Key facts and figures for the Somalia Common Humanitarian Fund in 2015

### 2015 CHF Snapshot

- **$30.9 million**
  - US$ allocated in 2015
- **$36.1 million**
  - US$ received in 2015 (including 1.26 million carry-over from 2014)
- **10%**
  - of Somalia 2015 HRP funding received
- **34**
  - partners supported through CHF in 2015
- **79**
  - projects approved for funding in 2015
  - (77 projects funded by March 2016)

*Total figure doesn’t include CHF programme support and audit costs*

### 2015 CHF Allocations by Type

<table>
<thead>
<tr>
<th>Allocation Type</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Allocation</td>
<td>$29,600,000</td>
<td>96</td>
</tr>
<tr>
<td>Individual Reserve</td>
<td>$1,300,000</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$30,900,000</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

### 2015 CHF Allocations by Organization

<table>
<thead>
<tr>
<th>Organization</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>National NGOs</td>
<td>$3,805,000</td>
<td>12</td>
</tr>
<tr>
<td>International NGOs</td>
<td>$12,710,000</td>
<td>40</td>
</tr>
<tr>
<td>UN Agencies</td>
<td>$14,385,000</td>
<td>48</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$30,900,000</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

### 2015 Allocations by Cluster (in US$Million)

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Funding</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOOD SECURITY</strong></td>
<td>$6.5m</td>
<td>21</td>
</tr>
<tr>
<td>WASH</td>
<td>$5.6m</td>
<td>18</td>
</tr>
<tr>
<td>HEALTH</td>
<td>$4.8m</td>
<td>16</td>
</tr>
<tr>
<td>NUTRITION</td>
<td>$4.8m</td>
<td>16</td>
</tr>
<tr>
<td>PROTECTION</td>
<td>$2.2m</td>
<td>7</td>
</tr>
<tr>
<td>ENABLING PROGRAMMES</td>
<td>$2.2m</td>
<td>7</td>
</tr>
<tr>
<td>SHELTER &amp; NFI</td>
<td>$2.0m</td>
<td>6</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>$2.0m</td>
<td>6</td>
</tr>
<tr>
<td>MULTISECTOR</td>
<td>$0.8m</td>
<td>3</td>
</tr>
</tbody>
</table>

**$30.9 million**

The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.
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Produced by OCHA Somalia
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April 2016
I am pleased to share with you the 2015 Annual Report for the Common Humanitarian Fund (CHF) in Somalia. The report provides an overview of 2015 contributions, funding allocations and partner achievements for the projects implemented during the course of the year.

The CHF remains an important tool to support a timely and coordinated response to the most urgent humanitarian needs in Somalia. At the beginning of 2015, the Fund allocated US$31 million to priority needs identified in the Somalia Humanitarian Response Plan (HRP). These funds were channeled through 34 national and international partners to implement 79 projects designed to address the most vulnerable Somalis in humanitarian need.

Thanks to the generous contributions and partnership of CHF donors, including Australia, Denmark, Germany, Ireland, Sweden, Switzerland and the United Kingdom, total contributions reached some $36 million by the end of the year. With deposits occurring throughout the year, as well as some additional, end-of-year contributions amounting to $8 million, net carry-over into 2016 of $4.4 million was possible.

Key results indicate that CHF-supported projects have made an impact on the lives of the most vulnerable people in Somalia. While detailed results can be reviewed from cluster pages that follow, key achievements include support to 271,000 people to improve access to food and protection of livelihoods through conditional and unconditional transfers. About 161,000 children aged from 6 to 59 months and lactating women were admitted to treatment programmes. About 115,000 children under the age of five and women of child-bearing age were vaccinated against preventable diseases. Furthermore, 150 health facilities were supported and more than 1,500 health workers received training in the management and treatment of common illnesses. While 536,000 people gained sustained access to safe drinking water, another 86,000 received access to sustained sanitation. In addition, about 37,000 children were enrolled in school and 387 teachers trained.

Humanitarian needs remain high in 2016, with some $885 million requested through the Somalia HRP to provide assistance to 3.2 million people out of 4.9 million deemed to be in need. Globally, the Emergency Relief Coordinator, Mr. Stephen O’Brien recently advocated to set targets for country-based pooled funds (CBPFs) at 15 per cent of the overall HRP requirements. This target was recommended after recent endorsements by the High-Level Panel on Humanitarian Financing, the synthesis report of the World Humanitarian Summit (WHS) Consultation Process and the Secretary General’s Report for the WHS — which recognized the catalytic effect of CBPFs to increase collaboration and direct access to funding for frontline responders.

Finally, I wish to express my appreciation to our CHF donors for their continued support, which has enabled us to respond to needs as they are identified on the ground. As we work together to meet the needs of vulnerable Somalis, I encourage donors to make commitments as early as possible to allow for timely response to priority needs.

Peter de Clercq
Humanitarian Coordinator for Somalia
April 2016
**HOW DOES THE SOMALIA CHF WORK?**

**What is the CHF?**
The Common Humanitarian Fund (CHF) is a multi-donor pooled fund established in 2010 to support the timely allocation and disbursement of donor resources to the most urgent humanitarian needs and critical gaps in Somalia. The Humanitarian Coordinator leads the overall management and oversight of the Fund supported by the OCHA Head of Office and the OCHA Humanitarian Financing Unit (HFU), and relies on its Advisory Board to further inform the decision making process.

As of 2016, as part of standardizing of OCHA-managed pooled funds to be identified as a humanitarian fund for that specific country, the Somalia Common Humanitarian Fund (CHF) has been renamed to Somalia Humanitarian Fund (SHF).

**What organizations and projects does the CHF fund?**
The CHF provides funding to national NGOs, international NGOs and UN humanitarian agencies in Somalia. The CHF funds activities that have been prioritized as most urgent and critical humanitarian needs in alignment with the Somalia HRP.

**Who decides on the most urgent and critical humanitarian needs?**
The HC decides on the most critical needs to be funded, in consultation with the CHF Advisory Board and informed by cluster coordinators’ recommendations. Cluster Coordinators work with partners to define CHF cluster priorities derived from the highest priority needs articulated in the HRP.

**How are individual projects chosen for funding?**
The Somalia CHF has two allocation mechanisms:

- **The standard allocation** allocates the majority of funds received from donors to projects included in the Somalia HRP at the outset of the year based upon a strategy that identifies the highest priority needs underpinned by vulnerability data. The strategy is approved by the HC and endorsed by the CHF Advisory Board and is the basis for project submissions. Project proposals are prioritized and vetted by the clusters through the cluster review committees and then recommended to the CHF Advisory Board for endorsement and approval by the Humanitarian Coordinator.

- **The reserve** is primarily intended for the rapid and flexible allocation of funds in the event of unforeseen emergencies or to address strategic needs. Reserve allocations are significantly quicker to disburse than those allocations selected through the standard allocation process. The need for a reserve allocation must be cleared by cluster coordinators and then reviewed by the OCHA HFU before being approved and signed off by the Humanitarian Coordinator.

In January 2016, the CHF Advisory Board recommended a new Reserve Plus funding model for the CHF to allow for a more flexible and timely response to the most urgent needs. Under this model, available funds will be allocated using a reserve model (on a rolling basis) as highest priority humanitarian needs and critical gaps are identified. Clusters will maintain a transparent inclusive process while ensuring a light and quick review of projects to ensure strategic allocation of resources.

**Who provides the funding?**
The Somalia CHF is funded with contributions from UN Member States. Since its inception in 2010, the fund has disbursed a total of US$335 million through its standard and reserve allocation windows with funds contributed by 15 Member States. Any UN Member State can become a donor to the CHF.

**Who manages the CHF?**
The Humanitarian Coordinator is responsible for the management of the CHF and is accountable for the use of the fund. An Advisory Board, chaired by the HC and comprising four UN agencies, four NGOs (with one national NGO), and three donor representatives advises on the use of funds. The Humanitarian Financing Unit in OCHA oversees the management of the Fund on behalf of the HC and serves as the ‘Managing Agent’ in contracting and disbursing funds to NGO-implemented projects. The UNDP Multi-Partner Trust Fund (MPTF) Office serves as the Fund’s ‘Administrative Agent’ and receives, administers and manages contributions from donors, and disburses funds to UN agencies.

**How is the CHF governed?**
The CHF is guided by the OCHA Country Based Pooled Fund (CBPF) guidelines comprising a Policy Instruction and an Operational Handbook. The Policy Instruction sets out the principles, objectives, governance and management arrangements for CBPFs while the Operational Handbook provides technical guidance, tools and templates used in the management of CBPFs.

CHF to SHF: As of 2016, as part of standardizing of OCHA-managed pooled funds to be identified as a humanitarian fund for that specific country, the Somalia Common Humanitarian Fund (CHF) has been renamed to Somalia Humanitarian Fund (SHF).
Humanitarian situation in 2015

The humanitarian situation in Somalia remained dire in 2015. The number of people in need of humanitarian assistance was adjusted upwards from 3.2 million at the outset of 2015 to 4.9 million as a result of a population survey done in 2014 by UNFPA and the government. The population survey results were analysed and incorporated by FEWSNET/Food Security and Nutrition Analysis Unit’s (FSNAU) biannual assessment to have a more accurate estimate of people affected. These changes resulted from the survey and are not attributed to a deterioration in the situation. Notwithstanding the above, the number of people who faced food “crisis” or “emergency” in Somalia increased to one million from 857,000 in 2014, according to FSNAU Post-Gu assessment, with a warning that the remaining 3.9 million people continued to be at risk of sliding into acute food insecurity. Over 308,000 children under age 5 were acutely malnourished, out of whom 56,000 were severely malnourished and at risk of dying without urgent medical treatment and therapeutic food. Global acute malnutrition (GAM) rates were consistently found above the emergency threshold of 15 per cent—particularly in Internally Displaced Persons (IDPs) settlements.

