

SHF 2nd Standard Allocation round



Allocation strategy paper

Project proposal deadline:

12 November 2018, 23h59 (Mogadishu/Nairobi)

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

1. Allocation summary

This document outlines the approach to allocating funds through the Somalia Humanitarian Fund (SHF) 2nd 2018 Standard Allocation round (SHF-2018-SA2, **US\$18 million**). Reflecting the current humanitarian situation and the timing of the allocation round, the 2nd 2018 SHF Standard Allocation will **focus on sustaining life-saving response** by supporting integrated humanitarian response, mostly focusing on IDP settlements (envelope A, \$7.8 million), and individual cluster-specific priorities (envelope B, \$10.2 million).

The allocation round complements the SHF funding allocated earlier in 2018 through the 2018 1st Standard Allocation (February-April 2018, \$22 million); Reserve funding for integrated response to cyclone Sagar (Awdal, June – July 2018, \$3.5 million); Reserve funding for integrated flood response in Gedo, Hiraan and Middle Shabelle (May 2018, \$1million); Reserve funding for response in drought-affected areas of northern Somalia (\$7.5 million); and Reserve funding for shelter/NFI (October, \$1.3 million).

2. Current humanitarian situation in Somalia (October 2018)

About 4.6 million people in Somalia are food insecure and 4.2 million are in need of humanitarian assistance. The reduction in the number of people in need since early 2018 has been attributed to favourable rainfall during the *Gu* season (April to June) and sustained humanitarian assistance. Over 1.5 million people face acute food security Crisis or worse (IPC Phase 3 or higher) and approximately 3.1 million people are Stressed (IPC 2)¹. Although the 2016/2017 drought has ended in most parts of Somalia, its adverse impact lingers among those who were impoverished or displaced, and pastoralists who lost all or most of their livestock, particularly in the north. Without sustained food and livelihood assistance, the latter are likely to remain in Emergency (IPC 4).

While acute malnutrition rates have improved nationally to Serious from Critical, the overall prevalence of acute malnutrition remains largely unchanged from *Deyr* 2017/2018. Between August and December, 294,000 acutely malnourished children, including 55,000 severe cases, aged under five, will require treatment and integrated support. The acute malnutrition burden over the next 12 months is projected to be 588,400 acutely malnourished children, including 110,500 severe cases. The persistently high levels of acute malnutrition are unlikely to reduce without addressing the underlying causes, particularly in internally displaced persons (IDP) settlements and in some rural areas.

The *Deyr* rains have begun in most parts of the country and are expected to be normal to above-normal with continued improvement in food security. However, there is also an increased risk of flooding in low lying and riverine areas, with the attendant risks of disease outbreaks and destruction of WASH infrastructure.

Ongoing conflict and insecurity continue to heavily influence the situation throughout Somalia, impacting on access to affected populations and causing displacement and exposure to protection violations. There are currently 2.6 million IDPs in Somalia. Protection monitoring reveals not only that many IDPs are not returning to their places of origin, but gender-based violence (GBV) incidences are reportedly highest among IDPs.² Also of concern is the spike in evictions, with over 204,000 people evicted in 2018.

¹ Food Security and Analysis Unit, Famine Early Warning Systems Network, 2018 Post Gu Joint Presentation

² Somalia Protection Cluster 2018 Mid Year Report

IDPs constitute more than half of the acutely food insecure (IPC3 or worse), with the highest levels of acute malnutrition and displaying the poorest humanitarian indicators. This has been shown in seven IDPs settlements where an estimated 17,000 thousand IDPs are in IPC5 (Catastrophe).

Children are among the most vulnerable groups in Somalia. Only an estimated 1.5 million out of 4.5 million school-aged children are enrolled in schools. Out of the 4.6 million people that are currently food insecure, 1.85 million are school-aged children.

Of the 2.6 million IDPs, approximately 1 million are children. Child abductions for recruitment remain of concern with a worrying increase in incidence by 83 per cent compared to 2017. Attacks on education and forcible recruitment of children into armed groups increased in 2018 with verified reports of 64 schools attacked or forcibly closed, including detention of teachers, who declined to adopt Al Shabaab curriculum recruitment and 2,127 children recruited into armed groups,³ notably in Lower and Middle Shabelle and Galgaduud Region. A protection-driven approach is required to be embedded in assistance, particularly to the most vulnerable groups, including children, females, elderly and IDPs. Thus, education interventions that sustainably ensure learning opportunities, support retention and improve the learning environment provide a critical protective environment against child related violations.

