allocation complements funds allocated earlier through the two funds:

- SHF 2017 First Standard Allocation round (SHF-2017-SA1, February-April 2017, \$27 million),
- CERF Underfunded Emergencies grant for Somalia (CERF-2017-UFE, February 2017, \$18 million)
- CERF Rapid Response grant for Somalia (CERF-2017-RR, April 2017, \$15 million).

2. Current humanitarian situation in Somalia (May 2017)

The humanitarian situation continues to deteriorate and the possibility of famine in 2017 persists. Results from assessments conducted in the worst affected areas in April 2017 by the FSNAU, indicate a deteriorating food security situation, particularly among rural pastoral populations of Sool, Sanaag, Bari, Nugaal regions and agropastoral populations of Bay regions, as well as among IDPs in Baidoa and Mogadishu.

The food security and nutrition situation in the country continues to worsen and malnutrition rates remain high, with 320,000 children under age 5 acutely malnourished, of which 50,000 are severely acutely malnourished and at the risk of death. In addition, the deepening drought and acute water shortages have led to an increased incidence of acute watery diarrhoea (AWD)/cholera outbreaks, reported in many regions across the country. This is further worsened by the lack of already existing basic health services in most regions that are affected by the drought. The lack of water and pasture has deteriorated livestock body conditions, access to livelihoods and increased the number of internally displaced.

Worsening drought conditions have increased displacement, with over 600,000 newly displaced since November 2016. The worrying displacement trend which is likely to continue is putting significant additional pressure on limited services and family structures, particularly in the urban centres. Similarly protection violations against women, children, persons with disabilities, the elderly and minority communities is on the increase.

Somali and international NGOs and UN agencies continue to scale up assistance throughout the country in coordination with authorities. In the month of March, 1.7 million people have, for example, been assisted with improved access to food, an increase of 62 per cent compared to 1.1 million reach in February. There is also a significant scale-up of nutrition services underway, with 332,000 children and women treated in March alone, hereof 69,000 children under five who were severely malnourished.

All clusters are scaling-up. Priorities include treatment and prevention of AWD/cholera and prevention of measles, improved access to food and safe water, nutritional treatment for malnourished children, protection of vulnerable individuals, including children and women, shelter and non-food support to newly displaced.

Further scale-up is, however, required – particularly at locations that are receiving a large influx of newly displaced and across clusters that have received less funding.

3. Strategic focus and approach

The limited available SHF funds should be used to immediately address critical gaps in the ongoing famine prevention response and to enable rapid response to potential floods.

In line with the revised Humanitarian Response Plan strategy (May 2017), integrated and better targeted response across all clusters will be promoted.

- *Integration of response* is the underlying principle for the set of interventions that are to be funded by the available funds. Integration can be ensured through the following modalities:
 - Implementation of multi-cluster projects by a limited number of partners in specific area of operation.
 - Deployment of additional Integrated Emergency Response Teams (IERT) for lifesaving Health, WASH, Shelter/NFI and Nutrition response, strengthened with Food Security and Protection /. The critical needs in the selected areas will determine the nature of interventions and extent of integration/convergence of clusters.
 - Multi-cluster response targeting the same beneficiaries with multiple activities
- *Target area*: The interventions should focus on specific area to maximize impact. Prioritized areas include locations of high population density receiving new displacement influx in Bay (Baidoa) and Banadir.
- *Intensity and Rapidity of response*: Focus is on rapid response, in particular enabling the most urgent scale up, over the period of maximum 6 months, response to potential floods included.
- *Life-saving*: Focus is on immediate life-saving response.
- *Direct implementation* is prioritized.
- *Centrality of protection*: Protection should be mainstreamed and central to all interventions.

Upon the initial review of priorities and potential activities, it was agreed that the integration of response will be pursued through **three sets of multi-cluster packages** that will be funded at the two priority locations (Baidoa, Mogadishu) by a smaller number of national and international partners:

1. Integrated Emergency Response Teams (Health/Nutrition/WASH)
2. Integrated Food Security, Education and WASH interventions.
3. Camp coordination, Shelter & Protection package (interventions under these clusters were not prioritized earlier).