An estimated 1.1 million IDPs, the majority of whom were women and children, were living in appalling conditions in overcrowded settlements with limited access to protection and basic services. They also faced a high risk of forced evictions, discrimination, violation of children’s rights and pervasive gender-based violence (GBV). In addition, the El Niño phenomenon prompted heavy rains and caused flooding along the Juba and Shabelle rivers, flash floods in central Somalia and Puntland, and exacerbated drought conditions in areas of Somaliland and Puntland. The crisis was further compounded by the influx of Somali returnees and Yemeni refugees from the conflict in Yemen. As of October 2015, over 29,000 Somali, Yemeni, Djiboutian and Ethiopian nationals had arrived in Berbera, Somaliland, Bossaso and Puntland. More than 90 per cent of the people who arrived from Yemen were Somalis, along with 3,300 Yemeni prima facie refugees.

Priority humanitarian needs

About one million people were food insecure and 308,000 children were acutely malnourished. Poor basic services continued to undermine the resilience of vulnerable people. In IDP settlements, global acute malnutrition (GAM) rates were frequently above the emergency threshold of 15 per cent. The nutritional situation in Bulo Burto in Hiraan region and Xudur in Bakool region was particularly alarming, with GAM rates of 24 per cent and 32 per cent, respectively. About 3.2 million girls, women, boys and men in Somalia needed emergency health services. The healthcare system remained weak, poorly resourced and inequitably distributed. In addition, at least seven hospitals, including in Belet Weyne, Bossaso, Burao, Gaalkacyo South, Jowhar, Kismayo and Marka, were at risk of closure due to lack of funding. Around 82 per cent of Somalis did not have access to safe water and basic sanitation, while 2.8 million women and men required improved access to water, sanitation and hygiene (WASH). About 1.7 million children remained out of school in 2015.

Security and access constraints

Civilians continued to bear the brunt of the conflict and were affected by the military offensives launched in mid-July 2015. Al Shabaab continued to carry out high profile attacks in Mogadishu and other locations using improvised explosive devices and grenades, through suicide bombings where civilians were killed and injured. While the government forces retained
hold of key towns in southern and central Somalia, Al Shabaab continued to control much of rural areas and increasingly resorted to asymmetric attacks, mainly impacting Somali civilians. Attacks and threats against humanitarian personnel increased and by August, 85 security incidents led to 10 deaths, 17 injured and eight abductions of aid workers, as well as to the arrest and detention of 34 humanitarians. Limitations in road access also resulted in increased operational and transportation costs for humanitarian agencies in delivering food to affected towns. Roadblocks and checkpoints in southern and central Somalia manned by armed Al Shabaab and government actors continued to severely hamper delivery of aid, as well as freedom of movement, safety and security for IDPs and civilians.

Responding to critical humanitarian needs

Despite the extremely challenging operational environment in Somalia, humanitarian organizations reached hundreds of thousands of people in need through CHF-funded projects. More than 420,000 people benefitted from conditional and unconditional transfers to improve access to food and protection of livelihoods. In addition, 600 households received agricultural inputs and 450,000 livestock were treated and vaccinated. Some 220,000 children aged 6-59 months and lactating women were admitted to nutritional treatment programmes, while 141,000 children under the age of five and women of childbearing age were vaccinated against vaccine preventable diseases. Partners supported 170 health facilities and more than 1,700 health workers received training in the management and treatment of common illnesses and communicable diseases. CHF partners supported sustained access to safe drinking water to 400,000 people, while another 132,000 people were provided with sustained sanitation and 671,000 people participated in hygiene promotion activities. Some 15,000 people were assisted with temporary shelters and another 850 were supported with permanent shelters and secure land tenure. Support through the education cluster enabled the enrollment of 42,000 children and the training of 500 teachers. Additionally, some 1,500 survivors of gender-based violence were provided with psychosocial assistance.
Contributions

In line with overall funding trends in 2015, donor contributions to the CHF also declined compared to previous years. A total of $36 million was received by end of December 2015, including $1.26 million in carryover from 2014. Contributions in the first half of 2015 amounted to $26.2 million with another $2.1 million received in the third quarter of the year and the remaining $7.8 million deposited in December as year-end contributions. The 2015 CHF funding represented about 10 per cent of the overall humanitarian funding received for the Somalia HRP.

Contributions by donors to the CHF and HRP have been in decline in the past few years. The $36 million contributed to the CHF in 2015 reflected a 35 per cent decrease in available funding from 2014, where $55.4 million had been made available. Similarly, out of the requested $863 million in the 2015 HRP, by the end of the year, only US$353 million was received showing a 23 per cent decrease from the $454 million received in 2014. Even so, another $234 million was received in 2015 for humanitarian projects not listed in the HRP.

Coupled with decreased donor contributions to CHF in 2015 were delays in the donor deposits and as a result it was agreed to divide the first standard allocation of $30.9 million into three batches over the course of the year (see below). Throughout the year, efforts to mobilize resources and highlight shortfalls in both CHF and HRP funding were undertaken through formal and informal meetings with donors and Member States. Altogether, five Member State briefings took place during the year while the Humanitarian Coordinator led high level missions to Brussels, Copenhagen, Geneva, London, New York, Oslo and Rome.

Allocation and disbursement of funds

In 2015, the strategic CHF allocation process was closely aligned to the HRP planning process. By mid-February, projects had been selected, vetted and endorsed in anticipation of the receipt of sufficient funds in the first quarter of 2015. Given delays in the deposits of contributions, the $30.9 million allocation was disbursed in three batches with the first batch of disbursements going to 45 projects with the available $19.6 million (43 standard allocations and two reserve allocations); the second batch of disbursements were made to 16 projects when another $5.3 million became available after the mid-year; and the third batch of disbursements to 18 projects were only signed off in the final weeks of December enabled by end of year contributions of about $8 million.

In summary, a total of 79 projects were approved for a $30.9 million allocation with disbursements for 64 projects completed by the end of December. Two projects worth $510,000 were put on hold due to inability to comply with CHF guidelines. The remaining 13 NGO projects that were approved with contributions arriving in December received funds in the first quarter of 2016.

The first batch of 43 projects approved in February under the standard allocation was processed with available funds of $18.3 million. MoUs were signed by end May and disbursement started by end June. With additional contributions, the second batch was processed for $5.3 million in August for 16 projects.

### 2015 CHF CONTRIBUTIONS BY DONOR (US$)

<table>
<thead>
<tr>
<th>DONOR</th>
<th>Contribution</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>10,975,300</td>
<td>30</td>
</tr>
<tr>
<td>Sweden</td>
<td>7,055,473</td>
<td>19</td>
</tr>
<tr>
<td>Denmark</td>
<td>6,948,398</td>
<td>19</td>
</tr>
<tr>
<td>Australia</td>
<td>3,594,500</td>
<td>10</td>
</tr>
<tr>
<td>Ireland</td>
<td>3,274,170</td>
<td>9</td>
</tr>
<tr>
<td>Germany</td>
<td>1,637,350</td>
<td>5</td>
</tr>
<tr>
<td>Switzerland</td>
<td>1,343,028</td>
<td>4</td>
</tr>
<tr>
<td>Carryover from 2014</td>
<td>1,260,000</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>36,088,219</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

### 2015 CHF ALLOCATIONS BY TYPE

- **$30.9 million**
  - Standard allocation (96%)
  - Individual reserve allocation (4%)
- **$29.6 million**
- **$1.3 million**
and most disbursements were made in May and June. Funding to the third batch was only possible with end of year contributions and the remaining 18 projects for $5.5 million could only be processed early 2016. Allocation for two individual reserve projects was made in March for $1.3 million and disbursements were finalized in the same month.

By the end of December, 34 partners were implementing CHF projects funded from the first and second batches of the standard allocation and from two reserve allocations. Similar to previous years, the largest portion of CHF allocation (70 per cent) was made to critical life-saving projects under the food security, nutrition, health and WASH clusters. About half of life-saving allocations went to WASH and health clusters which showed the importance of the CHF as a major funding source to these non-food clusters.

While some 45 per cent of the allocated funds were disbursed by end May, noting the first batch comprised 60 per cent of the standard allocation, other challenges also led to disbursement delays. In particular, payments to a few NGOs in the first batch and payments to some of the NGOs in the second batch were delayed because of the UN implementation of UMOJA system in June 2015. UMOJA is the UN Secretariat’s new enterprise resource platform and it did not accommodate the local money vendor system used by many NGOs. As a result, those NGOs had to establish formal bank accounts—a lengthy process—which meant funds could not be transferred until that was done. OCHA also implemented the global Grant Management System (GMS) in 2015, an OCHA-wide platform for managing pooled fund allocation processes, which resulted in some bottlenecks and required trouble shooting. To address these issues, the CHF team conducted trainings to familiarize partners with the new systems and worked with OCHA Headquarters to resolve technical issues.

The standard allocation for 2015 focused on supporting strategic life-saving and livelihood activities as prioritized in the HRP in priority regions to ensure an integrated response and maximize the potential for impact. The first standard allocation strategy was agreed in mid-December 2014 and projects recommended to address the strategy were endorsed in mid-February 2015 by the CHF Advisory Board. The allocation aimed to contribute to the achievement of the following HRP strategic objectives:

1. Provide timely and quality life-saving assistance to people in humanitarian emergency.
2. Enhance the scale and quality of humanitarian protection services and improve the broader protective environment through preventative measures.

