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| <p>Allocation Summary</p> <p>This reserve allocation of \$26 million will respond to acute water shortages in areas with prolonged drought and scale up respond to flood affected people in hotspot locations in Hirshabelle. It will support targeted cluster-specific priorities (envelope A, \$17 million) and complemented by integrated interventions (envelope B, \$9 million).</p> |
| <p>Section 1: Humanitarian Context</p> |
| <p>1.1. Overview of the Humanitarian Situation</p> <ul style="list-style-type: none"> • During the first quarter of 2021, most parts of Somalia experienced moderate to severe drought as a result of below average <i>Deyr</i> (October to December 2020) seasonal rainfall, a warmer than normal dry <i>Jilaal</i> season (January to March) and a delayed and poor start to the 2021 <i>Gu</i> (March to June) season rainfall. • Due to prolonged drought water availability has deteriorated. Since January, extreme water shortages, widespread reliance on water trucking and high-water prices have been reported in most pastoral and agro-pastoral areas. Reports from the regional WASH cluster lead and partners show that in Baardheere and Garbahaarey districts where people depend on water catchments, at least 60 per cent of water catchments have dried with the remaining 40 per cent likely to dry within one month. Water scarcity threatens to amplify conflict, food insecurity and poor health and sanitation. • The impact of the desert locust infestation, the poor <i>Deyr</i> rains and the delayed, poor start of the <i>Gu</i> season has worsened the food security situation. The number of people across Somalia who are expected to face Crisis or worse (IPC Phase 3 or higher) and in urgent need of humanitarian assistance increased from the previous estimate of 2.65 million between April and June 2021 to 2.73 million. Further increases to 2.83 million is projected for July-September 2021. • By mid-May heavy rains hit various parts of Somalia triggering riverine and flash flooding affecting 166,000 people. In Middle Shabelle's Jowhar district, about 11,000 households in 27 villages have been inundated due to river breakages. Flash flooding was also heavily felt in Hiran's Belet Weyne district. The rains caused deaths, damaged crops and destroyed livelihood assets and economic infrastructure in some areas. • Lack of basic services including water and sanitation facilities has led to poor health outcomes particular in flood affected areas. Projections show that AWD/cholera could increase at least through end of May 2021 in Hiran and Middle Shabelle as well as other riverine regions. Between 31 May and 6 June, 211 new cases were reported from Hirshabelle, South West State and Banadir region. • High levels of acute malnutrition persist. According to FSNAU, nearly 838,900 children under the age of five years face acute malnutrition between January and December 2021. Levels of malnutrition could increase through the end of the year given the extended impacts of various shocks particularly drought and floods. |
| <p>1.2. Humanitarian Response Plan/Flash Appeal</p> <p>The 2021 Humanitarian Response Plan prioritizes assistance to 4 million people in dire need. It seeks \$1.09 billion to provide life-saving assistance across Somalia through striving to meet the following objectives;</p> <ul style="list-style-type: none"> • Reduce loss of life for 3.1 million of the most severely vulnerable people, including 1 million children under 5, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and abuse and violence by the end of 2021. • Sustain the lives of 4 million people requiring humanitarian assistance, including 2.4 million non-IDPs, 1.6 million IDPs and persons with disability across 74 districts, by ensuring safe, equitable and dignified access to livelihoods and essential services by the end of 2021. • Uphold commitments to the centrality of protection across the humanitarian response through protection mainstreaming, accountability to affected populations and monitoring of the protection environment. <p>2021 Gu' Season Floods Updates issue 1, 2 and 3 (OCHA): Provides a situation overview of the floods, on-going and planned humanitarian response and humanitarian needs and gaps.</p> <p>FAO/Swalim/FSNAU- Update on drought conditions in Somalia and observed/likely impacts – 20 April; 2021</p> <p>ICCG prioritisation matrix: list of vulnerable districts</p> |

| Section 2: Strategic Statement | |
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| <p>Somalia is now hit by a double climate disaster, with drought declared 25 April and recent heavy rains causing riverine and flash flooding. This allocation of \$26 million will address the acute water shortages in selected drought hot-spot areas and scale up immediate response to flood affected communities in two severely affected districts. The allocation comes at a critical time when overall funding to Somalia is at its lowest in six years and the coping mechanism of communities has been eroded by multiple shocks.</p> | |
| <p>By combining integrated response and cluster specific interventions, the allocation provides immediate life-saving response in key selected sectors while supporting complementary integrated interventions to boost protection related services necessary to ensure effective response to climatic shocks. Through promoting an integrated approach, the allocation will boost coordination and promote a comprehensive and coherent life-saving response where most needed.</p> | |
| <p>This allocation will complement the \$7 million CERF RR and \$13.3 million SHF standard allocations that also seeks to provide immediate support to communities facing severe water shortages, as a result of the poor October-December <i>Deyr</i> season. It will also complement the CERF Anticipatory Action grant of \$20 million that was released to prevent a devastating food security crisis due to projected worsening drought conditions.</p> | |
| 3. Operational Strategy | |
| 3.1 Operational priorities | |
| <p>The response strategy is designed to boost on-going lifesaving assistance targeting communities facing acute water shortages and those most affected by floods through the following approach:</p> <ul style="list-style-type: none"> • Cluster specific – Up to 64 per cent (\$17 million) for priority activities in Food Security, Health, Nutrition and WASH clusters. • Integrated response – 36 per cent (\$9 million) will support four integrated and complementary packages mainly <ul style="list-style-type: none"> - Health and Nutrition - Education, Child Protection and WASH activities - CCCM/Shelter/Protect (GP/CP/GBV/HLP) and WASH - CCCM/Shelter/Protection (GP/CP/GBV/HLP) <p>The interventions will target rural communities and drought and flood displaced IDPs.</p> <p>The following SHF allocation principles for 2021 form a baseline for this allocation round: Continued focus on life-saving humanitarian response with focus on, where possible, underserved and hard-to access areas</p> <ul style="list-style-type: none"> ○ Ensuring the centrality of protection and accountability to affected people in all SHF-funded interventions ○ Prioritization of direct implementation through international and national non-governmental partners, accounting for at least 80% of available annual SHF funding ○ Support for local partners (if, when and where feasible) ○ Continue supporting integration of response across clusters and complementarity with other funding sources in support of a stronger collective response ○ Support funding for pipelines, enabling programmes and other support services provided by the United Nations or NGOs, up to a maximum of 20% of annually available funds ○ Support where possible and feasible limited multi-year projects for targeted interventions and clusters. | |
| 3.2 Underfunded Priorities | |
| <i>Women and Girls: Is support for women and girls a consideration in the allocation?</i> | <i>While the entire allocation supports women and girls, protection cluster through GBV and Child Protection interventions will focus on specialized activities targeting women and adolescent girls.</i> |
| <i>Education: Is support for education in protracted crises a consideration in this allocation?</i> | <i>To ensure a wholistic response, education activities will be integrated with child protection and WASH interventions targeting a district severely impacted by prolonged drought conditions.</i> |
| <i>Protection: Is support for other aspects of protection a consideration in this allocation?</i> | <i>This allocation supports child protection, HLP, GBV and protection monitoring activities in flood affected locations and settlements with high concentration of drought and flood affected IDPs.</i> |
| 3.3 Crosscutting Issues | |
| <i>GBV: Describe how the allocation will address GBV</i> | <i>The health cluster and joined health and nutrition activities (IERT) will provide GBV services including the clinical management of rape. Additionally, through the integrated CCCM/Protection/Shelter-NFI and WASH package, case management services will be provided to GBV survivors, access of survivors to</i> |