As a deviation from previous practice, the ICCG agreed that the identification of the integrated response interventions will precede the apportionment of cluster envelopes (budget ranges were proposed for packages).

This will result in moving away from splitting up funding by clusters and focusing on percentages, but rather focusing on activities that need to be funded.

The approach could be replicated and expanded to other areas if additional funds are made available.

4. Ensuring complementarity and the best value-for-money

The integrated multi-cluster approach will ensure the targeted use of limited funds by:

- Ensuring that the most immediate needs are addressed by funding the top priority activities in the most affected areas.
- Taking into consideration other funding sources and reprogrammed activities.
- Ensure the greatest value-for-money for limited funds available through decreasing overheads and costs of subcontracting.
- Ensuring the use of accountability measures available.

SHF funds can be channelled to 86 local and international NGOs currently eligible to receive SHF funds, as well as participating UN agencies, funds and programmes. SHF allocation will prioritize channelling funds directly to the non-governmental implementing partners to ensure the best value-for-money. 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.

The 2017 SHF allocations are guided by:¹

- Continued focus on **famine prevention life-saving humanitarian** response.
- Prioritization of **direct implementation** through international and national non-governmental partners, accounting for at least 70% of available annual SHF funding;
- Support for **local partners** by striving to reach the global target of at least 25% of available funding to be channeled directly through national partners (if, when and where feasible);
- Support funding for **pipelines, enabling programmes** and other **support services** provided by UN agencies, funds and programmes, but also NGOs, up to a maximum of 30% of annually available funds;
- Seek **integration across clusters** and **complementarity with other funding sources**, such as the Central Emergency Response Fund (CERF) and bilateral funding, to ensure timely and efficient prioritization in support of a stronger collective response and maximum impact of limited resources.

5. Observed gaps/issues per prioritized location

Baidoa (Bay)

Integrated multi-cluster response in over 200 IDP settlements in and around Baidoa town, but concentrated in three main areas. Generally, the provision of an initial package of response upon arrival is pending due to a mix of both supplies (from different clusters) and decision by respective organisations that have the supplies. Gaps / issues to address have been identified and included in annex 3 (per cluster).

Mogadishu (Banadir)

Integrated multi-cluster response in new and existing IDP settlements in and around Mogadishu. Gaps / issues to address have been identified and included in annex 3 (per cluster).

Somaliland (Togdheer, Sool)

Deployment of integrated emergency response teams (IERT).

6. Funding envelopes

\$3.05 million will be allocated for integrated response activities at each location (Baidoa, Mogadishu).

\$0.4 million will be allocated for integrated emergency response teams in Somaliland.

The final cluster envelopes will be determined after the integrated prioritization of activities.

7. Priority activities proposed by clusters

Education

- Establish temporary learning spaces incl. provision of teaching and learning materials
- Provide emergency teacher incentives
- Schools should be included as target group for FS and WASH interventions (food and water provision to schools)

Food Security

- Increasing access of food through direct food distribution or unconditional cash/vouchers)
- Conditional transfers to address food access and support rehabilitation of key livelihood assets

¹ “Principles guiding 2017 allocations of the SHF”, endorsed by the SHF Advisory Board on 20 February 2017

- Livelihood input (seeds and tools) targeting riverine communities

Health

- Life-saving integrated response service (Health, Nutrition and WASH)
- Outbreak prevention and control - AWD/Cholera surveillance and response
- Provision of maternal and reproductive health including emergency obstetric care

Nutrition

- Treatment of SAM and MAM
- Blanket supplementary feeding

Protection

- Expand the community-based child protection and GBV services and establish Referral pathways to affected communities, including clinical, psychosocial, security and safe house services, as well as training of community leaders
- Support identification, documentation, tracing and reunification of unaccompanied and separated children and ensuring appropriate follow up and providing alternative care where necessary
- Mine risk education awareness on existing explosive hazard, the survey, marking and clearance of areas contaminated by ERWs for the displaced population.
- Urgent provision of protection kits (solar lamps, dignity kits) to address urgent needs for the displaced women and girls that are extremely vulnerable
- Prevention of forced eviction and other forms of secondary displacements, strengthening of tenure security for displaced populations, and local capacity development on the promotion and protection of Housing, Land and Property (HLP) rights.
- Monitoring of Child Recruitment in camps and host communities and reintegration support,
- Enhanced protection monitoring in the IDP camps/settlement to guide programming and targeting/interventions.
- Protection and Return Monitoring Network (PRMN)