Individual reserve allocations were made to two projects under the Food Security and WASH clusters. The projects focused on supporting livelihoods to address food insecurity in various locations in Somalia and to respond to water and sanitation needs in drought affected communities in Galgaduud.
HUMANITARIAN FINANCING

CERF

In August 2015, the CERF allocated $5.3 million from its Rapid Response Window to address the lifesaving needs of 10,000 new arrivals from Yemen that included refugees and Somali returnees. Objectives under the CERF funding were defined based on vulnerability assessments conducted at the ports of entry in Somaliland and Puntland which identified time-critical response gaps in the ongoing response to Yemen arrivals. Specifically, the allocation sought to address three priority areas: (i) provide timely and quality lifesaving assistance to enhance the protective environment for vulnerable Yemen arrivals at the ports of entry and adjacent reception centers in Somalia; (ii) support the logistical costs of transport from reception centers and provide food, livelihood and non-food assistance packages to vulnerable Somali returnees willing to return to their areas of origin in Somalia for a period of three months; and (iii) provide assistance to Yemeni and third-country national refugees while awaiting determination of their status by the government.

At the end of September 2015, the CERF approved $20 million from its Underfunded Emergencies Window (UFE) for Somalia. Using the mid-year monitoring report of the HRP and recent needs assessments (including FSNAU’s biannual assessment in February 2015), unmet priority needs were analyzed by Cluster Coordinators with the support of OCHA, which served as the evidence underpinning the CERF UFE strategy. The Humanitarian Country Team (HCT) considered and agreed on the final strategy to address the highest priority underfunded requirements that met life-saving CERF criteria. Hence, with the CERF UFE grant of $20 million UN agencies received funding to meet the following objectives:

(i) to provide integrated basic services to address acute malnutrition among IDPs and host communities in five areas, including of Baidoa, Dhooley, Doolow, Garowe and Gaalkacyo;

(ii) to improve the protective environment through lifesaving assistance to communities in underserved areas and those affected by floods, forced evictions and the military offensive. Geographic areas and people targeted for assistance were selected focusing on those affected by either floods, the military offensive, forced evictions or where life-saving services were either limited or facing closure due to limited resources.

While it is the usual practice for the CHF to complement the CERF underfunded grant with direct funding to national and international NGOs, the CHF did not have funds available at the mid-year for this purpose.
In 2015, the Somalia CHF allocated $30.9 million to 79 projects to be implemented by 34 humanitarian partners. Given that projects were funded incrementally as funds became available, only those funded before July would have completed the minimum six month interim reporting stage required for inclusion in this report.

Hence, cluster achievements in the following pages include results from the 2015 interim reports and those funded in the 2014 allocations and completed in 2015. Project reports considered for this section are, therefore, those interim and final reports submitted between April 2015 and March 2016.
OVERVIEW OF 2015 CLUSTER STRATEGIES AND ALLOCATION

The 2015 standard allocation focused on two priority areas of intervention in regions with the highest vulnerabilities and most urgent humanitarian needs:

PRIORITY I

Lifesaving interventions targeting people in humanitarian “crisis” and “emergency” (Integrated Food Security Phase Classification 3 and 4) through support to three priority groups of people affected:

a) IDPs and host communities in seven urban IDP settlements. The allocation targeted settlements with the most alarming malnutrition rates, mainly IDP camps in Dhobley, Doolow, Dhusumarreeb, Garowe, Galkaacyo, Kismayo and Mogadishu. The clusters prioritized were Food Security, Health, Nutrition and WASH, with complementary services from the Education, Multi-sector (IDP returns), Protection and Shelter clusters. Clusters were encouraged to coordinate their activities and ensure that services provided are integrated;

b) Vulnerable communities in “emergency” and crisis with acute needs in new areas with increased access. Priority towns and rural areas targeted included Waajid and Xudur in Bakool, Bulo Burto and Maaxas in Hiraan, Warsheikh in Middle Shabelle and Kurtunwaarey in Lower Shabelle.

c) Communities with serious to alarming malnutrition rates, very high WASH vulnerability, health and food security needs. Priority districts included Ceel Waaq and Baardheere in Gedo and Baidoa in Bay region.

PRIORITY II

Support to common services under the Enabling Programmes cluster in the HRP. This included support to UN Humanitarian Air Services (UNHAS) to ensure continuity of services; cluster coordination to facilitate humanitarian action, including oversight of CHF projects and other common services including FSNAU, SWALIM and NGO consortium services.

RESERVE PRIORITIES

Individual reserve allocations were made to two projects under the Food Security and WASH clusters:

1) The Food Security project managed by FAO focused on livelihood support to pastoral and agro-pastoral communities in North East and southern Somalia aiming to increase food availability and income at the household and community level through the preparation and deployment of veterinary teams, field equipment to the identified areas (areas with high concentration of affected people with their animals), and the vaccination animals.

2) The WASH project managed by Solidarités International, supported drought-affected populations in Galgaduud Region, central Somalia. It focused on improving access to safe drinking water among the targeted communities in Cadaado and Cabudwaqq districts targeting both IDPs and host community.

SUMMARY OF 2015 ALLOCATIONS

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>Amount allocated CHF-$Million</th>
<th>%CHF funding received</th>
<th>%HRP funding received(CHF)</th>
<th>Projects/partners funded</th>
<th>Beneficiaries targeted</th>
<th>CERF Allocation $Million</th>
<th>Total HRP Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>2</td>
<td>6</td>
<td>18</td>
<td>6 / 6</td>
<td>20,510</td>
<td>1.0</td>
<td>10.8</td>
</tr>
<tr>
<td>Enabling Programmes</td>
<td>2.25</td>
<td>7</td>
<td>11</td>
<td>4 / 3</td>
<td>7,502,654</td>
<td>1.0</td>
<td>21.0</td>
</tr>
<tr>
<td>Food Security</td>
<td>6.5</td>
<td>21</td>
<td>5</td>
<td>12 / 11</td>
<td>402,631</td>
<td>7.4</td>
<td>140.2</td>
</tr>
<tr>
<td>Health</td>
<td>4.8</td>
<td>16</td>
<td>17</td>
<td>12 / 12</td>
<td>521,738</td>
<td>4.0</td>
<td>28.5</td>
</tr>
<tr>
<td>Multisector</td>
<td>0.8</td>
<td>3</td>
<td>4</td>
<td>1 / 1</td>
<td>2,820</td>
<td>0</td>
<td>22.0</td>
</tr>
<tr>
<td>Nutrition</td>
<td>4.75</td>
<td>15</td>
<td>13</td>
<td>13 / 13</td>
<td>84,435</td>
<td>2.2</td>
<td>36.2</td>
</tr>
<tr>
<td>Protection</td>
<td>2.2</td>
<td>7</td>
<td>12</td>
<td>7 / 7</td>
<td>266,405</td>
<td>3.7</td>
<td>18.1</td>
</tr>
<tr>
<td>Shelter / NFI</td>
<td>2</td>
<td>6</td>
<td>16</td>
<td>7 / 7</td>
<td>132,732</td>
<td>2.6</td>
<td>12.2</td>
</tr>
<tr>
<td>WASH</td>
<td>5.6</td>
<td>18</td>
<td>24</td>
<td>15 / 14</td>
<td>480,029</td>
<td>3.5</td>
<td>23.2</td>
</tr>
</tbody>
</table>
Objectives

CHF-funded projects responded to three Education cluster objectives in the 2015 Humanitarian Response Plan:

1. Ensure vulnerable children (girls and boys) and youth affected by emergencies have access to safe and protective learning spaces where they are provided with lessons that impart life-saving messages and skills.
2. Improve the quality of education by recruiting, paying incentives to and training teachers, building the capacity of Community Education Committee (CEC) members, school administrators to implement and manage quality and resilient education programs.
3. Ensure vulnerable children (girls and boys) and youth affected by emergencies have access to safe and protected learning environments that encourage retention and increased enrolment in learning.

Allocation

The CHF allocated US$2 million to six education projects implemented by six partners through the standard allocation window. CHF funding covered 18 per cent of the cluster's 2015 HRP funding receipts of 10.8 million.

In the 2015 allocation, the Education cluster identified priority areas where vulnerable children, particularly IDPs, would benefit from a complete package of quality, life-saving learning designed to enrol and retain students in schools and ensure right to education for all children.

CERF funding of $1 million complemented the CHF-funded projects through the provision of teaching and learning supplies to address gaps in response.

Achievements and challenges

In line with cluster objectives, the CHF-funded projects provided temporary learning spaces with gender-sensitive WASH facilities, learning materials, recreational facilities and teacher incentives to foster retention. This included the rehabilitation of 46 learning spaces. To maintain the quality of education, CHF-supported projects included teacher training particularly in life skills and training for CECs, comprised of education officials and parents, to improve school management and foster inclusivity of the community. A total of 534 teachers (including head teachers) also benefitted from training to improve the quality of education. In addition, these services were provided in collaboration with other clusters to ensure an integrated and lasting response.

To offer a semblance of normalcy to children from conflict-affected communities, the majority of CHF-funded education projects supported schools where children from displaced families would access education. Thus, an estimated 42,099 children in 300 schools and learning centres were reached.

Despite the timely start-up of all the projects, significant gaps continue to exist with the number of children, particularly from displaced families, exceeding what could be made available in facilities and learning supplies. Displacement due to insecurity was also cited as causes for student dropouts.

The cluster’s limited funding continued to be of critical concern, particularly given the importance of schools in offering a protective environment for children. Partners also reported difficulties in recruiting...
qualified female teaching staff and highlighted the need for consistent funding for teacher incentives to prevent attrition.

Three partners requested budget revisions to adjust teacher incentives to match those afforded by the Ministry of Education to reduce the possibility of teacher shortages in government-supported schools. The request underscored the importance of strengthening government efforts to support education.