3. Response strategy – 2nd 2018 Standard Allocation

The following SHF allocation principles for 2018 form a baseline for this allocation round:

- Continued focus on **life-saving humanitarian** response, while **ensuring the centrality of protection**;
- 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**.
- Target, where possible, hard to reach and underserved areas.

The SHF Advisory Board also encouraged that the Fund, when and if possible, focuses on underserved and hard-to-access areas.

The available funding (\$18 million) comes at the time when sustained response is required at many locations, while programming cycle for 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 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.

4. Recommended apportionment of envelopes

Following subsequent consultation with cluster coordinators, the following breakdown of envelopes has been recommended for endorsement to the Advisory Board:

³ Report of the Secretary General on Children and Armed Conflict.

| SHF SA 2 | | Integration (IDP settlements) Proposed envelopes | Cluster-specific | % of SA2 |
|------------------------|------------------------------|---|------------------|----------|
| (i) \$7.8M 43% | IERTs | 3,200,000 | | 18% |
| | CCCM / Shelter-NFI / P/WASH/ | 3,700,000 | | 21% |
| | Education/Child Protection | 900,000 | | 5% |
| (ii) \$10.2M 57% | CCCM | | 450,000 | 3% |
| | Education | | 1,200,000 | 7% |
| | Food Security | | 2,400,000 | 13% |
| | Health | | 1,000,000 | 6% |
| | Logistics | | 500,000 | 3% |
| | Nutrition | | 500,000 | 3% |
| | Protection | | 500,000 | 3% |
| | Shelter/NFI | | 1,000,000 | 6% |
| | WASH | | 2,100,000 | 12% |
| | Enabling programme | | 500,000 | 3% |

I. Integrated response [43% of available funds, \$7.8 million]

i) Integrated Emergency Response Teams (IERTs)

Main Objective

To provide integrated multi-sectoral and lifesaving services to vulnerable communities in Bay, Gedo, Hiraan, Lower Shabelle and Lower Juba regions. Activities are designed to address service gaps in hard to reach areas and among IDPs displaying high GAM rates. Emphasis has been placed in targeting underserved areas with gaps in essential health, nutrition and wash services mainly in Lower Shabelle-Marka and Qooryole, Gedo/Luuq targeting communities with high GAM rates in rural areas and Lower Juba where vulnerability indicators are worrying.

Activities and components

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

- Provision of lifesaving outpatient consultations, treatment, and immunization services against vaccine preventable diseases –
- Provision of health education to community members
- Early detection, case management for epidemic prone diseases
- Scale up in early warning and response surveillance (EWARNs)
- Provide essential medications and supplies
- Establish referral pathways in hard to reach and remote areas
- Community worker's screening and identification of acutely malnourished children and PLWs
- Mother led MUAC, training caretakers on the identification of malnutrition and ensure early action in treatment.
- Treatment of children (6-59 months) and pregnant and nursing women through specialized food provisions
- Blanket supplementary feeding in prevention of acute malnutrition for children under 2 and pregnant and nursing women.
- Micronutrient support for vulnerable groups (pregnant and nursing women and U5 children) with

Guidance to IPs:

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

Vitamin A & MMN

- Integrated multi-sectorial Nutrition, Health, Hygiene (NHHP) preventative, Food-Security and promotional support including IYCF support for care givers.
- Install/rehabilitate WASH facilities and ensure their maintenance in targeted communities, schools, health and nutrition emergency facilities.
- Promote and enable the adoption of good hygiene and sanitation practices in affected communities, schools, health and nutrition facilities.
- Assist families with malnourished child with WASH package (hygiene promotion message, hygiene kit, household water treatment and safe storage) either at community level or at discharge of patient at nutrition or emergency health facility level

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

- **Lower Shabelle region** (Marka, Qooryoley)
- **Bay Region** (Baidoa, Berdare, Dinsoor, Burhakaba)
- **Lower Juba region** (Kismayo)
- **Gedo region/ Luuq**
- **Hiraan** - Beletweyne, Jalalqsi, Mataban

ii) Integrated CCCM, Protection, Shelter/NFI & WASH 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 representative of all age groups and genders.