Shelter

- Distribution of emergency shelter
- Distribution of emergency NFIs
- Post distribution monitoring

WASH

- WASH services to AWD/cholera affected communities and to CTCs/CTUs
- Access to sanitation (building of latrines)
- Hygiene promotion
- Access to water (water trucking/bulk water storage/water storage at household level)

CCCM

- Strengthen existing community mechanisms in order to ensure access to information and services, and improve the coordination between humanitarian partners at the community level (including through the establishment of appropriate communication channels)
- Establishment of inter-sectorial referral mechanisms for coordination of the assistance at the site level
- Guidelines on the typology of sites and settlement and the corresponding humanitarian interventions (e.g. based on the size of the site, population profile, etc.)

- Typology of displaced persons (urban/rural, renting/owning a housing, living with a host family, homeless, occupying a building, slums...)
- Capacity building to government to manage displacement sites and improve the coordination of the integrated multi-sectorial response at site level
- SOPs on remote management,
- Coordination at site level and intra site
- Site profiling (collaboration with the Shelter cluster's site infrastructure mapping)
- Providing support for emergency site operations improving the safety of the sites such as relocation, site decongestion and flooding

8. Guidance on the allocation process

- This Integrated Response strategy has been reconciled within the Inter-Cluster Coordination Group (ICCG) and endorsed by the Humanitarian Coordinator and the SHF Advisory Board (AB).
- Two teams of cluster coordinators (Education, Nutrition for Mogadishu; Protection, WASH for Baidoa) will solicit feedback from cluster coordinators on integrated response interventions. Based on the identification of needs and response capacity of eligible SHF partners, a set of partners per location will be invited to submit proposals for funding.
- Reserve Allocation modality will be applied.

9. Process timeline

- The current conditions 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 (OCHA/HFU, cluster coordinators, IPs, OCHA/FCS) will attempt to expedite the allocation process to the extent possible and ensure maximum possible responsiveness.

Date	
8 May 2017	• ICCG discusses and endorses the draft integrated response strategy
10 May 2017	• Integrated response strategy submitted for endorsement to SHF AB respectively (48 hours)
16 May 2017	• ICCG endorses identified integrated interventions
17-19 May 2017	• Partners for response identified (CCs)
23 May 2017	• Updated strategy with projects/partners shared with the SHF AB
25 May 2017	• Deadline for the submission of SHF projects (IPs) (early submission encouraged)
26-27 May 2017	• Joint technical review and feedback to IPs (CCs/HFU)
1 June 2017	• IPs resubmit proposals (hard deadline)
5 June 2017	• Technical review at HFU level finalized (OCHA/HFU)
10 June 2017	• Clearance of budgets (OCHA/FCS).
15 June 2017	• Grant Agreements signed (HC, IPs) Implementation can start
22 June 2017	• Grant Agreements signed (OCHA/EO)
30 June 2017	• Funds disbursed
15 July 2017	• Lessons learned exercised conducted and shared with ICCG / SHF AB