Delays in finalizing contractual arrangements with service providers precluded remote and third party monitoring of projects in 2015. Thus project monitoring will be conducted in 2016.
ENABLING PROGRAMMES

Objectives

CHF-funded projects responded to three Enabling Programmes cluster 2015 HRP objectives:

1. Strengthen coordination to support delivery of humanitarian aid to ensure equal access for women, girls, boys
2. Provide timely and relevant food security, livelihood and nutrition, water and land, and droughts information and analysis on emergency situations
3. To provide a safe, efficient and cost-effective inter-agency air transport service for over 100 United Nations Agencies, NGOs, and donor organizations providing humanitarian assistance in Somalia.

Allocation

The CHF allocated US$2.2 to three enabling programmes projects implemented by two partners through its standard allocation window. CHF funding accounted for 11 per cent of the cluster’s 2015 HRP funding receipts of $19.7 million.

Achievements and challenges

The NGO consortium project enabled a more conducive environment for stakeholders to improve the lives of Somali people. The Consortium organized a training and networking event to provide a forum for knowledge exchange and sharing practices on policies and modes of operations for NGO activities in Somalia. This strategic priority sought to strengthen agencies foundational knowledge of the environment in which they operate.

Radio Ergo strengthened qualitative coverage of women in positions of responsibility and leadership and also covered women’s roles as income earners and positive members of Somalia society. The project, through producing regular women’s affairs programmes, acted as a role model in consistently promoting gender issues on the radio. During the reporting period 38 percent of all voices on Radio Ergo were those of women and girls.

FSNAU successfully delivered timely and relevant information on food security projections and analysis, sector analysis (climate, civil insecurity, agriculture, livestock, markets and nutrition), as well as regional integrated food and livelihood security analysis. Furthermore, the allocation to FSNAU led to the production and dissemination of monthly Climate and Market Updates, quarterly Food Security and Nutrition Briefs, bi-monthly Nutrition Updates, comprehensive Technical Series Reports on food security and nutrition, both through its dedicated website and subscribed mailing lists. It also disseminated key information and analysis through briefings and presentations at humanitarian and cluster coordination meetings as well as bilaterally to Government authorities and donors. Declining funding presented the greatest challenge to the project implementation which constrained the ability to fully achieve project to targets and cluster objectives.

The UN Humanitarian Air Services (UNHAS) enabled regular scheduled flights to insecure and other areas...
ENABLING PROGRAMMES

often not accessible by road, thus contributing to the success of life-saving humanitarian operations. In 2015, UNHAS provided air transport services to staff from 150 humanitarian agencies working in Somalia, flying an average of 500 flight hours per month. CHF funding supported UNHAS over a period of two months to provide air access to the humanitarian community for cargo and passengers operating into Somalia. During the year a total of 62,280 passengers were transported and 288 metric tons of cargo uplifted and delivered to 34 locations. CHF funding also supported UNHAS to carry out 27 medical and security evacuations.

Operational challenges encountered by the NGO Consortium, on behalf of their members, included arbitrary taxation, as well as multiple and non-legitimate registration requests. These problems stem from a lack of a functional legal regulatory framework to govern the relationship between the government, especially at local levels, and NGOs resulting in inconsistent practices. Efforts to address this issue with the government are underway.

In general, the cluster sought to address challenges arising from the complex and insecure operating environment, where high levels of humanitarian need were difficult to meet given serious limitations on access and the lack of security in these areas.

Photo: UN / David Mutua
Food Security

Objectives

CHF-funded projects responded to two Food Security cluster 2015 HRP objectives:

1. Provide immediate improved household access to food to people in ‘emergency’ throughout the year, and those in ‘crisis’ during the livelihood lean season, and vulnerable households through safety nets.

2. Provide seasonally appropriate and livelihood-specific inputs to increase the productive capacity of rural livelihoods; invest in the construction and/or restoration of household and community productive assets to build resilience to withstand future shocks and prevent further deterioration.

Allocation

The CHF allocated US$6.5 million to 12 food security projects implemented by 11 partners through the standard allocation of $5.5 million and one project for the emergency reserve of $1 million. CHF funding accounted for 5 per cent of the cluster’s 2015 HRP funding of $140 million. In general, most cluster partners received CHF funds later than expected which resulted in the late initiation of activities.

In the standard allocation, the cluster focused on improving immediate access to food/safety nets to people experiencing acute food security crisis and supporting key livelihood activities particularly in agricultural areas affected by the military conflict in southern Somalia. The allocation targeted IDPs and host communities affected by trade disruptions that followed military operations in main towns such as Xudur in Bakool region and also in Lower Shabelle region where a significant surge in prices of basic commodities eroded households’ access to food. The cluster prioritised complementary livelihood activities aimed at curbing the deteriorating food security situation. These included provision of seasonal support to vulnerable households and support to community participation in the creation of livelihood assets through cash for work. The cash for work mode of implementation enhanced the purchasing power of targeted households to access essential food items and services.

The reserve allocation of $1 million supported emergency treatment and vaccination of livestock belonging to pastoral and agro-pastoral communities in pockets of north east and southern Somalia that experienced poor rains/prolonged drought conditions. The targeted activities including the vaccination of livestock against drought related diseases contributed to reducing the morbidity and mortality rate of animals, thereby increasing food security and income of livestock dependent households.

The CERF allocated $5.5 million to support key activities particularly provision of improved access to food and other basic needs via cash transfers targeting 8,000 vulnerable households facing an acute food gap. An additional $1.9 million was allocated from CERF Rapid Response window to support the food needs of people who returned from Yemen. The livelihood interventions funded included provision of agricultural inputs to 2,200 riverine and agro-pastoral households, fishing inputs to 400 households and vaccination of 3 million livestock against Contagious Caprine Pleuropneumonia (CCPP).
FOOD SECURITY

Achievements and challenges

The activities implemented through the CHF projects included targeted distribution of food, provision of food supplies through voucher system, rehabilitation of community livelihood assets using the cash for work modality, treatment of livestock targeting pastoral and agro-pastoral communities and provision of drug kits to Community Animal Health Workers (CAHWs). About 218,473 people benefited through cash for work interventions which saw the rehabilitation of over 15 water catchments, strengthening of river embankments ranging in length between 10 km to 22 km and de-silting of irrigation canals. Further, two feeder roads measuring 31 km and 2,500 m of irrigation canals were rehabilitated. To boost food security and livelihoods, a total of 600 households received agricultural inputs of which 300 households received sorghum, cowpeas and sesame seeds, while another 300 households received maize seeds. In addition to this, 450,000 livestock belonging to about 400 households were treated and vaccinated against CCPP and Peste des petits ruminants (PPR) disease that mostly affects small ruminants especially goats. Close to 150 farmers were trained in modern crop husbandry.

The increased military offensive particularly in South Central Somalia’s Bay, Bakool and the Shabelle regions, clan conflict and limited funding hindered smooth implementation of project activities. This subsequently increased the case load of food insecure people, the worst affected being IDPs.

SOMALI VOICES

Flourishing businesses put food on the table for Gaalkacyo’s IDPs

Amina Farah, 30, a single mother of six, lives in Hala-Bokhat, an IDP settlement in Gaalkacyo district of the Somalia town of Mudug. Before she was enrolled into Norwegian Refugee Council’s project that aims to improve livelihoods for IDPs and host communities, Amina survived mainly on small remittance money from her relatives. She was among the 100 people who received small scale business management training along with a startup kit worth US$300 comprising commodities such as rice, sugar, flour, pasta, cooking oil, milk, tea leaves, biscuits and other materials.

She said, “The training helped me to acquire skills about how to start a business, keep records of sales and income and maintain proper hygiene around my shop.”

According to Amina, her business has improved her income and livelihood. “I used to walk long distances to work as a day labourer, and if I was lucky to get a job I could make only $ 2 per day which was not enough to buy even a meal for the family,” she recalled. Today, she gets enough money to cover food and other expenses for the family as well as to start small savings. “I am grateful to those who allowed me to be part of this income-generating programme as they have helped me to change my life in a significant way,” she says with a broad smile.

CLUSTER ACHIEVEMENTS - FOOD SECURITY

19
Objectives

CHF-funded projects responded to two Health cluster objectives in the 2015 Humanitarian Response Plan:

1. Increase access to life-saving primary and secondary health care services including emergency health services and life-support services to the most vulnerable people including IDPs, women and children.
2. Increase access to high-impact reproductive health, maternal, new born and child health services as per national priority package for Somalia.

Allocation

The CHF disbursed a total of US$4.8 million to 12 health projects implemented by 12 partners through its standard allocation window. CHF funding accounted for 17 per cent of the cluster’s 2015 HRP funding receipts of $28.5 million.

In the standard allocation, the cluster identified priority areas focused on supporting established health care facilities to cover gaps in the provision of quality primary and secondary health care services. This included providing medical supplies and supporting maternal and child health care with an emphasis on reproductive health, immunization and capacity building of health staff.

The CERF allocation of $3.9 million comprised $667,000 from the rapid response window and $3.3 million from the underfunded window. The former supported lifesaving response to arrivals in Somalia due to the Yemen crisis with an emphasis on reproductive health, communicable disease surveillance and response, and immunization. The underfunded grant helped fill critical gaps in health services occasioned by funding shortfalls in the year.

The four UN CERF-funded projects thus focused on improving access to health care through the provision of medical supplies and equipment, support to primary and secondary health facilities with an emphasis on reproductive and child health, trauma management and strengthening of referral systems.

Priority groups under both CHF and CERF allocations included IDPs and host communities, particularly women and children, in areas facing food insecurity and higher rates of malnutrition.