Activities and components of the package will include:

CCCM

- Set up of CCCM coordination structures
- Establish/update service mapping of partners in sites
- Conduct site verification quarterly
- Monitor service delivery by establishing roving CCCM teams for monitoring and community engagement
- Construct community spaces
- Identify and support governance structures and encourage participation
- Establish/reinforce mechanisms for communication of multi-sector services available per geographical area or in IDP sites
- Support community led site maintenance activities to ensure upkeep of sites
- Implement emergency sites improvement projects to minimize protection risks and ensure safety in sites

Shelter/NFIs

- Distribution of NFI Kits.
- Distribution of Emergency Shelter Kits (ESKs).
- Distribution of core relief items including potentially portable solar lamps.
- Post distribution monitoring

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).

WASH

- Installation of new and/or rehabilitation/extension of existing water supply systems
- Installation of new and/or rehabilitation of sanitation facilities
- Establishment of faecal sludge management systems including desludging, transportation and final disposal of faecal material
- Establishment of water committees for ensuring continuity of services, appropriate operation and maintenance.
- Hygiene promotion campaigns focusing on hand washing with soap and hygiene kits distribution, including female specific hygiene items (sanitary clothes, etc.)

Protection

- Training of all humanitarian staff interacting with populations on Psychological First Aid and principled referrals.
- Child mobilization / basic community psychosocial support activities to improve child wellbeing 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 (i.e. hand-washing, nutrition, mine risk education, gender, etc.). Male and female community animators / mobilisers to be recruited to this end. This activity should also involve community leaders, ensuring broad community-based protection.
- Protection monitoring at individual and community level, in close coordination with (subnational) Protection Clusters and using agreed-upon reporting formats, informing protection responses and broader humanitarian and development programming. Regular reporting required. Protection monitors to work in conjunction with all project staff to identify separated / unaccompanied children, GBV survivors, individuals in severe distress, and be capable to refer in a principled and protection sensitive manner.

Joint CCCM, Protection, Shelter/NFI & WASH activities will target the following locations (refer to **annex 1** for details):

- Mogadishu / Lower Shabelle (Kahda, Daynile and Dharkenley)
- Baidoa

Submitting organisations are required to coordinate closely on-site selection with the relevant clusters prior to implementation.

iii) Integrated Education and Child Protection

Main Objective: Integrated Education and Protection (Child Protection) services using learning facilities/schools as an entry point to respond to priority child protection concerns.

Activities and components of this package will include

- Provision of teaching and learning materials
- Emergency teacher incentives can be included if sufficient justification is provided
- Teachers trained on basic pedagogical psychosocial support, referral pathways for child protection services and teachers' code of conduct
- Support to Community Education Committees on Safe Schools, DRR, school management to ensure broader lifesaving impacts of education-related intervention
- Construction/rehabilitation of learning spaces
- Provision of emergency school feeding
- Provision of safe drinking water in schools and where no storage is available/damaged provision of water storage

- Psychosocial support and referral cases to Child protection services.
- Establishment/setting up of CP referral system in schools/TLS as a mechanism for quick and efficient referrals of children with protection needs. This will involve identification of focal points and orienting them on their roles and responsibilities
- Provision of PSS/recreational activities for children in the schools or through support to club to club activities and out of schools through CFSs /Community structures.
- Training teachers, child club members CPCs and CECs/CPCs on CP and referrals. The trained school and community structures will consequently identify and refer children for further support and raise awareness on CP issues
- Facilitate community and school outreach and awareness raising for in and out of school children and their caregivers on child protection and the importance of education
- UASC will be Identification, documentation, family traced and reunified by providing them with immediate care, referrals and family tracing and reunification services.

The joint Child Protection and Education response will target 5,000 children in the following regions:

- Baidoa
- Banadir

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. Cluster-specific prioritized interventions

The cluster-specific envelope, accounting for 57% of available funds (\$10.2 million) allowing for the prioritization of cluster-specific activities 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) CCCM

Locations: Bosasso and Hargeisa

Amount: \$450,000

Activities

- Set up of CCCM coordination structures
- Establish/update service mapping of partners in sites
- Conduct site verification quarterly
- Monitor service delivery by establishing roving CCCM teams for monitoring and community engagement
- Construct community spaces
- Identify and support governance structures and encourage participation
- Establish/reinforce mechanisms for communication of multi-sector services

ii) Education

Area: Lower Shabelle, Galgaduud, Lower Juba

Amount: \$1,200,000

Activities:

- Provision of teaching and learning materials
- Emergency teacher incentives can be included if sufficient justification is provided
- Support to Community Education Committees on Safe Schools, DRR, school management to ensure broader lifesaving impacts of education-related intervention
- Construction/rehabilitation of learning spaces
- Provision of emergency school feeding
- Provision of safe drinking water in schools and where no storage is available/damaged provision of water storage
- Psychosocial support and referral cases to Child protection and Education/WASH interventions prioritized.