Annexes

I. Interventions and partners identified for response, including funded amounts

Locations: Mogadishu (Banadir) Baidoa (Bay) Baidoa and Mogadishu Somaliland

Fund Code	Type	Partner	Project Title	Duration	Amount
Integrated emergency response teams (IERTs) – Health / Nutrition and WASH package					
SOM-17/3485/R/Nut-H-WASH/INGO/6250	INGO	SWISSO - Kalmo (SWISSO - Kalmo)	Integrated emergency life saving health, nutrition and WASH project in Baidoa district	6 months	\$382,426
SOM-17/3485/R/Nut-H-WASH/NGO/6253	NNGO	SAMA (Salama Medical Agency)	Provision of Access to Integrated Life Saving Emergency Health, Nutrition and WASH Services for the AWD/Cholera Affected and Vulnerable Communities In Bay Region	6 months	\$424,832
SOM-17/3485/R/Nut-H-WASH/NGO/6251	NNGO	SOYDA (Somali Young Doctors Association)	Provision of emergency integrated live-saving primary health care service, Nutrition interventions and basic WASH services to internally displaced persons and drought affected populations in Mogadishu IDPs, Banadir region	6 months	\$431,381
SOM-17/3485/R/Nut-H-WASH/NGO/6252	NNGO	HIJRA (Humanitarian Initiative Just Relief Aid)	Integrated emergency lifesaving health/wash/nutrition services to vulnerable and most AWD/cholera affected communities in hard to reach area of Banadir (km 9-13 and beyond) and Wadajir district	6 months	\$421,000
SOM-17/3485/R/Nut-H-WASH/NGO/6273	NNGO	Heal (Health Education and Pastoralist Liaison)	Integrated Emergency Response on Health Nutrition & WASH outreach Teams in Taleex, Laascanod and BuuhodleH Districts, of Sool and Togdheer Regions	6 months	\$334,204
Integrated Food Security, Education and WASH interventions					
SOM-17/3485/R/FSC-Ed-WASH/INGO/6278	INGO	CW (Concern Worldwide)	Integrated Multi-sectoral Emergency Project Aimed to support Conflict and drought affected displaced households Through Food Security, Education and WASH (IMPACT), Garasbaley & Kaxda Districts, Mogadishu.	6 months	\$1,000,000
SOM-17/3485/R/FSC-Ed-WASH/INGO/6283	INGO	WVI (World Vision Somalia)	Integrated Education, WASH and Food Security support to displacement affected children in Baidoa	6 months	\$750,000
Integration of Camp Coordination, Shelter & Protection					
SOM-17/3485/R/Shelter-CCCM-WASH-Prot/INGO/6289	INGO	DRC (Danish Refugee Council)	Improving the protective environment for IDPs and other vulnerable groups in particular through enhanced integrated Protection, Shelter, CCCM and WASH interventions.	6 months	\$1,363,000
SOM-17/3485/R/Shelter-CCCM/INGO/6286	INGO	DKH (Diakonie Katastrophen Hilfe)	Protection of newly drought displaced IDPs through provision of emergency shelter and NFI kits and setup of gender balanced camp management committees for auto-management of new settlements of IDPs in K7-K20 in Banadir region, Somalia.	6 months	325,068
SOM-17/3485/R/Prot/NGO/6291	NNGO	SSWC (Save Somali Women & Children)	Scale up of specialized life Saving Child Protection services to Vulnerable drought Affected Children in Mogadishu IDP Camps	6 months	\$365,394
SOM-17/3485/R/Shelter/NGO/6290	NNGO	AVORD (African Volunteers for Relief and Development)	Improve shelter conditions for newly arrived IDPs in Baidoa through provision of NFIs and Emergency Shelter Kits	6 months	\$298,591
SOM-17/3485/R/Prot/NGO/6292	NNGO	HINNA (Women Pioneers for Peace and Life)	Strengthening Protection and GBV Response in Mogadishu and Baidoa	6 months	\$333,934

II. SHF Process Guidelines

1. Project submission and prioritisation

When prioritising projects review committees should take into account the following principles and criteria:

- Following the AB and HC's endorsement of the SHF reserve strategy, cluster teams will identify interventions and partners for funding, who will be invited to submit relevant proposals to address the specific needs elaborated in this document. SHF eligible partners will be selected based upon their capacity to absorb the allocated funds, 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>). 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 the Humanitarian Financing Unit (HFU/OCHA Somalia) and Funding Coordination Section (FCS/OCHA headquarters).
- 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.
- 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. Any exception to this provision should be endorsed by the Humanitarian Coordinator.
- Projects should be implemented within 6 months and should not have a budget of less than \$300,000.
- Non-governmental organisations should be prioritized. If and when feasible, clusters should prioritize the selection of non-governmental partners directly responsible for the implementation of projects. Further guidance is provided by the AB-endorsed document "Principles guiding 2017 allocations of the SHF" on 20 February 2017 [see <http://www.unocha.org/country/somalia/shf>].