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| | <i>medical legal and safe houses will be ensured and among other activities GBV one stop centers and health facilities will be supported to facilitate the treatment of survivors.</i> |
| <i>CVA: Describe how the allocation will consider cash and voucher assistance</i> | <i>Short-term cash and voucher assistance will be provided to help drought and flood affected people address their basic needs and prevent them from selling their assets. It will also help farmers bridge the ongoing food gaps before the next harvest. Alongside CVA, agricultural inputs will be provided to increase food production/enhance their food security, nutrition and income generation potential</i> |
| <i>Localization: Describe how the allocation will promote localization including funding for women led organizations</i> | <i>To promote localization, the clusters at the national/state/regional field level were consulted in prioritizing needs and geographical targeting for this allocation. This strategy also highlights that if, when and where feasible local and national partners should be supported.</i> |

Section 4: Cluster Breakdown and Priorities

4.1 Cluster Breakdown/ Envelopes

| <i>Clusters</i> | <i>Amount allocated</i> | <i>Estimated People to be targeted (with CBPF Funds)</i> | <i>% of RA2</i> |
|--|-------------------------|--|-----------------|
| <i>Food Security</i> | <i>6,000,000</i> | <i>TBD</i> | <i>23%</i> |
| <i>Health</i> | <i>2,500,000</i> | <i>220,000</i> | <i>10%</i> |
| <i>Nutrition</i> | <i>2,300,000</i> | <i>18,128</i> | <i>9%</i> |
| <i>WASH</i> | <i>5,800,000</i> | <i>126,000</i> | <i>23%</i> |
| <i>IERT (Health & Nutrition)</i> | <i>1,600,000</i> | <i>80,000</i> | <i>6%</i> |
| <i>Integrated Education/CP/WASH</i> | <i>1,800,000</i> | <i>36,400</i> | <i>7%</i> |
| <i>Integrated CCCM/Shelter/Protection (GP/CP/GBV/HLP)/WASH</i> | <i>4,150,000</i> | <i>42,000</i> | <i>15%</i> |
| <i>Integrated CCCM/Shelter/Protection (GP/CP/GBV/HLP)</i> | <i>1,850,000</i> | <i>41,678</i> | <i>7%</i> |
| <i>Total</i> | <i>26,000,000</i> | | |

Project proposal deadline: **14 July**
, 23h45 (Mogadishu/Nairobi)
Proposals can only be submitted by the SHF-eligible partners for this allocation via the SHF Grant management System.

General: *Each partner can submit a maximum of two projects for this allocation.*

Integrated package

- **IERT (Health and Nutrition) applicants** *must submit a multi-cluster project covering all two clusters and components*
- **Integrated CCCM/Protection(GP/CP/GBV/HLP)/Shelter/WASH package- and Integrated CCCM/Protection(GP/CP/GBV/HLP)/Shelter package** - *A partner can submit for up to 2 clusters maximum and should partner with another organization(s) and develop complimentary proposals together that will cover all clusters. It should be explicitly mentioned in the proposal which other NGO/s the organization is partnering with and the proposals must target the same sites and same populations. Protection partners can submit an individual project with one or more of the protection thematic areas they have expertise and experience in.*
- **Integrated Edu/CP/WASH applicants** *are encouraged to submit a multi-cluster project covering all three clusters and components*

| Cluster Specific package | Priorities /Objective | Key activities | Geographic locations | Estimated Number of people to be targeted (individuals) | Suggested allocations (US\$) |
|--------------------------|---|--|--|---|------------------------------|
| FOOD SECURITY | To improve immediate access to food | Provision of cash and/or vouchers | Gedo (Garbaharey and Bardheere), Lower Juba (Badade) Banadir (Kahda/Daynille) | IPC 3&4 | 6 million |
| | Provision of agriculture inputs for the Deyr season | <ul style="list-style-type: none"> • Provision of agriculture inputs for the deyr season - Cereal seeds (20 kgs maize) • Legume seeds (10 kgs cowpea/ 12 kgs mung beans) • Assorted vegetables seeds (240 grams) • Irrigation support (3 hours) • Basic farming tools | Beletweyne | 3,083 | |
| | | <ul style="list-style-type: none"> • Provision of agriculture inputs for the deyr season - Cereal seeds (20 kgs maize) • Legume seeds (10 kgs cowpea/ 12 kgs mung beans) • Assorted vegetables seeds (240 grams) • Irrigation support (3 hours) • Basic farming tools (hoe and forked hoe) Or • Cereal seeds (12 kgs sorghum) • Legume seeds (10 kgs cowpea/ 12 kgs mung beans) • Assorted vegetables seeds (240 grams) • Basic farming tools (hoe and forked hoe) | Gedo (Garbaharey and Bardherre). | 15,700 | |