Achievements and challenges

CHF-funded health projects were able to reach almost half a million people largely through support to primary and secondary health facilities. The CHF also supported pipeline projects providing essential primary health care supplies including vaccines and emergency kits for reproductive health. Funding of pipelines also ensured that partners’ costs were limited to operating costs, staff recruitment and training, and the purchase of essential medicines and supplies.

Further, it ensured that a total of 141,249 children and women of child bearing age were immunized/vaccinated against vaccine preventable diseases (VPD). The CHF fund was instrumental in the provision of medical supplies and cold chain equipment in support of 12 health facilities, thus addressing critical gaps. All partners cited coordination with other health service providers, communities and local authorities as being the major contributing factor to the successful implementation of projects.

<table>
<thead>
<tr>
<th>2015 output indicators</th>
<th>Planned</th>
<th>Achieved</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of referral health facilities supported</td>
<td>151</td>
<td>169</td>
<td>112</td>
</tr>
<tr>
<td>Number of consultations per clinician per day by health facility</td>
<td>473</td>
<td>445</td>
<td>94</td>
</tr>
<tr>
<td>Number of children below five years and women of child-bearing age immunized/vaccinated against vaccine preventable diseases (VPD)</td>
<td>144,255</td>
<td>141,250</td>
<td>98</td>
</tr>
<tr>
<td>Number of health workers trained in common illnesses, integrated management of childhood illnesses, surveillance of communicable diseases and/or trauma management</td>
<td>1,778</td>
<td>1,702</td>
<td>96</td>
</tr>
</tbody>
</table>

* This section highlights results achieved for 2014 and 2015 projects at the interim reporting stage or completed between April 1st 2015 and March 31st 2016.
HEALTH

Along with insecurity and bureaucratic obstacles, challenges in recruiting qualified technical health workers also led to programmatic delays across several CHF-funded projects. Military offensives in areas such as Bay and Lower Shabelle regions of southern Somalia led to displacement and subsequently larger than expected caseloads for several projects. Referrals were also impacted by low capacity to move patients and limited ambulatory services. Effective monitoring of projects was hampered both by insecurity and the low capacity of local health authorities to monitor the delivery of health services particularly where partner movement was hampered.

More broadly, medium and long term strategic funding for secondary health facilities remained a huge challenge. Despite pooled fund allocations (17 per cent of all receipts), secondary health care services provisions were significantly under-served for the cluster, which included vital hospitalization services for mothers and children, treatment of the increasing number of patients suffering of chronic and non-communicable diseases, and inadequate referral capacity to hospitals, stabilization centers and laboratory facilities. Further, hospitals in Dhobley, Gaalkacyo South and Jowhar were on the verge of facing closure. CHF funding to these hospitals in 2015 helped to ensure the continuation of essential services such as outpatient, inpatient, reproductive and surgical services.
Objectives

CHF-funded projects responded to the following multi-sector cluster 2015 HRP objectives:
1. Durable solutions achieved for displaced people and returning refugees to Somalia
2. Returnees have equal access to basic needs, essential services and durable solutions

Allocation

In 2015, the CHF allocated US$800,000 to two multi-sector projects to be implemented by two partners through the standard allocation. About $530,000 was allocated to a Danish Refugee Council project, which facilitated informed and voluntary return of 490 Households (2,450 individuals) in 2015 from displaced communities in Mogadishu to their areas of origin. The CHF allocation accounted for some 4 per cent of the cluster’s 2015 HRP funding of $22 million.

The cluster prioritized support for voluntary return and reintegration of internally displaced people from Mogadishu and Gaalkacyo IDP settlements to their areas of origin in Bay, Hiran, Lower Shabelle and Middle Shabelle.

Achievements and challenges

CHF funding to humanitarian partners supported durable solutions for Mogadishu and Gaalkacyo IDPs wishing to voluntarily return to their places of origin.

In Mogadishu and Gaalkacyo, CHF funds enabled the cluster to provide guidance to IDPs to make informed and voluntary decisions related to returning to areas of origin. For example, DRC identified and selected community representatives to participate in “Go See Visits” to selected villages in Balacad and Jowhar districts. This allowed the individuals to hold discussions with the receiving community on sensitive issues related to land and available space for returns. These representatives were then able to inform their fellow IDP communities on the social economic situation in the places of origin.

About 1,058 returnees received the Standard Minimum Package to facilitate durable solutions to displacement. The packages included transport assistance, shelter assistance, as well as food and livelihood support. Special attention was given to the most vulnerable mainly the sick, disabled and elderly who were accompanied by medical experts to cater for their special needs and facilitate smooth return to their respective villages of origin.

Security challenges hampered the timely implementation of these projects in 2015. For example, in Hiraan and Shabelle regions, political and clan conflicts delayed the planned “intention surveys” and as a result, the registration and transportation of at least 100HHs from Mogadishu to Baidoa in Bay region was initially behind schedule but ultimately was finalized.

In addition, the movement of returnees to Beletweyne and Jowhar was temporarily suspended due to flooding during the Gu rains, but resumed once flooding subsided.

<table>
<thead>
<tr>
<th>2015 output indicators</th>
<th>Planned</th>
<th>Achieved</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of IDPs monitored upon return</td>
<td>7,100</td>
<td>7,200</td>
<td>101</td>
</tr>
<tr>
<td>Number of individuals (IDPs) surveyed with Intention survey</td>
<td>14,150</td>
<td>16,911</td>
<td>120</td>
</tr>
<tr>
<td>Number of individuals (IDPs) provided with Standard Minimum Package at the areas of return</td>
<td>1,570</td>
<td>1,300</td>
<td>83</td>
</tr>
<tr>
<td>Number of individuals (IDPs) supported with transport from the place of displacement to the areas of return</td>
<td>3,400</td>
<td>3,017</td>
<td>89</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2015 CHF Allocation Summary</th>
<th>800,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>4% of HRP Funding Received</td>
<td>4%</td>
</tr>
</tbody>
</table>

2015 HRP Funding

22 million

* This section highlights results achieved for 2014 and 2015 projects at the interim reporting stage or completed between April 1st 2015 and March 31st 2016.
Objectives

CHF-funded projects responded to four Nutrition cluster objectives in the 2015 Humanitarian Response Plan:

1. Contribute to the reduction of malnutrition related ailments and mortality among vulnerable boys and girls (0-59 months), pregnant and lactating women (PLW) through systematic equal access to quality integrated curative and preventive food-based nutrition interventions

2. Improve women, boys and girl’s access to evidence-based and feasible nutrition and nutrition related resilience activities, available through the Basic Nutrition Services Package (BNSP) interventions linking nutrition to Health, WASH, Food Security, Education and child protection programmes

Allocation

In 2015, the CHF allocated a total of US$4.8 million to 13 Nutrition projects implemented by 13 partners through the standard allocation. CHF funding accounted for 13 per cent of the cluster’s $36 million HRP funding received in 2015.

In the 2015 standard allocation, the cluster identified priority areas amongst displaced communities that had the most alarming malnutrition rates, particularly in seven IDP settlements (Mogadishu, Dhobley, Doolow and Kismayo in the south region, Dhusamareb in central and Gaalkacyo and Garowe in the north east) to prevent a further deterioration of the situation. The clusters identified prioritised areas focusing on the provision of Basic Nutrition Services Packages (BNSP) for children aged 6-59 months and pregnant lactating women in IDP and host communities. The activities included management of acute malnutrition, micronutrient support, Infant and Young Child Feeding (IYCF), maternal nutrition, deworming, monitoring and surveillance, the prevention and management of common childhood illnesses as well as immunizations.

The 2015 CHF allocation strategy retained the 2014 focus of IDPs settlements with the most alarming nutrition rates. This was further strengthened by the CERF allocation of $2 million that not only targeted these areas but also aimed to enhance response in underserved areas. It also prioritised enhancing preparedness and contingency programming in areas with chronic vulnerabilities to address both acute and chronic malnutrition. Target groups included children aged 0-59 months and pregnant women who would benefit from preventative and curative nutrition services. In addition, the cluster’s response strategies centered on a holistic preventative and curative package of nutrition services including treatment of acute malnutrition.

Furthermore, the strategies focused on areas with acute malnutrition and proposed integrated nutrition programming alongside food security, health and WASH interventions.

Achievements and challenges

The cluster response strategies centered on the delivery of the BNSP, a holistic preventive and curative package of nutrition services including treatment of acute malnutrition. Its primary beneficiaries, children under age 5 and pregnant and lactating women, were reached through a combination of mobile and static service sites.

<table>
<thead>
<tr>
<th>2015 output indicators</th>
<th>Planned</th>
<th>Achieved</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children (6-59 months) and pregnant and lactating women admitted in treatment programmes</td>
<td>148,523</td>
<td>219,272</td>
<td>148</td>
</tr>
<tr>
<td>Number of PLW who received multiple micronutrient supplementation</td>
<td>53,242</td>
<td>37,265</td>
<td>70</td>
</tr>
<tr>
<td>Number of pregnant women and those with children (0-24 months) reached through IYCF education and counseling</td>
<td>13,866</td>
<td>26,966</td>
<td>194</td>
</tr>
<tr>
<td>Number of male and female Staff/Community Health Workers/ outreach workers trained on IYCF and management of acute malnutrition</td>
<td>563</td>
<td>605</td>
<td>107</td>
</tr>
</tbody>
</table>

* This section highlights results achieved for 2014 and 2015 projects at the interim reporting stage or completed between April 1st 2015 and March 31st 2016
NUTRITION

CHF funds enabled clusters to allocate $1.7 million to two pipeline projects by UNICEF and WFP to procure essential nutrition supplies for the treatment of acute and moderate malnutrition through NGO partners. CHF funding also enabled the training of 139 participants from 12 local NGOs in Bay region on the Integrated Management of Acute Malnutrition (IMAM) Guidelines and other critical components of Nutrition such as BNSP, Nutrition, Health and Hygiene Promotion (NHHP) programme. Out of the 139 participants 120 trainees benefitted from placements with other organizations. The training was revised to be more practical to serve the needs of participants with limited education levels.