NB: Where possible IDP children should be supported to enrol in permanent functional schools for sustainability. 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. Where possible priority will be given to schools with funds running out

iii) Food Security

Area: Zeylac, Lughaye and Baki (Awdal); Baidoa (Bay) and Mogadishu (Banadir)/Lower Shabelle

Amount: \$2,400,000

Activities

Awdal

- Restocking of families with 10 heads of goats (9 lactating and one male) to target families. The cluster advice procurement of goats from the local areas to be adaptive and plough back the cash into the local economy.
- Provide supplements blocks 10kg per HH, vaccinate against PPR/SGP and deworm.
- Provision of cash (cash plus) for 3- 4 months to target families. The cash plus covering full MEB of the area for the families so that part of the non-food MEB used for care and maintenance of the restocked animals for initial three-four months.

Baidoa (Bay) and Mogadishu (Banadir)/Lower Shabelle:

- Cash based transfers and cooked meals for a period of 6 months targeting most vulnerable households

Mogadishu

- Unconditional assistance (cash or food) for vulnerable households using cluster vulnerability criteria

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).

Mogadishu beneficiaries: Cluster vulnerability criteria involving community consultations to identify the very poor, elderly with limited social support, households, women headed households, minority, recently evicted households, persons with disability.

iv) Health

Area: Elwak and Bardheere (Gedo); Dhusamareeb (Galgaduud)

Amount: \$1,000,000

Activities:

Elwak:

- Primary health care services which include: Provision of lifesaving outpatient consultations, treatment, and immunization services against vaccine preventable diseases –
- Provision of health education to community members

- Early detection, case management for epidemic prone diseases
- Scale up in early warning and response surveillance (EWARNNS)
- Provide essential medications and supplies
- Establish referral pathways in hard to reach and remote areas

Bardhere

- A secondary lifesaving Service-Comprehensive Emergency Obstetric and New-born Care (CEmONC) component

Galgaduud (Dhusamareb)

- Provision of lifesaving outpatient consultations, treatment, and immunization services against vaccine preventable diseases –
- Provision of health education to community members
- Early detection, case management for epidemic prone diseases
- Scale up in early warning and response surveillance (EWARNNS)

v) Nutrition

Area: Mahaday, Balcad, Cadalle and Warsheikh (M.Shabelle)

Amount: \$500,000

Activities:

- Community worker's screening and identification of acutely malnourished children and PLWs
- Mother led MUAC, training caretakers on the identification of malnutrition and ensure early action in treatment.
- Treatment of children 06-59 months and pregnant and nursing women through specialized food provisions
- Blanket supplementary feeding in prevention of acute malnutrition for children under 2 and pregnant and nursing women.
- Micronutrient support for vulnerable groups (Pregnant and nursing women and U5 children) with Vitamin A & MMN
- Integrated multi-sectorial Nutrition, Health, Hygiene (NHHP) preventative, Food-Security and promotional support including IYCF support for care givers.

vi) Protection

Area: Mogadishu (Banadir), Afgooye (Lower Shabelle), Kismayo (Lower Juba) Baidoa (Bay) and Bosasso (Bari)

Amount: \$500,000

Activities:

- Housing, Land and property (HLP) need to prevent/response to increasing threats of evictions in major urban location hosting IDPs in Somalia
- HLP monitoring of conditions of tenure/risks of evictions and implementation of prevention measures with landowners
- Advocacy with services on equal access for IDPs

vii) Shelter

Area: Qooryoley (Lower Shabelle); Bay (eastern Baidoa)

Amount: \$1,000,000

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.
- Distribution of core relief items including potentially portable solar lamps.