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| | | <ul style="list-style-type: none"> • Provision of agriculture inputs for the deyr season - Cereal seeds (20 kgs maize) • Legume seeds (10 kgs cowpea/ 12 kgs mung beans) • Assorted vegetables seeds (240 grams) • Irrigation support (3 hours) • Basic farming tools (hoe and forked hoe) | <i>Jowhar</i> | 3,117 | |
| | | <ul style="list-style-type: none"> • Cereal seeds (20 kgs maize) • Legume seeds (10 kgs cowpea/ 12 kgs mung beans- Assorted vegetables seeds (240 grams) • Basic farming tools (hoe and forked hoe) | <i>Lower Juba (Badade)</i> | 9,600 | |
| HEALTH | <p>Increase access to essential primary health care services for the vulnerable drought affected population</p> <p>Reduction of excess morbidity and mortality for affected population</p> | <ul style="list-style-type: none"> •Provision of Emergency and Essential Health Care Services through PHC level/Mobile medical services to IDPs and hard-to-reach host communities •Emergency Reproductive Health Services for underserved and hard to reach areas •GBV services, including clinical management of rape (CMR) •Integration of Mental Health and Psychosocial Support services within PHC and community care services •Community engagement; health education to community members of different sex, age and disabled groups. •Provide essential medications and supplies (PPE, diagnostics, case management) •Establish referral pathways for GBV/MH & PSS services in hard to reach and remote areas •Integrated patient safety, accessibility and accountability components •Immunization services •Scale-up outbreak early warning, response (EWAR) and case management (assuring sex, age, disability and IDP disaggregation of information) | <i>Garbaharey</i> <i>Dhusamareeb</i> <i>Badhadhe</i> <i>Baidoa</i> <i>Banadir (Daynile & Kahda)</i> | 50,000 45,000 40,000 50,000 35000 | 2.5 million |
| NUTRITION | <p>Provide equitable access to quality lifesaving curative nutrition services among boys and girls (06-59) months & PLW through systematic identification, referral, and treatment of acutely malnourished cases</p> <p>To support recovery among acutely malnourished children and PLW and prevent deterioration and relapse of vulnerable communities (by addressing high morbidity, low immunization, Vit A supplementation)</p> | <ul style="list-style-type: none"> • Management of SAM with/without medical complications. • Management of MAM and PLWs • Community worker's screening, and identification acutely malnourished children and PLWs • Mother led MUAC, training caretakers on the identification of malnutrition and ensure early action in treatment. • Micronutrient support for vulnerable groups (Pregnant and nursing women and U5 children) with Vitamin A & MMN • Nutrition, Health, Hygiene (NHHF) preventative, and promotional support including IYCF support for care givers. | <i>Bay- Baidoa</i> <i>Galgadud - Cadaado,</i> <i>Galgadud - Dhusamareeb)</i> <i>Badhade- L. Jubba</i> | 18,128 | 2.3 million |

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| WASH | Drought affected/displaced IDPs and host communities have improved access to safe water through rehabilitation/ construction of strategic water points | <ul style="list-style-type: none"> • Improve access to safe water through extension of water distribution networks to drought affected settlements/ communities. • Rehabilitation of only strategic water sources and installation of water distribution networks (pipeline extensions, water points installation) at settlements/sites hosting newly displaced populations (communities including persons with disabilities should be consulted on location and designs of water facilities) • Installation of new sanitation facilities in settlements groups hosting newly displaced population. Facilities should be culturally appropriate, safe for users of all ages and gender and accessible to persons with disability - 15% of facilities should be accessible to PWDs. • Hygiene promotion campaigns focusing on hand washing with soap and hygiene kits distribution, including female specific hygiene items (sanitary materials) <p><i>N/B: Significant amount of the above proposed WASH activities will be implemented through Market Based Programming (MBP) approach to strengthen local markets</i></p> | <i>Cadado/Galgaduud</i> <i>Badhade/L. Jubba</i> <i>Baidoa/Bay</i> <i>Garbaharey/Gedo</i> <i>Berdhere/Gedo</i> <i>Banadir (Daynile/Kahda)</i> | 21,345 19,400 28,700 18,000 20,500 18500 | 5.8 million |
| | Flood affected IDPs and vulnerable host communities have improved access to safe water to prevent WASH related diseases, access to adequate and safe for all sanitation facilities and hygiene materials including mensural hygiene management for women and girls and reduce protection risks against women and girls and PWDs. | <ul style="list-style-type: none"> • Rehabilitation of flood damaged water sources and installation of water distribution networks (pipeline extensions, water points installation) at settlements/sites hosting newly displaced populations (communities including persons with disabilities should be consulted on location and designs of water facilities) • Formation and training of WASH committees (women and PWDs represented) and chlorination of water boreholes and shallow wells, • Construction of emergency sanitation facilities at IDP settlements. • Distribution of hygiene supplies including menstrual hygiene management. • Hygiene promotion training and hygiene promotion campaigns at IDP settlements. <p><i>N/B: Significant amount of the above proposed WASH activities will be implemented through Market Based Programming (MBP) approach as to strengthen local markets</i></p> | <i>Beletweyn</i> | 24257 | |
| Integrated package | Priorities /Objective | Key activities | Geographic locations | Estimated Number of people to be targeted (individuals) | Suggested allocations (US\$) |
| IERT: HEALTH & NUTRITION | Filling critical gaps in health care services for different sex, age and disabled groups within populations facing high incidence of malnutrition and health service gaps | <p>Health</p> <ul style="list-style-type: none"> • Increase access to essential integrated primary health care services for hard-to-reach floods displaced populations • Emergency Reproductive Health Services for underserved and hard to reach areas • Provide essential medications and supplies (PPE, diagnostics, case management) • Community engagement; health education to community members of different sex, age and disabled groups • GBV services, including clinical management of rape and referral • Immunization services • Community engagement; health education to community members of different sex, age and disabled groups. <p>Nutrition</p> <ul style="list-style-type: none"> • Management of SAM with/without medical complications. • Community worker's screening, identification and referral of acute moderate malnourished children and PLWs. | <i>Jowhar</i> <i>Beletweyne</i> | 13,187 (Nut) 80,000(Health) | 1.6 million |