Humanitarian access in regions with the highest concentration of nutritional vulnerabilities and risks continued to be constrained by high implementation risks across a number of districts. In addition, security challenges also had an impact on free movement of beneficiaries in treatment programmes which meant that they either defaulted in treatment or had to walk long distances. Defaulting in treatment was also attributed to poor health seeking behavior of beneficiaries or their caregivers. A few partners also reported delays in receiving nutrition supplies either due to late signature of partner cooperation agreements or logistical constraints that resulted in late delivery of supplies to partner warehouses.

All partners acknowledged the importance of coordination with local authorities, the cluster and other partners in avoiding duplication and ensuring efficient coverage of nutrition services.

SOMALI VOICES

In Bakool, CHF-funded project a welcome relief to malnourished children

Halima Alaso, 34, lives in Ceelbardhe District in Bakool region with her daughter Sahra Hasan. On realizing that her daughter was losing weight and becoming weak, Halima took her to the HIDIG Relief and Development Organization’s outpatient therapeutic center (OTP) mobile outreach service in Ceelbardhe, where she was referred to a nearby fixed OTP site.

“After the checkup, they confirmed that my daughter was suffering from severe acute malnutrition and they enrolled her in the stabilization center immediately,” she said.

Sahra was provided with therapeutic treatment as well as micronutrient supplementation for about three months. Her nutritional situation improved significantly.

The HIDIG Organization OTP is one of the CHF-funded nutrition projects that aim to provide malnourished children (boys and girls) under age 5 and pregnant and lactating women access to quality nutrition services for management of acute malnutrition.

In addition to getting her child treated for malnutrition, Halima also received nutrition education on how to feed her child. She said, “As a mother it is very hard to resist the temptation to share nutrition supplies meant for your malnourished child with your other children. But now I understand that sharing with the others may mean my sick child could become severely malnourished again.”

“This is a God sent opportunity to save the life of my daughter. As a widow I don’t have the means to get treatment for my child and she would have died in my hands. Thank you so much,” Halima said of the support provided to her daughter.
Objectives

CHF-funded projects responded to three Protection cluster 2015 HRP objectives:

• Women, men, girls and boys affected by conflict and humanitarian emergencies have equal access to timely, effective and quality protection response services.

• Strengthen the capacity of women, men, girls and boys to reduce exposure to protection risks.

• Strengthen the capacity of communities, civil society, and formal and informal authorities to prevent and address the specific protection needs of women, men, girls, and boys.

Allocation

The CHF allocated US$ 2.2 million to seven protection projects implemented by seven partners through the standard allocation. CHF funding accounted for 12 per cent of the cluster’s 2015 HRP funding of $18 million. Most cluster partners received CHF funds later than expected with disbursements made in May and June for most of second batch projects which resulted in the late initiation of activities.

In the first standard allocation, the cluster focused on improving the quality and accessibility of GBV and child protection services to people displaced by the increased military activities in southern and central Somalia. The priority regions targeted included Lower Juba, Lower Shabelle, Hiraan and Banadir. The cluster also contributed to scaling up GBV referral systems for Internally Displaced Persons in Doolow, Gaalkacyo and Garowe settlements.

The CERF underfunded grant of $2.3 million further strengthened protection response. The activities funded included support to GBV survivors related to prevention and response, tracing and reunification support for children and unaccompanied minors, reintegration support for children affected by armed groups and protection violations as well as advocacy to prevent violations where possible, such as in the case of forced evictions.

Achievements and challenges

Achievements in 2015 included the set-up of a referral mechanism at Garowe hospital that increased access to services and scope of care available to approximately 1,600 GBV survivors. This included comprehensive case management services, medical response and psychosocial and mental health support. To further support life-saving medical and psychological assistance for survivors, four health facilities were rehabilitated to expand services on Clinical Management of Rape (CMR) for survivors. These facilities included the Kismayo Hospital, the Farjano Maternal and Child Health clinic (MCH) and the Bullo Abliko MCH in Kismayo district as well as the Dhobley MCH in Afmadow district.

This led to improved access to medical equipment for surgical care, psycho-social support (PSS), provision of post rape kits and HIV/AIDs rapid testing materials, treatment of STI, first aid, counselling and provision of dignity kits.

About 75 community leaders were trained on prevention of gender based violence and over 1,000 people in Lower Shabelle were reached by campaigns conducted to inform communities on available GBV and child protection services. Nearly 50 health professionals were trained in clinical management of...
PrOTeCTION

rape in Beletweyne, Kismayo and Dhobley to improve their skills on provision of services to gender-based violence victims.

To further prevent protection violations, over 1,546 solar torches were distributed to IDPs in two of the largest settlements in Mogadishu mainly Daynile and Dharkenly. This improved women’s safe movement at night and reduced the risk of GBV. Additionally, 18 street solar lights were installed near latrines and water points benefiting about 3,300 IDPs in the same settlements.

Two CHF projects focusing on child protection provided immediate protection and care that included maternal and paediatric health services. Some 92 newly separated and unaccompanied girls and boys were provided with psycho social support while 235 other children continued to receive emotional support and case management services. Child protection services were carried out in hospitals, maternal and child health clinics and safe space centres. About 240 child protection actors and community representatives were trained on developing community based tracing systems. The representatives were members from the health sectors, the education sector, members of the police force, district commissioner, religious leaders and women and youth groups.

The main challenge to protection activities in 2015 was related to insecurity and lack of access. The implementation of a CHF-funded project in Marka and Mogadishu was delayed due to insecurity. The increased military operations and inter clan violence in southern and central Somalia increased the number of individuals at risk of violence and sexual assault.
Objectives

CHF-funded projects supported three 2015 HRP Shelter/NFIs cluster objectives:

1. Provide displaced people with emergency assistance packages
2. Provide protractedly displaced people with relevant shelter and non-food items
3. Produce safe settlement plans to mitigate the risks of fire and outbreaks

Allocation

In 2015, the CHF allocated $2 million to support the implementation of activities in seven shelter/NFIs projects by seven humanitarian partners. The amount allocated accounted for 16 per cent of the $12 million received by the cluster under the 2015 HRP.

The cluster allocation strategy for 2015 focused on emergency and sustainable shelter solutions for about 133,000 displaced people in Banadir, Bay, Hiraan, Lower Juba and Lower Shabelle regions.

Achievements and challenges

In 2015 cluster partners implemented various activities including construction of permanent shelter for 844 people, distribution of NFIs to 16,540 people and provision of emergency/transitional shelter to 14,726 people.

In addition, Shelter cluster partners supported durable solutions for internally displaced persons by negotiating with authorities and land owners to secure permanent or longer-term land tenure system as well as by training beneficiaries on owner-driven shelter construction. These efforts translated to improved land tenure for 15,066 people.

To better understand the needs of IDPs, cluster partners supported infrastructure mapping in 76 locations in Somalia. The exercise provided data to guide other partners in response planning.

The cluster strengthened complementarity in humanitarian programming by integrating sanitation, hygiene promotion and protection activities during shelter construction. The approach ensured that about 1,125 people received an integrated package of assistance including solar lamps, latrine construction and hygiene awareness.

The implementation of project activities faced several challenges. The introduction of new procurement policies that required NGOs operating in the region to hand over their procurement process to the Puntland government authorities. This led to delays in project implementation as partners negotiated with local authorities to have the directive revoked. The new directive would have taken away partners control over quality and accountability for projects. The directive was suspended after negotiations.

Lack of secure Land Tenure systems for internally displaced persons delayed the implementation of project activities. For example, land disputes between the local community and a private developer in Gardo delayed the construction of shelter for 924 IDPs. Although the issue was later resolved through government intervention, about two months of project period were lost. Weak

<table>
<thead>
<tr>
<th>2015 output indicators</th>
<th>Planned</th>
<th>Achieved</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people assisted with non-food items</td>
<td>30,498</td>
<td>16,540</td>
<td>54</td>
</tr>
<tr>
<td>Number of people provided with permanent shelters</td>
<td>732</td>
<td>844</td>
<td>115</td>
</tr>
<tr>
<td>Number of people with improved security of land tenure</td>
<td>15,066</td>
<td>14,726</td>
<td>98</td>
</tr>
<tr>
<td>Number of people provided with transitional shelter</td>
<td>14,166</td>
<td>14,726</td>
<td>104</td>
</tr>
</tbody>
</table>

* This section highlights results achieved for 2014 and 2015 projects at the interim reporting stage or completed between April 1st 2015 and March 31st 2016
government institutions, limited understanding of land tenure documentation and weak or non-existent regulatory mechanisms delayed documentation of land ownership in Gaalkacyo.

Insecurity and conflict interfered with project implementation and access to vulnerable people. Inaccessibility in Kismayo and other locations in south central Somalia restricted humanitarian access, limiting project preparation and planning to accessible urban areas. Conflict in Guriel in February 2015 also affected the free movement of humanitarian staff, hampering on partners’ ability to supervise and monitor project activities.
Objectives

The CHF-funded projects responded to three WASH cluster’s 2015 HRP objectives:
1. Provide access to safe water, sanitation and hygiene for people in emergency
2. Emergency preparedness and early response to humanitarian emergencies
3. Provide reliable and sustained access to safe water based on identified strategic water points, establishment of sustainable management structures and development of household water treatment systems

Allocation

In 2015, the CHF allocated $5.6 million through the standard allocation and reserve to support 13 partners to implement 14 projects. The funding was aligned to the 2015 HRP strategic priorities and supported WASH cluster objectives. The CHF allocation represented 24 per cent of the total $23 million HRP funding received by the cluster.