- Post distribution monitoring

viii) Water, Sanitation and Hygiene

Area: Jowhar (M. Shabelle); Buloburte and Jalalqsi (Hiraan)

Amount: \$2,100,000

Activities

- Provision of sustainable access to safe water through the rehabilitation of existing infrastructure and/or installation of new facility, including: water treatment plant (small or large), borehole, rain/run-off water catchment systems, sub-surface dams, all equipped with elevated water tank, distribution networks and adequate/hybrid energization systems
- Water supplied through the system must be safe for drinking purpose throughout the year in sufficient quantity for the targeted community. No bacterial contamination.
- Hygiene promotion activities with hygiene kits distribution to the population served by the water services established.
- Sanitation facility provided/restored to the population served by the water services established.
- All services/facilities provided must be set/designed as to remain functional in case of flooding.
- Establishment of gender balanced WASH committee to ensure continuity of services, operation and maintenance

ix) Logistics

Area: country-wide

Amount: \$500,000

Activities

- Provide regular scheduled flights for passengers, light cargo and pouches with the current fleet
- Provide special flights to all areas not covered by the scheduled flight locations in Somalia according to demand and on request
- Ensure continuity of services of two Dornier planes (smaller aircrafts -STOL type aircraft)
- Carry out medical and security evacuations by air for humanitarian personnel working in Somalia

x) Enabling Programmes

Area: country-wide

Amount: \$500,000 (NGO consortium \$250,000; International NGO Safety Organisation \$ 250,000)

Activities:

- Strengthening coordination, information exchange, networking, creation of new linkages and strengthening of existing partnerships (NGO consortium)
- Facilitating meetings with various stakeholders to address NGO concerns (NGO consortium)
- Conduct trainings and advocate for capacity strengthening for NGOs. (NGO consortium)
- Provision of essential cooperation and information services on safety and security as well as access to humanitarian aid organisations in Somalia (INSO)
- Provide analysis and support to NGOs operating in Somalia in terms of safety and security of their staff (INSO)
- Support NGOs to enhance their context awareness through dissemination of information and training (INSO)

5. [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 2018 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 demand 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 expedite the processes leading to 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 | |
|----------------------|---|
| 16 Oct 2018 | • ICCG discusses and endorses, in principle, the draft strategy |
| 25 Oct 2018 | • Strategy submitted for endorsement to the SHF AB and HC respectively |
| 30 Oct 2018 | • Publish the Strategy and the SHF eligibility list, call for proposals |
| 12 Nov 2018 | • Deadline for the submission of SHF projects (IPs) (early submission encouraged) |
| 15 Nov – 21 Nov | • Strategic Review Committees: strategic review and selection (SRCs/CCs/HFU) |
| 26 Nov 2018 | • List of recommended projects shared with the SHF AB / HC for endorsement |
| 7 Dec 2018 | • IPs resubmit proposals (hard deadline) |
| 10 Dec - 21 Dec 2018 | • Technical review finalized (OCHA/HFU, clusters) |
| 17 Dec 2018 | • Clearance of budgets (OCHA/FCS). |
| 18 Dec 2018 | • Grant Agreements signed (HC, IPs) Implementation can start at the time of IP signature |
| 20 Dec 2018 | • Grant Agreements signed (OCHA/EO) |
| 14 Jan 2019 | • Funds disbursed |