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| | | <ul style="list-style-type: none"> • Mother led MUAC, training caretakers on the identification of malnutrition and ensure early action in treatment. • Micronutrient support for vulnerable groups (Pregnant and nursing women and U5 children) with Vitamin A & MMN • Health, Hygiene (NHHP) preventative, and promotional support including IYCF support for care givers. | | | |
| CCCM/PROTECTION(GP/CP/GBV/HLP) SHELTER/NFIs & WASH <i>(Insert instructions to partners here, if any)</i> | Displacement affected people including women and persons with disability are protected from the weather and have privacy through provision of shelter assistance | Shelter <ul style="list-style-type: none"> • Provision of emergency shelter assistance with basic site planning where feasible and minimum security of tenure (Cf. HLP). • Distribution of NFI kits | Beletweyne/ Jowhar | 42,000 | 4.15 million |
| | Displaced/ floods affected IDPs and host communities have improved access to safe water to prevent WASH related diseases and reduce protection risks against women girls and PWDs | WASH <ul style="list-style-type: none"> • Emergency water supply through water trucking/vouchers. • Water chlorination and testing. • construction/rehabilitation of floods damaged water points. • Formation and training of WASH committees • Construction of emergency sanitation facilities at IDP settlements. • Distribution of hygiene supplies including menstrual hygiene management. • Hygiene promotion training and hygiene promotion campaigns at IDP settlements. | Jowhar | 22,857 | |
| | Strengthen safe access to multi sectorial services including emergency responses at site level through improved site management and site-level coordination | CCCM <ul style="list-style-type: none"> • Ensure through CCCM coordination that relevant responders are mobilised towards providing sectorial assistance to those identified as very vulnerable • Carry out service monitoring and service mapping activities aimed at highlighting service gaps at the site-level and ensuring that minimum standards are being adhered • Provide capacity building to existing governance structures/focal points • Hold site-level coordination meetings that effectively highlight site-level needs and challenges with service providers and local authorities • Support community led site maintenance activities to ensure upkeep of sites (cash for work, site maintenance committees, distribution of tools) • Conduct safety audit exercises at the site-level aimed at identifying site risks that can be rectified through site improvement activities, and/or service provisions • Implement emergency sites improvement projects to minimize protection risks and ensure safety in sites (flood mitigation, fire prevention). • Administer joint stakeholder site decongestion activities allowing for short-term improvements in settlement standards, minimizing protection threats and ameliorating perennial site flooding. • Establish/reinforce mechanisms for communication of multi-sector services available per geographical area or in IDP sites in the appropriate language. • Provide specialized items to persons living with special needs (PWDs) through technical support from DPOs working in the implementing area • Establish and maintain inter-sector complaints feedback mechanisms (CFMs) at the IDP site-level. | Beletweyne/ Jowhar | 21,273 Jowhar 19,727 Beletweyne | |
| | Protection risks, human rights violations and gaps in available service, are | General Protection <ul style="list-style-type: none"> • Protection Monitoring | Beletweyne/ Jowhar | Coverage of both districts (if possible) with | |

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| | identified and addressed through protection monitoring, analysis and reporting. | | | <i>protection monitoring services; if only one district can be covered for the budget the priority district is Jowhar</i> | |
| | Boys and girls including adolescents facing life-threatening risks have access to child protection service and protected from abuse, neglect, violence, exploitation, and severe distress at home and in the community | Child Protection <ul style="list-style-type: none"> • Child Protection Case Management for Vulnerable Children that meets their unique needs. • Psychosocial support services provision to children and adolescents, caregivers • Parenting support programs • Child Protection prevention activities to mitigate protection risks potentially caused by the drought, flooding induced harmful coping practices such as child marriages, family separation, unsafe migration, hazardous child work as well as identifying and referring children and families including children with disabilities for the services they need. • Community based child protection and outreach activities • Child Safety walks/mapping exercises: to identify the safety risk for children and population in the targeted locations and -----strengthen the CP referral pathways. • Update and disseminate, operationalize integrated referral pathways for child protection to access PSS, alternative care, ICC, safehouse, FTR and other related CP services and train child protection and other actors on safe and timely referral | <i>Beletweyne/Jowhar</i> | <i>15,000 children and their family members</i> | |
| | Vulnerable women and girls including GBV survivors access GBV services (medical, legal and PSS, case management) and cash assistance to mitigate impact of GBV risks and exposure | GBV <ul style="list-style-type: none"> • Support the mobilization of case managers to provide case management service for GBV survivors • Support the mobilization of CMR actors in GBV one stop centers and health facilities to provide rape services and treatment of GBV survivors for physical injuries as a result of IPV • Support the mobilization of PSS workers to provide first aid PSS to women and girls and referrals for severely traumatized women • Support transportation for GBV survivors and other vulnerable women and girls to access medical, legal and safe houses • Support the mapping, updating and dissemination of referral pathways. • Support the establishment an operation of functional hotlines and facilitate linkages between them and referral actors and service providers. • Procure and distribute 4,000 dignity kits women and adolescent girls • Procure and distribute 3,000 menstrual hygiene kits for women and adolescent girls • Organize information sessions for 7,000 women and girls who are receiving dignity and menstrual hygiene kits • Support community mobilization of men, boys for 1,500 women and girls for information session on how to protect themselves and respond to threats of GBV | <i>Beletweyne/Jowhar</i> | <i>9,000 individuals benefit from services</i> | |

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| | Displacement Affected Communities including women and persons with disability are able to exercise and claim their HLP rights | <p>HLP</p> <ul style="list-style-type: none"> • Undertake eviction risk assessments and monitor eviction trends in targeted areas • Conduct awareness campaigns and information sessions to provide information that is reliable and updated on how to claim and exercise HLP rights and entitlements during displacement. This includes the development, design, and dissemination of informational materials. • Conduct workshops and trainings on HLP and dispute resolution for humanitarian actors, government officials, and local authorities. • Provide case management services including assisting with mediation of disputes for IDPs in need of greater support to access their entitlements • Provide legal counselling and technical services for complications associated with obtaining land tenure documents that requires working with authorities to facilitate a resolution. • Provide legal aid to individualised legal services on how to overcome specific obstacles related to the enjoyment of HLP rights. • Provide referral services for individuals who require assistance beyond the HLP area of expertise. | <i>Beletweyne/ Jowhar</i> | <i>9000 individuals</i> | |
| CCCM/PROTECTION(GP/CP/GBV/HLP)/ SHELTER | Displacement affected people including women and persons with disability are protected from the weather and have privacy through provision of shelter assistance | <p>Shelter</p> <ul style="list-style-type: none"> • Provision of emergency shelter assistance with basic site planning where feasible and minimum security of tenure (Cf. HLP). • Distribution of NFI kits | <i>Banadir (Daynille / Kahda)</i> | <i>12,000</i> | 1.85 million |
| | Strengthen safe access to multi sectorial services including emergency responses at site level through improved site management and site-level coordination | <p>CCCM</p> <ul style="list-style-type: none"> • Ensure through CCCM coordination that relevant responders are mobilised towards providing sectorial assistance to those identified as very vulnerable • Carry out service monitoring and service mapping activities aimed at highlighting service gaps at the site-level and ensuring that minimum standards are being adhered • Provide capacity building to existing governance structures/focal points • Hold site-level coordination meetings that effectively highlight site-level needs and challenges with service providers and local authorities • Support community led site maintenance activities to ensure upkeep of sites (cash for work, site maintenance committees, distribution of tools) • Conduct safety audit exercises at the site-level aimed at identifying site risks that can be rectified through site improvement activities, and/or service provisions • Implement emergency sites improvement projects to minimize protection risks and ensure safety in sites (flood mitigation, fire prevention). • Administer joint stakeholder site decongestion activities allowing for short-term improvements in settlement standards, minimizing protection threats and ameliorating perennial site flooding. | | <i>41,678</i> | |