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, Cluster Review Committees may be convened (joint for multi-cluster projects), but this is not a requirement.
 - 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.
- Clusters should justify the selection of partners and projects by demonstrating the (i) strategic relevance (ii) programmatic relevance (iii) cost effectiveness / value for money. The justification should be made available to HFU and will be recorded in the GMS to ensure transparency and accountability of the allocation process (score card).
- To ensure timely allocation and disbursement of funds, only three revision rounds will be allowed for proposals. 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 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) 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 are not eligible for funding.
- 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 basic definitions and guidance including on project budget preparation, use of budget narrative and itemized budgetary breakdowns.

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:

- For general queries related to the allocation round contact Matija Kovač, +254(0)732391043, kovacm@un.org or Afifa Ismail, +254(0)708515570, afifa@un.org .
- Food Security and Protection programmatic issues: Afifa Ismail, +254(0)708515570, afifa@un.org & Eva Kiti, +254 (0)705000720, kiti@un.org.
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- For budget/financial issues contact officers above or Mary-Bernadette Obadha, +254 2076 29117, obadha@un.org & Linda Onyango, +254(0)734800140, onyangol@un.org .

III. Gap analysis at prioritized locations

Baidoa (Bay)

Integrated multi-cluster response in over 200 IDP settlements in and around Baidoa town, but concentrated in three main areas. Generally, the provision of an initial package of response upon arrival is pending due to a mix of both supplies (from different clusters) and decision by respective organisations that have the supplies. The following gaps / issues to address have been identified, per cluster:

WASH

- Poor WASH services available for AWD/cholera affected communities and in CTCs/CTUs in the region
- Sanitation – Poor sanitation particularly in densely populated settlements is of concern and needs to be addressed in the context of AWD/Cholera.
- Hygiene promotion (especially newly established settlements should complement sanitation activities to eliminate open defecation.
- Water supply – Limited or no access to safe drinking water remains a concern with people opting to use rain water especially where safe water sources are unavailable.

Nutrition

- Stabilization centres are full and overflowing.

Health

- Outreach health services to IDP camps
- Outbreak prevention and control as disease outbreak increases during rainy seasons

Education

- Limited capacity to absorb newly displaced children in schools
- School fees in exiting private schools is a barrier for children to access education
- Schools could be a good catchment for hygiene promotion and nutrition support to children (hot-meals)
- Increasing number of child protection issues are being reported as a consequence of displacement. Improved access to education and safe child friendly spaces is important to keep children out of harm's way

Shelter / NFI

- Major gaps in provision of emergency shelter and NFIs- Of the 22,500 households requiring shelter, about 12,000 households have been reached (excluding government and private sector support) while only 3,500 households have received a full package of NFI kits.

Food Security

- High energy biscuits have been provided to newly arriving IDPs however further scale up is required to boost access to food and safety nets
- Livelihood assets (seeds and tools) have been provided, but with the drought the exact gap is unclear

Protection

- Security lighting at night in the IDP settlements is required including solar/hand torches
- Identification, documentation, tracing and reunification of unaccompanied and separated children including ensuring appropriate follow up and providing alternative care where necessary
- Protection kits (solar lamps, dignity kits) to address urgent needs of most vulnerable displaced women and girls

- Expansion of community-based child protection and GBV services remains a priority and major gaps exist in terms of establishment of referral pathways to affected communities, including clinical, psychosocial, security and safe house services, as well as training of community leaders
- Mine risk education awareness on existing explosive hazard, the survey, marking and clearance of areas contaminated by Explosive Remnants of War (ERWs) for the displacement population and forced evictions are also causing protection concerns.
- Prevention of forced eviction and other forms of secondary displacements, strengthening of tenure security for displaced populations, and local capacity development on the promotion and protection of Housing, Land and Property (HLP) rights.
- Monitoring of Child Recruitment in camps and host communities and reintegration support,
- Enhanced protection monitoring in IDP camps/settlement to guide programming and targeting.
- Protection and Return Monitoring Network (PRMN)