The 2015 CHF allocation targeted 454,129 people which included 427,729 people through the standard allocation and 26,400 people through the reserve. The main activities included supporting access to sustainable safe water through rehabilitation and construction of water facilities, training of water management committees, water vouchers, supporting sustainable sanitation through latrine construction and Community-led Total Sanitation (CLTS), and promotion of appropriate hygiene practices through hygiene awareness campaigns.

In addition, the cluster received $3.5 million from the CERF under-funded window to support the provision of water, sanitation and hygiene services in under-served areas.

Achievements and challenges

WASH cluster partners reached 1,076,330 beneficiaries with various water sanitation and hygiene activities implemented in 2015.

Specifically, partners supported sustainable access to safe water to 400,791 people, temporary access to safe water to 259,793 people and hygiene awareness creation for 670,728 people. In addition, 132,635 people were assisted to access sustainable sanitation through construction of latrines and promotion of CLTS.

Delays in project implementation arose due to insecurity and bureaucratic obstacles that affected project implementation in some locations. For example, the introduction of new procurement regulations by the Puntland authorities which required that government participate in NGO procurement processes contributed to delays in the purchase of project supplies. Although the directive was later lifted following NGOs negotiations with the government, about two months were lost.

2015 output indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Planned</th>
<th>Achieved</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people with sustained access to safe water</td>
<td>476,237</td>
<td>400,791</td>
<td>84</td>
</tr>
<tr>
<td>Number of people who have participated in hygiene promotion activities</td>
<td>602,370</td>
<td>670,728</td>
<td>111</td>
</tr>
<tr>
<td>Number of people assisted with access to sustained sanitation</td>
<td>167,335</td>
<td>132,635</td>
<td>79</td>
</tr>
<tr>
<td>Number of people with temporary access to safe water</td>
<td>236,283</td>
<td>259,793</td>
<td>110</td>
</tr>
</tbody>
</table>

2015 CHF Allocation Summary

- $5,600,000 USD Amount Allocated
- 24% of HRP Funding Received
- 14 partners, 15 projects

2015 HRP Funding

- CERF: $3.5 million
- CHF: $5.6 million
- Others: $13.9 million

People targeted total 480,029

People covered: 110,243

* This section highlights results achieved for 2014 and 2015 projects at the interim reporting stage or completed between April 1st 2015 and March 31st 2016
WASH

Insecurity posed by inter-communal conflict and pro-Government offensive contributed to delays in project implementation and access to project sites. For example, the deterioration of security situation in Ceel Waaq district, Gedo interfered with the free movement of WASH survey teams who were carrying out ground water reconnaissance in Gedo.

In addition, the cost of field operations significantly increased with the need to use armed escorts to transport humanitarian and supplies due to insecurity especially in Southern Somalia but also in Puntland after the April attacks on UN personnel.

CLUSTER ACHIEVEMENTS - WASH

Delivering clean water to Garowe’s IDPs

In Garowe IDP settlement, Maryan Mohamed Sidow, 38, and her nine children (six sons and three daughters) rely on her husband’s meagre income as a casual laborer. It is hardly enough to feed this family of 11.

Still, Maryan used to walk a distance to fetch water for the family. Today, that is not so. She has been benefiting from a CHF-supported water, sanitation and hygiene (WASH) project implemented by the International Rescue Committee (IRC). The project aims to improve access to safe and adequate water, environmental sanitation and hygiene promotion for about 22,200 people.

IRC rehabilitated the only shallow well in the IDP settlement and now Marian and her family like that of other IDPs in this settlement are able to get access to clean water at their doorstep.

“Now I don’t need to walk for long in search of water and stay in queues wasting time,” she said. “I am using the time I saved to learn basket weaving to generate income for the family.”

She added, “I am grateful to IRC for making the water easily accessible to us relieving us from the burden of carrying water from a distant place.”

Fortunes have changed for Maryan’s eldest son too. Now, he doesn’t have to miss school to help his mother search for water.

Maryan is also happy that her views and that of other IDPs were taken into consideration in the identification and prioritization of community projects. She can feel a sense of ownership.
With the introduction of new Global Guidelines for Country-based Pooled Funds in February 2015 along with the launch of the global Grant Management System in March 2015, CHF management tools were further professionalized and strengthened. These tools further standardized and improved compliance and accountability measures across all OCHA pooled fund countries. Notwithstanding procurement delays in contracting companies for monitoring and project audits—the CHF awarded the Third Party Monitoring (TPM) contract in November 2015, partnered with UNDP to fill the gap in audit services and is proceeding with a call for proposals for a new call centre monitoring contract. Again, challenges related to the roll-out of UMOJA created some gaps, but were since resolved.

Strengthened Toolbox

The implementation of the CBPF guidelines was initiated at the outset of the 2015 Standard Allocation in February and are expected to be fully rolled out by early 2016. The guidelines include an Operational Manual that outlines specific governance arrangements, roles and responsibilities of stakeholders, allocation modalities and accountability measures. The accountability framework already in place in the Somalia Fund will migrate to the Operational Manual and will contain the improved modalities that were introduced under the Standard Allocation in 2015. These are strengthened compliance measures to ensure that all outstanding audit issues and reporting requirements are fulfilled prior to funding a partner. The operational modalities determine the control mechanisms that will be applied according to the partners risk level, including funding tranches, reporting, monitoring and maximum budget amount. Partners funded in standard allocation in 2015 received 60 per cent of funds upfront, and will receive the remainder upon provision of satisfactory financial expenditure and narrative reports as opposed to the previous 80/20 standard allocation system.

Evaluation of the CHF

An independent evaluation of the CHF mechanism commissioned by OCHA was finalised in mid-2015 and it concluded that the Somalia CHF is an important and appreciated funding mechanism. The evaluation provided an independent assessment of the funding mechanism, its contribution to the humanitarian response and role among other funding instruments, as well as recommendations related to the need for quicker disbursement times; the need for a stronger reserve; concerns over the funding proportion to UN agencies versus NGOs; concerns over the basis for the spread of funding per cluster; and the need for more transparency/communications. The evaluation stressed the considerable improvements made on accountability measures and commended the use of Remote Call Monitoring (RCM) as a strong feedback mechanism for affected populations.

New Capacity Assessments

A new round of capacity assessments will target a total of 66 new and former partners. The latter will include 39 organizations that did not pass the first 2013 capacity assessment exercise but which are seen to be active partners in the humanitarian response. In addition, 27 new partners will be assessed as recommended by clusters to address critical capacity gaps in the humanitarian response. A Questions and Answers Paper was circulated to stakeholders to clarify both the purpose of CHF capacity assessments as well as the criteria and process to be followed in this set of capacity assessments.

Monitoring

In a bid to enhance regular monitoring, a mobile application was designed using the Open Data Kit (ODK) and made available to partners. It enabled partners to monitor projects by taking and uploading photos to capture periodic progress of selected activities. The uploaded photos and the project information will supplement the other types of project monitoring by providing progressive photographic evidence of ongoing and completed project activities. Altogether, some 28 partners started using the system for projects funded in 2015 after undergoing training. The use of third-party and remote project monitoring still remains a viable alternative to direct field monitoring. Third-party field monitoring of 35 projects commenced in late 2015 on three key projects flagged for physical field verification which were completed early 2016 and monitoring of an additional seven projects were initiated by March 2016. The TPM methodology was revised to enable multi-sector projects monitoring in select IDP locations to assess the effectiveness and relevance of the multi-sector programming applied in the 2015 Standard Allocation. The procurement process for RCM is in the early stages and targets to complete 10,000 calls to beneficiaries in 2016.
No cost extensions and revisions

For projects funded in 2014 and 2015 and implemented in 2015, a total of 44 no cost extensions (NCEs) were requested. The main reasons cited to extend projects were related to insecurity affecting planned implementation, changes in location and disbursement delays resulting in later start dates, as well as administrative and logistics challenges with implementing partners. For example, partners noted security concerns related to ongoing fighting in implementation areas; lack of access to project locations or threats to project operations due to Al Shabaab presence.

In addition, a number of projects had to change locations and activities because of poor water quality in the first project area, early rains in targeted areas and relocation of beneficiaries from target areas and requests from local governments to provide additional assistance. Other reasons included shifting costs due to price changes to commodities and savings, administrative and logistics challenges such as delays in recruitment and procurement of supplies, lack of humanitarian flights to project areas, delays in contracting vendors and other internal administrative issues.

To illustrate further, a NCE was requested for an education project where the Government was unable to match up agreed funds during project inception. This led to a standardization of the cost to avoid irregularities across partners, which resulted in savings under incentives budget line. The funds were then used to pay for teachers’ incentives for additional three months, hence the need for the NCE request. For a nutrition project, budget revisions were requested with funds not needed for staff salaries since the grantee already had qualified staff running the stabilization center—so these funds were reallocated to other implementing partners. For a shelter project, the Government questioned the durability of shelter structures and asked them to be changed with stone walls and for each household to have latrines, which led to delays. For a WASH project, the absence of a Line Minster and prolonged negotiations with land owners of an IDP settlement led to delays. On a health project, an NCE was requested as the project was able to expand services to newly accessible areas not originally targeted.