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| | | <ul style="list-style-type: none"> Establish/reinforce mechanisms for communication of multi-sector services available per geographical area or in IDP sites in the appropriate language. Provide specialized items to persons living with special needs (PwDs) through technical support from DPOs working in the implementing area Establish and maintain inter-sector complaints feedback mechanisms (CFMs) at the IDP site-level. | | | |
| | Protection risks, human rights violations and gaps in available service, are identified and addressed through protection monitoring, analysis and reporting | General Protection <ul style="list-style-type: none"> Protection Monitoring | | <i>Banadir (Daynille / Kahda)</i> | |
| | Boys and girls including adolescents facing life-threatening risks of abuse, neglect, violence, exploitation, and severe distress have access to gender-sensitive child protection service | Child Protection <ul style="list-style-type: none"> Child Protection Case Management for Vulnerable Children that meets their unique needs. Psychosocial support services provision to children and adolescents, caregivers Parenting support programs Child protection prevention activities on protection risks potentially caused by the drought, flooding induced harmful coping practices such as child marriages, family separation, unsafe migration, hazardous child work as well as identifying and referring children and families including children with disabilities for the services they need. Community based child protection and outreach activities Child Safety walks/mapping exercises: to identify the safety risk for children and population in the targeted locations and strengthen the CP referral pathways. Update and disseminate, operationalize integrated referral pathways for child protection to access PSS, alternative care, ICC, safehouse, FTR and other related CP services and train child protection and other actors on safe and timely referral | | <i>13,500 children and their family members</i> | |
| | Vulnerable women and girls including GBV survivors access GBV services (medical, legal and PSS, case management) and cash assistance to mitigate impact of GBV risks and exposure | GBV <ul style="list-style-type: none"> Support GBV one stop centres to mobilize CMR actors to provide rape services and treatment of GBV survivors for physical injuries as a result of IPV Support the orientation and mobilization of PSS workers to provide first aid PSS to women and girls and referrals for severely traumatized women Support the orientation and mobilization of case managers to provide case management service for GBV survivors Provide 400 women and girls with cash assistance through case management to mitigate impact of GBV Procure and distribute 2,500 dignity kits women and 1,000 menstrual hygiene kits for women and adolescent girls | | <i>4,000 direct beneficiaries</i> | |
| | Displacement Affected Communities including women and persons with disability are able to exercise and claim their HLP rights | HLP <ul style="list-style-type: none"> Undertake eviction risk assessments and monitor eviction trends in targeted areas to inform response Conduct awareness campaigns and information sessions on HLP rights and entitlements during displacement. This includes the development, design, and dissemination of informational materials. Conduct on HLP and dispute Resolution trainings on HLP and dispute Resolution for key stakeholders Provide case management services including assisting with mediation of disputes for | | <i>6000 individuals</i> | |

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| | | <p>IDPs in need of greater support to access their entitlements</p> <ul style="list-style-type: none"> • Provide legal counselling and technical services for complications associated with obtaining land tenure documents that requires working with authorities to facilitate a resolution. • Provide legal aid to individualised legal services on how to overcome specific obstacles related to the enjoyment of HLP rights. • Provide Referral services for individuals who require assistance beyond the HLP area of expertise. • Provide cash-based assistance to evicted persons | | | |
| Education/Child Protection/WASH | <p>Education: Ensure drought affected children and youth have access to safe and protective learning environments throughout crisis.</p> | <ul style="list-style-type: none"> • School feeding • Distribution of TLM • Payment of emergency teacher incentives • CP activities at School level (as per Edu-CP integrated response framework) • Training of teachers on TiCC and CEC on school management | <i>Mudug (Jariban)</i> | 36400 | 1.8 million |
| | <p>CP: Boys and girls including adolescents facing life-threatening risks have access to child protection service and protected from abuse, neglect, violence, exploitation, and severe distress at home and in the community.</p> | <p>Institution/school level WASH in Schools</p> <ul style="list-style-type: none"> • Provision of Safe water in schools • Water chlorination and-construction/rehabilitation of water system for schools • Construction of gender separated toilets for schools. • Distribution of hygiene supplies including menstrual hygiene management. • Hygiene promotion training and hygiene promotion campaigns targeting schools. <p>CP at community based and linkages with the school</p> <ul style="list-style-type: none"> • Child Protection Case Management for Vulnerable Children that meets their unique needs. • Psychosocial support services provision to children and adolescents, • Child Protection prevention activities to mitigate protection risks potentially caused by the drought, induced harmful coping practices such as child marriages, family separation, unsafe migration, hazardous child work, as well as messages on the importance of good hygiene and nutrition and breastfeeding. • Community based child protection and outreach activities • Child Safety walks/mapping exercises: to identify the safety risk for children and population in the targeted locations and strengthen the CP referral pathways. • Update and operationalize integrated referral pathways for CP services and train child protection, WASH and Education and other actors on safe and timely referral. • Train WASH, nutrition, education staff and hygiene promoters on child protection, child safeguarding and safe referral pathways. <p>Community level-linkages with the school level</p> <ul style="list-style-type: none"> • Water chlorination and testing. • Construction/rehabilitation of water points. • Formation and training of WASH committees • Construction of emergency sanitation facilities at IDP settlements. • Distribution of hygiene supplies including menstrual hygiene management. • Hygiene promotion training and hygiene promotion campaigns at IDP settlements. | | | |
| | <p>WASH: Displaced/ Drought affected IDPs and host communities have improved access to safe water, sanitation facilities, and hygiene promotion and kits distribution to prevent WASH related diseases and reduce protection risks against women girls and PWDs.</p> | | | | |

Section 5: Eligibility Parameters/Guidance to Applicants

Provide brief description of eligibility parameters.