Annex 1: Justification of selection of locations for integrated response

| Justification | Region/District |
|--|--|
| <p>Banadir and Afgooye Corridor</p> <ul style="list-style-type: none"> • Protracted IDP caseload of 400,000 IDP exist in the proposed 3 districts (Kahda;Daynile & Dharkenley). • 34,000 newly displaced IDPs from Middle and Lower Shabelle recently joined into the IDP camps in the above-mentioned three districts and other IDPs along the Afgooye Corridor. • New influx of IDPs straining existing basic services. • Gaps in service provision emerging due to project ending; • Key partners running on skeleton budget with most projects coming to an end. <p>Baidoa</p> <ul style="list-style-type: none"> • Protracted IDP caseload of 300,000 (Second highest IDP hosting population in Somalia) • 317 IDP sites in Baidoa; partners are only covering 118 IDP sites. The remaining 253 sites lack basic services. • Key Partner projects coming to an end in December 2018. • Urgent need for immediate scale up to fill the emerging gaps in service provision. • IDP relocation not likely to materialize anytime soon (looking into the immediate short needs) | <p>Banadir IDP and those along the Afgooye Corridor</p> <p>Specific sites /districts</p> <ol style="list-style-type: none"> 1. Kahda District 2. Daynile District 3. Dharkenley district <p>Baidoa: 300,000 IDPs in 371 sites</p> |
| <p>Lower Shabelle</p> <ul style="list-style-type: none"> • Hard to reach areas with no access to health and nutrition services • Critical gaps in essential services <p>Bay region</p> <ul style="list-style-type: none"> • Protracted IDP caseload of 300,000 IDPs in Baidoa (Second highest IDP hosting population in Somalia) • Most projects coming to an end in December 2018. • Need to immediate scale up response and fill the emerging gaps in service provision. • Emphasis on support to locations outside Baidoa in hard to reach rural areas with minimum essential services <p>Lower Juba</p> <ul style="list-style-type: none"> • Health services in the areas are limited with many health facilities lacking supplies. • Hygiene situation poor due to lack of water, low vaccine coverage, high morbidity among some IDPs and high malnutrition rates in communities along the Juba riverine and in Kismayo IDPs • Kismayo has continued to receive new arrivals fleeing conflict from villages outside the town and neighboring districts. It also hosts communities repatriated from Dadaab refugee camp in Kenya. Populations face high vulnerability to communicable diseases particularly given the projections of heavy rainfall. <p>Gedo/Luuq</p> <ul style="list-style-type: none"> • High GAM rates with gap in rural areas- North Gedo above critical GAM rates. <p>Hiraan</p> <ul style="list-style-type: none"> • Gaps in health service provision for both districts based on DOCC assessments • Flooding in May 2018 and potential for <i>Deyr</i> flooding | <p>Lower Shabelle region Marka, Qoryole</p> <p>Bay Region Baidoa, Berdare Dinsoor, Burhakaba Host/IDPs</p> <p>Lower Juba region (Kismayo)</p> <p>Gedo region/ Luuq</p> <p>Hiran - Beletweyne, Jalalqsi, Mataban</p> |

Annex 2: SHF Process Guidelines

1. Project submission and prioritisation

- Following the AB and HC's endorsement of the SHF 2018 Standard Allocation 2 strategy, call for proposals will be issued. The call will be posted on the SHF website and disseminated through cluster mailinglists.
- Partners that feature on the SHF eligibility list (26 October 2018) 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>). *The GMS system migrated to an 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 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 the 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 recorded in the GMS by clusters 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

- Ms. Afifa Ismail, SHF Manager *a.i.*, M: +254(0)708515570, afifa@un.org, Skype: afifaish

Programmatic issues

Food Security, Protection

- Ms. Afifa Ismail, T: +254(0)207629113 | M: +254(0)708515570, afifa@un.org, Skype: afifaish
- Ms. Eva Kiti, T: +254(0)207629127 | M: +254(0)705000720, kiti@un.org, Skype: eva.kiti

Education, Health and Nutrition:

- Ms. Patricia Agwaro, T: +254(0)207629144 | M: +254(0)734210103, agwaro@un.org, Skype: chogowa
- Ms. Evalyne Lwemba, T: +254(0)207629128 | M: +254(0)733272017, lwembae@un.org, Skype: lwembae

Shelter/NFIs and WASH:

- 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]*

- Mr. Martin Cheruiyot, T: +254(0)207629126 | M: +254(0)715743860, cheruiyot2@un.org,
- Ms. Mary-Bernadette Obadha, T: +254(0)207629117 | M: +254(0)737903427, obadha@un.org, Skype: marybeeso
- Ms. Linda Onyango, T: +254(0)207629145 | M: +254(0)734800140, onyango1@un.org, Skype: lindagaeli

Accountability

- Mr. Samuel Kihara, M: +254(0)705262211, T: +254(0)207629156, kihara@un.org
- 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 – Mr. Shibru Mulugeta mulugeta.shibru@fao.org

Mr. Bernard Mrewa, bernard.mrewa@wfp.org

Health – Mr. Craig Hampton hamptonc@who.int

Nutrition – Mr. Samson Desie sdesie@unicef.org; Ms. Naema Hirad naema.hirad@wfp.org

Protection – Mr. Christophe Beau beau@unhcr.org

Shelter / NFIs – Ms. Nurta Adan adan@unhcr.org

WASH – Mr. Frederic Patigny fpatigny@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.