Summary of reasons cited by partners for requesting no-cost extensions

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insecurity</td>
<td>11</td>
</tr>
<tr>
<td>Change of area of intervention</td>
<td>6</td>
</tr>
<tr>
<td>Budget revision and reallocation</td>
<td>7</td>
</tr>
<tr>
<td>Change in programme design</td>
<td>5</td>
</tr>
<tr>
<td>Delays in partner procurement, hiring process</td>
<td>4</td>
</tr>
<tr>
<td>Internal partner administrative delays</td>
<td>3</td>
</tr>
<tr>
<td>Government restrictions and delay in local authority decisions</td>
<td>3</td>
</tr>
<tr>
<td>Logistics and accessibility constraints</td>
<td>3</td>
</tr>
<tr>
<td>Late disbursement of funds from CHF</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>44</td>
</tr>
</tbody>
</table>
Gender equality programming is an important aspect of humanitarian response in Somalia. The Inter-Agency Standing Committee (IASC) Gender Marker codes were used to integrate gender issues in proposals submitted to the HRP. Out of the 79 projects supported through the CHF in 2015, 63 projects (about 80 per cent) were designed to contribute significantly to gender equality. Four projects were designed to advance gender equality as their principal purpose. Two other projects were designed to contribute in a limited way to gender inequality while none of the projects were coded 0 (no potential to mainstream gender equality). The remaining 10 projects were not coded by the gender marker but gender issues were considered during the review of these projects.

Gender considerations for CHF-supported projects

Gender equality measures are monitored under cross-cutting issues during project field visits in accordance with a comprehensive CHF data collection tool that includes gender sensitive questions. The questions aim to assess how the gender component of the project was addressed at the time of project design, implementation and evaluation. The questionnaire analyzes observed/visible evidence showing that gender concerns were addressed through specific actions or activities as well as how comprehensively the project output data, activities and information on beneficiaries are disaggregated accordingly by age and sex.

<table>
<thead>
<tr>
<th>Gender Marker</th>
<th>Number of projects</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2b</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The principal purpose of the project is to advance gender equality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>63</td>
<td>80</td>
</tr>
<tr>
<td>The project is designed to contribute significantly to gender inequality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>The project is designed to contribute in some limited way to gender inequality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No signs that gender issues were considered in project design</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Specified</td>
<td>10</td>
<td>13</td>
</tr>
</tbody>
</table>

Total projects 79 100
As of 2016, the Somalia Common Humanitarian Fund (CHF) has been renamed the Somalia Humanitarian Fund (SHF). The name change is part of standardizing OCHA-managed pooled funds to be identified as a humanitarian fund for that specific country.

The role of the SHF is to provide timely and flexible funding to humanitarian partners to address the most urgent humanitarian needs and critical gaps. Strategic allocations are aligned with highest priorities as identified in the HRP which is normally done early in the year.

As reported earlier, current trends in donor support have shown that contributions are declining while deposits are increasingly spread out over the course of the year. As a result, the SHF Advisory Board has agreed to adjust the allocation model to best leverage funds as they become available. Hence, rather than a standard allocation at the outset of the year, the Board has advised that the CHF allocation model will be a “Reserve Plus” mechanism to enable quick and flexible funding to the most urgent humanitarian needs.

Under this model, the timely and flexible element will be emphasized so that the SHF can allocate funds and save lives as humanitarian needs emerge or escalate. To ensure the strategic focus clusters and the review committees will continue to be involved in the identification, vetting and recommendation of projects. However, the process will be lighter and quicker—achieved partially due to the fact that they will be working with smaller allocation amounts at intervals throughout the year as the funds are deposited.

The first allocation strategy, recently endorsed by the Advisory Board on 14 March 2016 highlighted three priorities to be considered first using $13 million in available funds, while offering general guidance on strategic considerations to be applied when new funds are deposited. This will allow for emergency reserve allocations and for multi-sector reserve allocation strategies of a more modest size. This approach should also make the allocation workflow more manageable while allowing the use of the speedier reserve fund disbursement processes.

Within the strategy, the Board identified three priorities for the first $13 million, including

1. Emergency reserve response to the drought in Somaliland and Puntland;
2. Emergency reserve response to the acute watery diarrhea (AWD)/Cholera outbreak in Kismayo;
3. Strategic multi-sector responses to select IDP settlement areas with the highest malnutrition rates and highest vulnerability indicators. (Clusters to recommend locations for first allocations and recommend others to be prioritized sequentially as more funds become available).

The Advisory Board also observed that SHF funding to NGOs, particularly local ones, was low compared to UN agencies, and wanted to see the proportions to NGOs increase in 2016. A target will be introduced in the coming months, however this must be balanced against the need to ensure accountability. Regarding enabling programmes, funding is to be considered in later allocations, possibly at the mid-year with strong justifications of critical funding gaps.

In 2016, the SHF will continue to advocate for predictability of donor funding with commitments made early in the year and to encourage multi-year commitments. Multi-year funding allows the SHF to plan and disburse funds when and where they are most needed ensuring the SHF’s role as a strategic partner in responding to both sudden-onset and protracted emergencies.
## ANNEX 2
### SUMMARY TABLES

### Top 10 Recipients of CHF funding in 2015 (US$)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Funding</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF (United Nations Children’s Fund)</td>
<td>3,774,928.51</td>
<td>12</td>
</tr>
<tr>
<td>WFP (World Food Programme)</td>
<td>2,947,065.99</td>
<td>10</td>
</tr>
<tr>
<td>FAO (Food &amp; Agriculture Organization of the United Nations)</td>
<td>2,399,999.73</td>
<td>8</td>
</tr>
<tr>
<td>DRC (Danish Refugee Council)</td>
<td>2,020,119.14</td>
<td>7</td>
</tr>
<tr>
<td>NRC (Norwegian Refugee Council)</td>
<td>1,985,917.19</td>
<td>6</td>
</tr>
<tr>
<td>IOM (International Organization for Migration)</td>
<td>1,599,778.38</td>
<td>5</td>
</tr>
<tr>
<td>UNFPA (United Nations Population Fund)</td>
<td>1,149,820.06</td>
<td>4</td>
</tr>
<tr>
<td>INTERSOS (INTERSOS)</td>
<td>1,091,250.33</td>
<td>4</td>
</tr>
<tr>
<td>WHO (World Health Organization)</td>
<td>899,917.90</td>
<td>3</td>
</tr>
<tr>
<td>ACF (Action Contre la Faim)</td>
<td>840,489.93</td>
<td>3</td>
</tr>
</tbody>
</table>

### Funding by Cluster (US$)

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Funding</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food security</td>
<td>6,500,000.00</td>
<td>21</td>
</tr>
<tr>
<td>WASH</td>
<td>5,600,000.00</td>
<td>18</td>
</tr>
<tr>
<td>Health</td>
<td>4,800,000.00</td>
<td>16</td>
</tr>
<tr>
<td>Nutrition</td>
<td>4,750,000.00</td>
<td>16</td>
</tr>
<tr>
<td>Protection</td>
<td>2,200,000.00</td>
<td>7</td>
</tr>
<tr>
<td>Shelter</td>
<td>2,000,000.00</td>
<td>7</td>
</tr>
<tr>
<td>Education</td>
<td>2,000,000.00</td>
<td>6</td>
</tr>
<tr>
<td>Enabling Programmes</td>
<td>2,250,000.00</td>
<td>6</td>
</tr>
<tr>
<td>Multisector for refugees</td>
<td>800,000.00</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>30,900,000.00</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

### Funding by Agency Type 2011-2015 (US$ million)

<table>
<thead>
<tr>
<th>Organization</th>
<th>2011</th>
<th>%</th>
<th>2012</th>
<th>%</th>
<th>2013</th>
<th>%</th>
<th>2014</th>
<th>%</th>
<th>2015</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>UN Agencies</td>
<td>22.4</td>
<td>26</td>
<td>30.9</td>
<td>34</td>
<td>10.6</td>
<td>30</td>
<td>27.3</td>
<td>49</td>
<td>14.4</td>
<td>47</td>
</tr>
<tr>
<td>International NGOs</td>
<td>34.3</td>
<td>40</td>
<td>37.1</td>
<td>41</td>
<td>17.3</td>
<td>49</td>
<td>22.2</td>
<td>40</td>
<td>12.7</td>
<td>41</td>
</tr>
<tr>
<td>Local NGOs</td>
<td>28.2</td>
<td>33</td>
<td>21.6</td>
<td>24</td>
<td>7.5</td>
<td>21</td>
<td>6.1</td>
<td>11</td>
<td>3.8</td>
<td>12</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>84.9</td>
<td>89</td>
<td>89.6</td>
<td>35</td>
<td>35.4</td>
<td>55.6</td>
<td>30.9</td>
<td>12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2015 CHF Contributions by Donor (US$)

<table>
<thead>
<tr>
<th>Donor</th>
<th>Contribution</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>10,975,300</td>
<td>30</td>
</tr>
<tr>
<td>Sweden</td>
<td>7,055,473</td>
<td>19</td>
</tr>
<tr>
<td>Denmark</td>
<td>6,948,398</td>
<td>19</td>
</tr>
<tr>
<td>Australia</td>
<td>3,594,500</td>
<td>10</td>
</tr>
<tr>
<td>Ireland</td>
<td>3,274,170</td>
<td>9</td>
</tr>
<tr>
<td>Germany</td>
<td>1,637,350</td>
<td>5</td>
</tr>
<tr>
<td>Switzerland</td>
<td>1,343,028</td>
<td>4</td>
</tr>
<tr>
<td>Carryover from 2014</td>
<td>1,260,000</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>36,088,219</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
The OCHA Somalia Humanitarian Financing Unit wishes to acknowledge the contributions made in the preparation of this document, particularly by cluster leads, United Nations humanitarian agencies and other Somalia Humanitarian Response Plan partners.

The latest version of this document is available on http://unocha.org/somalia. Full project details and financial updates, can be viewed, downloaded and printed from http://fts.unocha.org

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