1. Project submission and prioritisation

- Partners that feature on the SHF eligibility list for this allocation (annexed to this strategy) will be selected based on the strategic relevance of their proposed interventions, their technical ability and capacity to absorb the allocated funds, the ability to respond promptly in the priority areas and work closely with cluster coordinators and other partners during the project cycle.
- Full project proposals will be developed and uploaded into the Grant Management System (GMS) by the implementing partners that seek funding (via <https://chfsomalia.unocha.org>).
- Selection of individual interventions and partners will be conducted by Inter/Cluster Review Committees (whose composition may be cross-cluster, depending on projects submitted), assessing the proposed interventions by the eligible partner¹ strictly against the present allocation strategy and the pre-defined SHF score cards (one for integrated response; one for cluster-specific prioritization).
- Non-governmental organisations should be prioritized for the allocation round. If, when and where feasible, **local and national partners should be supported.**
- Target area:* The interventions should focus on specific and defined areas. **Proposals outside of the defined geographic and substantive scope will not be considered.**
- Direct implementation* is prioritized. Sub-contracting is admissible in exceptional cases only when clear added value is demonstrated. Subcontracting to partners that are eligible to receive direct SHF funding is not permissible. **Commitment and enhanced efforts from all stakeholders to step up the timelines and do everything in their power to expedite the processes leading to emergency response.**
- The review committees should, as they are performing their strategic and technical review, advise whether the request is valid and funding should be granted. Requests recommended for approval are subject to technical review by OCHA before final approval.
- Programming must reflect the distinct needs of men, women, boys and girls during the implementation period. As gender issues are manifested in different ways for each cluster, an overarching gender-sensitive approach will be ensured through prioritizing proposals that highlight their strategy towards overcoming obstacles that prevent vulnerable groups from receiving access to lifesaving services. A major focus will be placed on supporting female-headed households, as well as pregnant and lactating women who are particularly vulnerable from health- and nutrition-related risks. Children between the ages of six months and five years will also be a programming priority, as they face significant risks from malnutrition-related health complications. Protection should be mainstreamed and central to all allocations. *Refer to the SHF Programme Manual for further guidance*
- All interventions should take account of and include persons with disabilities wherever possible and consider their specific needs. Identifying barriers and enablers to minimize risks, are important steps to ensure disability inclusion is being addressed *Refer to the SHF Programme Manual for further guidance.*
- Organisations that have an ongoing SHF project and apply for the same activities under this allocation should clearly indicate how the new funding will complement the previous SHF project. The decision on funding will be subject to that value of the currently ongoing IP projects, taking into consideration the SHF-assigned risk levels and the relevant thresholds.
- Partners should not apply for more than two projects.**
- All projects must address life-saving needs. The proposals must be backed by credible data to demonstrate the severity of needs and activities must be interconnected across clusters.
- Implementing partners must be eligible to receive SHF funding and have the ability to execute activities in the selected locations.

¹ The updated eligibility list has been published on the SHF website <https://www.unocha.org/somalia/shf/> .

- Projects should be implemented within 12 months and should not have a budget of less than \$200,000, with larger project budgets strongly encouraged. **Projects longer than 12 months, may be considered, in limited and exception cases.**

- While the primary responsibility to ensure the accountable and efficient use of SHF remains with the implementing partners, SHF will maintain the oversight through the application of its accountability tools.

2. Review of projects

- Project proposals will undergo both a ‘strategic’ and a ‘technical’ review process using the Grant Management System (GMS).
 - For the strategic review, Strategic Review Committees (SRCs) will be convened (with multi-cluster composition for integrated projects).
 - During the Technical Review (technical experts from the relevant cluster and HFU staff), further attention will be paid to the following:
 - The technical soundness/quality of the proposal
 - The financial efficiency of the project
 - The coherence between the narrative, work-plan, log-frame and budget.
 - The complementarity and consistency of projects across sectors, seeking to build synergies with other sectors.
- The selection of partners and projects through SRCs should be conducted with the help of pre-defined score-cards. Selected interventions should demonstrate among others (i) strategic relevance; (ii) programmatic relevance; and (iii) cost effectiveness / value for money. Integrated response envelope submissions will also be assessed against integration.
 - **Score-cards should be recorded in the GMS by clusters** to ensure transparency and accountability of the allocation process and review committees’ feedback recorded.
- To ensure timely allocation and disbursement of funds, only three technical revision rounds will be allowed for selected proposals. The partners are required to respond to comments and perform adjustments within the time set at the time of review (usually within 48 hours) and, in case of lack of clarity, be in direct touch with OCHA Somalia HFU (see contact details below) and/or cluster coordinators. **Projects that fail to reach the required level of quality after three rounds of revision may not be funded, and the funding earmarked for the project may be relocated to other priorities, projects or clusters.**

3. Budgeting and finance

- Projects that can demonstrate ‘value for money’ relative to the project budget should be prioritized. Factors to consider include maximum reach and impact for given cost, outcome and beneficiary reach for each dollar invested, cost effectiveness of the intervention including, minimizing support and overhead costs.
- Projects that can demonstrate low indirect costs as a proportion of direct costs should be ranked favorably.
 - See SHF Operational Manual, *Annex 2 – Budget Guidance (a); and Budget guidance preparation note (b)*.
- To reduce overhead costs, pass through arrangements where organisations simply pass on funding to their implementing partner organisation without providing any meaningful guidance, coordination, capacity building, technical advice, monitoring and evaluation capacities or any other function of additional value will not be funded.
- Partners with submissions across different clusters should ensure that common costs (administrative and operational) are rationalised.
- Partners should adhere to the Country-Based Pooled Funds / SHF basic definitions and guidance including on project budget preparation, use of budget narrative and itemized budgetary breakdowns (see SHF Operational Manual and its annexes).

4. SHF Operational Manual

- For a comprehensive set of rules governing the use of SHF funds, please consult the SHF Operational Manual and its annexes available for download at <https://www.unocha.org/somalia/governance-policy-and-guidance>

5. SHF Programme Manual

- For guidance on project design, proposal submission and ensure quality programming, please consult the SHF Programme Manual which groups all programmatic and financial guidance in one place. (<https://www.unocha.org/somalia/governance-policy-and-guidance>)