Camp Coordination and Camp Management (CCCM)

- The need for improvements with effective communication with communities, feedback mechanisms and information sharing on available assistance and services; gaps in the triangulation and coordination of the available information (multiple sources)
- Proliferation of committees and focal points at site level, leading to difficulties with effective coordination and equitable access to services delivery and protection
- The need for improved 3Ws at selected/prioritized sites and settlements
- IDPs settling on private land and rent plots; lack of site development/planning at private sites leads to poor drainage, fire hazards and lack of space for basic services such as sanitation facilities.
- Limited interaction with the municipal authorities concerning the standards applied at the sites/camps set up by them

Mogadishu (Banadir)

Integrated multi-cluster response in new and existing IDP settlements in and around Mogadishu. The following gaps / issues to address have been identified, per cluster:

Food Security

- Intervention to boost access to food and livelihood opportunity is required in IDP settlements in Kaxda and Daynille as well as a outskirts of Mogadishu.

WASH

- Sanitation – Poor sanitation particularly in densely populated settlements is of concern and needs to be addressed in a context of AWD/cholera
- Hygiene promotion, especially in newly established settlements, should complement sanitation activities to put an end to open-defecation.
- Water supply – Limited or no access to safe drinking water remains a concern with people opting to use rain water if no safe water source is made available
- Limited WASH services available for AWD/cholera affected communities and in CTCs/CTUs in the region

Protection

- There is an urgent need or provision of lighting including solar/hand torches to displaced people in the newly established IDP settlements.
- Identification, documentation, tracing and reunification of unaccompanied and separated children including ensuring appropriate follow up and providing alternative care where necessary
- Monitoring of Child Recruitment in camps and host communities and reintegration support,

- Protection kits (solar lamps, dignity kits) to address urgent needs of most vulnerable displaced women/girls.
- Expansion of community-based child protection and GBV services remains a priority and major gaps exist in terms of establishment of referral pathways to affected communities, including clinical, psychosocial, security and safe house services, as well as training of community leader.
- Enhanced protection monitoring in IDP camps/settlement to guide programming and targeting.
- Mine risk education awareness on existing explosive hazard, the survey, marking and clearance of areas contaminated by ERWs for the displaced population.
- Forced eviction and other forms of secondary displacements, strengthening of tenure security for displaced populations, and the limited local capacity for the promotion and protection of Housing, Land and Property (HLP) rights have been causing protection concerns.
- Protection and Return Monitoring Network (PRMN)

Education

- Limited capacity to absorb newly displaced children in schools
- School fees in exiting private schools is a barrier for children to access education
- Schools could be a good catchment for hygiene promotion and nutrition support to children (hot-meals)
- Increasing number of child protection issues are being reported as a consequence of displacement. Improved access to education and safe child friendly spaces is important to keep children out of harm's way

Health

- Increased cases of measles in the corridor have been reported among new arrivals.
- The AWD/cholera outbreak may further spread particularly given the onset of rains and poor sanitation. Limited or lack of basic lifesaving supplies in health facilities

Nutrition

- Scale up of nutrition services is a priority given the high rates of malnutrition particularly in IDP settlements.

Shelter

- Provision of shelter and NFIs.

CCCM

- The need for improvements with effective communication with communities, feedback mechanisms and information sharing on available assistance and services; gaps in the triangulation and coordination of the available information (multiple sources)
- Proliferation of committees and focal points at site level, leading to difficulties with effective coordination and equitable access to services delivery and protection
- The need for improved 3Ws at selected/prioritized sites and settlements
- IDPs settling on private land and rent plots; lack of site development/planning at private sites leads to poor drainage, fire hazards and lack of space for basic services such as sanitation facilities.
- Limited interaction with the municipal authorities concerning the standards applied at the sites/camps set up by them

Somaliland (Togdheer, Sool)

Focus

- Deployment of integrated emergency response teams (IERT).