Annex 3: SHF Eligibility List

SHF Operational Manual: Annex 5

Eligible Partners

31 October 2018



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.

| Status | Partner SHF acronym (partner full name) |
|----------|--|
| eligible | AAMIN (Aamin Organization) |
| eligible | AADSOM (Action Against Disasters Somalia) |
| eligible | AAIS (Action Aid Somaliland) |
| eligible | ACF (Action Contre la Faim) |
| eligible | ACTED (Agency for Technical Cooperation and Development) |
| eligible | ActionAid International |
| 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 (Action for Social and Economic Progress) |
| eligible | AV (Aid Vision) |
| eligible | AVORD (African Volunteers for Relief and Development) |
| eligible | AYUUB Organization |
| eligible | BREC (Bay Regional Education Committee) |
| eligible | Candlelight (Candlelight for Environment Education and Health) |
| eligible | CARE Somalia (CARE Somalia) |
| eligible | CARITAS (Caritas Switzerland) |
| eligible | CCBRS (Comprehensive Community Based Rehabilitation in Somaliland) |
| eligible | CEFA (European Committee for Agriculture and Training) |
| eligible | CESVI (Cooperazione E Sviluppo - CESVI) |
| eligible | Concern (Concern Worldwide) |
| 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 | DEH (DEH Relief and Development Organization) |
| eligible | DF (Dialog Forening) |
| eligible | DMO (Deeg-roor Medical Organization) |
| eligible | DRC (Danish Refugee Council) |
| eligible | FENPS (Formal Education Network for Private Schools) |
| eligible | FERO (Family Empowerment and Relief Organisation) |

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|----------|--|
| eligible | GEWDO (Gedo Women Development Organization) |
| eligible | GRRN (Golweyne Relief and Rehabilitation NGO) |
| eligible | GRT (Gruppo per le Relazioni Transculturali) |
| eligible | GSA (General Service Agency) |
| eligible | HEAL (Health Education Agro-pastoralist Liaison) |
| eligible | HAPEN (Horn of Africa Peace Network) |
| eligible | HARD (Humanitarian Africa Relief Development Organization) |
| eligible | HINNA (Women Pioneers for Peace and Life) |
| eligible | HIRDA (Himilo Relief and Development Association) |
| eligible | HIJRA (HIJRA Organization for Welfare and Development) |
| eligible | HIWA (Humanitarian Integrity for Women Action) |
| eligible | HOD (Himilo Organization for Development) |
| eligible | IFEDA (IFTIIN Education and Development Association) |
| 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 | IRDO (Iimaan Relief and Development Organization) |
| eligible | IRW (Islamic Relief Worldwide) |
| eligible | JDO (Jubaland Development Organization) |
| eligible | KAALO (KAALO Aid and Development) |
| eligible | KAALO RDO (KAALO Relief & Development Organization) |
| eligible | KISIMA (KISIMA Peace and Development Organization) |
| eligible | MA (Muslim Aid UK - Somalia) |
| eligible | MARDO (Maandher Relief and Development Organization) |
| eligible | MAG (Mines Advisory Group) |
| eligible | MC (Mercy Corps Europe) |
| eligible | MEDAIR |
| eligible | NAPAD (Nomadic Assistance for Peace and Development) |
| eligible | NCA (Norwegian Church Aid) |
| eligible | NoFYL(Northern Frontier) |
| eligible | NRC (Norwegian Refugee Council) |
| eligible | Oxfam Netherlands |
| eligible | NWO (New Ways Organization) |
| eligible | OTP (Ocean Training and Promotion) |
| 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 | Qatar Charity (Qatar Charity) |
| eligible | QRC (Qatar Red Crescent Society) |
| eligible | RAWA (Rasawad Welfare Association) |
| eligible | RI (Relief International UK) |
| eligible | READO (Rural Education and Agriculture Development Organization) |
| eligible | RRP (Riverine Relief Program) |
| 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) |

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|----------|--|
| eligible | SEDHURO (Socio-Economic Development and Human Rights Organization) |
| eligible | SOADO (Somali Organic Agriculture Development Organization) |
| eligible | Solidarités (Solidarités International) |
| eligible | SOMA ACTION (Soma Action) |
| eligible | SORDES (Somali Relief and Development Society) |
| eligible | SOYDA (Somali Young Doctors Association) |
| eligible | SRCS Somaliland (Somali Red Crescent Society) |
| eligible | SSWC (Save Somali Women & Children) |
| eligible | SRDA (Somali Relief and Development Action) |
| eligible | TASCO (Taakulo Somaliland Community) |
| 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 | WASDA (Wajir South Development Association) |
| eligible | WCDO (World Concern Development Organization) |
| eligible | WOCCA (Women and Child Care Organization) |
| eligible | WVI (World Vision) |
| eligible | Yme (Yme Foundation) |
| eligible | Zamzam (Zamzam Foundation) |