Section 6: Process and Timeline

| | | | |
|--|--|---|-------------------|
| 6.1 Allocation Strategy Development Process: <i>Please describe how the HC, in consultation with the AB, has used the existing coordination mechanisms as well as evidence-based and verifiable data to develop the allocation strategy.</i> | | | |
| The allocation round uses the <i>reserve allocation modality</i> , allowing for a fast-tracked but competitive allocation process, with strategic prioritization conducted and determined collectively by the Somalia Inter- Cluster Coordination Group (ICCG). Consolidated ICCG and OCHA field office inputs on overview of the multiple shocks, prioritized interventions and geographical hotspots was ultimately endorsed by the SHF Advisory Board and the Humanitarian Coordinator. | | | |
| 6.2 Allocation Timeline | | | |
| | Describe workflow step | Date | Responsible body |
| Step 1. Allocation Strategy Development | <ul style="list-style-type: none"> SHF AB discusses and endorses the approach ICCG review of cluster implementation plans to inform SHF allocation ICCG/Cluster inputs on prioritization-activities, areas requested Discussions and circulation of draft strategy Strategy submitted for endorsement to the SHF AB and HC respectively | 31 May 9 June & 14 June 16 June – 22 June 23 June – 02 July 02 July | ICCG/CCs/HFU/AB |
| Step 2. Submission of Project Proposals | <ul style="list-style-type: none"> Strategy, call for proposals and eligibility list published Deadline for the submission of SHF projects (IPs) (early submission encouraged) | 6 July 14 July | SRCs/IPs |
| Step 3. Strategic Review | <ul style="list-style-type: none"> Strategic Review Committees: strategic review and selection (SRCs/CCs/HFU) | 16-23 July | SRCs/CCs/HFU |
| Step 4. Preliminary Approval by HC | <ul style="list-style-type: none"> List of recommended projects shared with the SHF AB / HC for endorsement | 26 July | HFU |
| Step 5. Technical and Financial Review | <ul style="list-style-type: none"> Technical review finalized (OCHA/HFU, clusters) | 28 July – 6 Aug | OCHA/HFU/Clusters |
| Step 6. Final Approval by HC | <ul style="list-style-type: none"> Grant Agreements signed (HC, IPs) | 10 August | HC/IPs |
| Step 7. Disbursement | <ul style="list-style-type: none"> Funds disbursed | 15 August | OCHA |
| Section 7: HFU Contacts and Complaints | | | |
| 7.1 Key Contacts | | | |
| General inquiries | | | |
| <ul style="list-style-type: none"> Ms. Randa Merghani, SHF Manager, M: +252(0)612922133 merghani@un.org, Skype: merghanir Ms. Afifa Ismail, Deputy SHF Manager, M: +254(0)708515570, afifa@un.org, Skype: afifaish | | | |
| Programmatic issues | | | |
| Food Security, Protection | | | |
| <ul style="list-style-type: none"> Shelvin Mairura, M: +254737903375, shelvin.mairura@un.org, Skype: shelvin.mairura | | | |
| Education | | | |
| Mr. Khalif Abdihakim Noor, M: +252(0)619494889, abdihakim@un.org | | | |
| Health and Nutrition | | | |
| <ul style="list-style-type: none"> Ms. Evalyn Lwemba, T: +254(0)207629128 M: +254(0)733272017, lwembae@un.org, Skype: lwembae | | | |
| CCCM and Enabling Programme/Logistics | | | |
| <ul style="list-style-type: none"> Mr. Alinoor Mohamed M:+252 (0)612976535, Alinoor.mohamed@un.org | | | |
| Shelter/NFIs and WASH: | | | |
| <ul style="list-style-type: none"> Ms. Eva Kiti, T: +254(0)207629127 M: +254(0)705000720, kiti@un.org, Skype: eva.kiti | | | |

Budget and finance [keep Programmatic officers above in copy with project-specific queries]

- Mr. Martin Cheruiyot, T: +254(0)207629126 | M: +254(0)715743860, cheruiyot2@un.org,
- Ms. Linda Onyango, T: +254(0)207629145 | M: +254(0)734800140, onyango1@un.org, Skype: lindagaeli
- Ms. Nafisa Mohamed, M: +256(0)619150456, nafisa.mohamed@un.org

Accountability

- Mr. Samuel Kihara, M: +254(0)705262211, T: +254(0)207629156, kihara@un.org
- Mr. Khalif Abdihakim Noor, M: +252(0)619494889, abdihakim@un.org
- Mr. Alinoor Mohammed, M:+252 (0)612976535, Alinoor.mohammed@un.org

Cluster coordinators/cluster support staff (cluster specific and technical questions) Camp**Coordination and Camp Management**

- Mr. Benjamin Conner, bconner@iom.int
- Hassan Yarow, yarowh@unhcr.org

Education

- Mr. Yahya Abdi Ibrahim, yaibrahim@unicef.org

Food Security

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

Health

- Mr. Dayib Ahmed, Dayib.Ahmed@savethechildren.org
- Ms. Matilda Kirui, kirui@who.int

Nutrition

- Mr. Muhammad Faisal, mfaisal@unicef.org
- Mr. Abdullahi Aden; anaden@unicef.org

Protection

- Ms. Kristin Arthur, arthur@unhcr.org
- Ms. Salma Abdillahi, salma.abdillahi@drc.ngo

Child Protection (CP)

- Ms. Ranjini Paskarasingam, rpaskarasingam@unicef.org

Gender-Based Violence (GBV)

- Ms. Nkiru Igbokwe, igbokwe@unfpa.org

Housing, Land and Property (HLP)

- Ms. Evelyn Aero, evelyn.aero@nrc.no

Shelter / NFIs

- Mr. Alexandre Koclejda, koclejda@unhcr.org
- Ms. Nurta Adan, adan@unhcr.org

WASH

- Mr. Mr. Peter Philip Lukwiya pplukwiya@unicef.org
- Mr. Diis Hassan, diis.hassan@pah.org.pl

7.2 Complaints Mechanism

Complaints regarding the SHF process or decisions can be brought to the attention of the SHF Manager

- At any point in time, stakeholders can bring their concerns to the attention of OCHA Somalia senior management through the confidential feedback email shf-feedback@ochasomalia.org

Annex: SHF Eligibility List



06 July 2021

The SHF eligibility list includes partners that fulfill **all of** the following three conditions:

1. The partner has **passed the SHF capacity assessment**.
2. The partner's due diligence status in the SHF Grant Management System is **approved**.
3. The partner has **no outstanding SHF oversight and compliance issues**.

Partners may be temporarily removed from the eligibility list due to due diligence status or outstanding oversight/compliance issues. In case of permanent suspension, partners are notified in writing.

| Status | Partner SHF acronym (partner full name) |
|----------|--|
| eligible | AADSOM (Action Against Disasters Somalia) |
| eligible | AAIS (Action Aid Somaliland) |
| eligible | AAMIN (Aamin Organization) |
| eligible | ACF (Action Contre la Faim) |
| eligible | ACTED (Agency for Technical Cooperation and Development) |
| eligible | ADA (Active Development Aid) |
| eligible | Adeso (African Development Solutions) |
| eligible | ADO (Agricultural Development Organisation) |
| eligible | ADRA (Adventist Development and Relief Agency) |
| eligible | ANPPCAN (African Network for the Prevention and Protection Against Child Abuse and Neglect in Somalia) |
| eligible | APCO (Agro Pastoral Charity Organization) |
| eligible | ARC (American Refugee Committee) |
| eligible | ARD (Action for Relief and Development) |
| eligible | ARD (African Relief and Development) |
| eligible | ASAL (Youth Development Organization/Association) |
| eligible | ASEP (Action for Social and Economic Progress) |
| eligible | AV (Aid Vision) |
| eligible | AVF (Africa's Voices Foundation) |
| eligible | AVORD (African Volunteers for Relief and Development) |
| eligible | AYODA (African Youth Development Association) |
| eligible | AYUUB Organization |
| eligible | BADEF (Benadir Development Foundation) |
| eligible | Candlelight (Candlelight for Environment Education and Health) |
| eligible | CARE Somalia (CARE Somalia) |
| eligible | CARITAS (Caritas Switzerland) |
| eligible | CCC (Community Care Center) |
| eligible | CEDA (Community Empowerment & Development Action) |
| eligible | CEFA (European Committee for Agriculture and Training) |
| eligible | CESDO (Community Empowerment and Social Development Organization) |
| eligible | CESVI (Cooperazione E Sviluppo - CESVI) |
| eligible | CISP (Comitato Internazionale per lo Sviluppo dei Popoli) |
| eligible | CoDHNet (Community Development and Humanitarian Network) |
| eligible | COOPI (Cooperazione Internazionale - COOPI) |
| eligible | CPD (Center for Peace and Democracy) |

| | |
|----------|--|
| eligible | CRS (Catholic Relief Services) |
| eligible | CW (Concern Worldwide) |
| eligible | DA (DirectAid) |
| eligible | DEH (DEH Relief and Development Organization) |
| eligible | DF (Dialog Forening) |
| eligible | DMO (Deeg-roor Medical Organization) |
| eligible | DRC (Danish Refugee Council) |
| eligible | FENPS (Formal Education Network for Private Schools) |
| eligible | FERO (Family Empowerment and Relief Organisation) |
| eligible | GEWDO (Gedo Women Development Organization) |
| eligible | GRRN (Golweyne Relief and Rehabilitation NGO) |
| eligible | GRT (Gruppo per le Relazioni Transculturali) |
| eligible | GSA (General Service Agency) |
| eligible | HADO (Horn of Africa Aid and Development Organization) |
| eligible | HALO (Halo Trust) |
| eligible | HAPEN (Horn of Africa Peace Network) |
| eligible | HARD (Humanitarian Africa Relief Development Organization) |
| eligible | HAVOYOCO (Horn of Africa Voluntary Youth Committee) |
| eligible | HDC (Human Development Concern) |
| eligible | HEAL (Health Education Agro-pastoralist Liaison) |
| eligible | HIJRA (HIJRA Organization for Welfare and Development) |
| eligible | HINNA (Women Pioneers for Peace and Life) |
| eligible | HIRDA (Himilo Relief and Development Association) |
| eligible | HIWA (Humanitarian Integrity for Women Action) |
| eligible | HOD (Himilo Organization for Development) |
| eligible | HRDO (Hidig Relief And Development Organization) |
| eligible | HREC (Hiraan Regional Education Committee) |
| eligible | IFEDA (IFTIIN Education and Development Association) |
| eligible | IMC (International Medical Corps) |
| eligible | IMS (International Media Support) |
| eligible | INSO (International NGO Safety Organisation) |
| eligible | IRC (International Rescue Committee) |
| eligible | IRDO (Iimaan Relief and Development Organization) |
| eligible | IRW (Islamic Relief Worldwide) |
| eligible | ISDP (Integrated Services for Displaced Population) |
| eligible | JDO (Jubaland Development Organization) |
| eligible | JF (Juba Foundation) |
| eligible | KAAH (KAAH Relief and Development organization) |
| eligible | KAALO (KAALO Aid and Development)* |
| eligible | KISIMA (KISIMA Peace and Development Organization) |
| eligible | LRDO (Livelihood Relief & Development Organization) |
| eligible | MARDO (Maandher Relief and Development Organization) |
| eligible | MC (Mercy Corps Europe) |
| eligible | MEDAIR |
| eligible | Mercy USA (Mercy USA) |
| eligible | NAPAD (Nomadic Assistance for Peace and Development) |
| eligible | NCA (Norwegian Church Aid) |
| eligible | NODO (Nomadic Development Organization) |

| | |
|----------|--|
| eligible | NWO (New Ways Organization) |
| eligible | NoFYL(Northern Frontier) |
| eligible | NRC (Norwegian Refugee Council) |
| eligible | OXFAM NOVIB (OXFAM Netherlands – NOVIB) |
| eligible | PAC (Physicians Across Continents) |
| eligible | PAH (Polish Humanitarian Action) |
| eligible | PASOS (Peace Action Society Organisation for Somalia) |
| eligible | PDA (Peace and Development Action) |
| eligible | PENHA (Pastoral and Environmental Network in the Horn of Africa) |
| eligible | PMWDO (Puntland Minority Women’s Development Organization) |
| eligible | PSA (Puntland Youth and Social Development Association) |
| eligible | Qatar Charity (Qatar Charity) |
| eligible | RAWA (Rasawad Welfare Association) |
| eligible | READO (Rural Education and Agriculture Development Organization) |
| eligible | RI (Relief International) |
| eligible | RRP (Riverine Relief Program) |
| eligible | SAGE (Sage Organisation) |
| eligible | SAMA (Salama Medical Agency) |
| eligible | SC (Save the Children) |
| eligible | SCC (Somali Community Concern) |
| eligible | SCWRW (Somali Childrens Welfare and Rights Watch) |
| eligible | SDRO (Somali Development & Rehabilitation Organisation) |
| eligible | SEDHURO (Socio-Economic Development and Human Rights Organization) |
| eligible | SFH (Solutions for Humanity) |
| eligible | SHEDU (Shabelle Education Umbrella) |
| eligible | SIF (Secours Islamique France) |
| eligible | SOADO (Somali Organic Agriculture Development Organization) |
| eligible | Solidarités (Solidarités International) |
| eligible | SOLO (Somali Lifeline Organization) |
| eligible | SOMA ACTION (Soma Action) |
| eligible | SORDA (Somali Relief and Development Agency) |
| eligible | SORDES (Somali Relief and Development Society) |
| eligible | SOYDA (Somali Young Doctors Association) |
| eligible | SOYDAVO (Somaliland Youth Development and Voluntary Organization) |
| eligible | SPL (Somali Peace Line) |
| eligible | SRC (Somali Relief Center) |
| eligible | SRCS Somaliland (Somali Red Crescent Society) |
| eligible | SSWC (Save Somali Women & Children) |
| eligible | SWDC (Somali Women Development Centre) |
| eligible | TARDO (Tanad Relief and Development Organisation) |
| eligible | TASCO (Taakulo Somaliland Community) |
| eligible | TASS (Tadamun Social Society) |
| eligible | TOUS (Towfiq Umbrella Organization) |
| eligible | Trócaire (Trócaire) |
| eligible | VSF-Germany (Vétérinaires Sans Frontières – Germany) |
| eligible | VSF-Suisse (Vétérinaires Sans Frontières – Suisse) |
| eligible | WAAPPO (Women’s action for Advocacy and progress organization) |
| eligible | WASDA (Wajir South Development Association) |

| | |
|-----------------|---|
| eligible | WCDO (World Concern Development Organization) |
| eligible | WISE (Women Initiative for Society Empowerment) |
| eligible | WRRS (Wamo Relief and Rehabilitation Services) |
| eligible | WVI (World Vision) |
| eligible | Yme (Yme Foundation) |