

SHF Reserve – Integrated Response (round 2)

1. Introduction

This document lays out the approach to allocating the available Somalia Humanitarian Fund (SHF) Reserve funds (US\$ 12.1 million) through Integrated Response (Round 2) in support of famine prevention in Somalia.

This allocation complements funds allocated earlier through the two funds:

- SHF 2017 First Standard Allocation round (SHF-2017-SA1, February-April 2017, \$27 million);
- SHF 2017 Reserve – Integrated Response (Baidoa, Banadir, May-June 2017);
- CERF Underfunded Emergencies grant for Somalia (CERF-2017-UFE, February 2017, \$18 million);
- CERF Rapid Response grant for Somalia (CERF-2017-RR, April 2017, \$15 million).

2. Humanitarian situation in Somalia (July 2017)

An elevated risk of famine persists in parts of Somalia due to severe water scarcity, food consumption gaps, high acute malnutrition and high disease burden. While rainfall in late April and in May has led to seed germination, reduced yields are expected due to early season losses and erratic rainfall. Approximately 2.5 million people will be in *Crisis* and 700,000 in *Emergency* levels of food insecurity as of July.¹ Malnutrition rates remain high, with 363,000 children under age 5 acutely malnourished; and prolonged drought and below average Gu rains have led to acute water shortages and consequently an increase in acute watery diarrhoea (AWD)/cholera outbreaks with more than 51,000 cases and 782 deaths reported this year by mid-June. Nearly 10,500 measles cases have been reported since the beginning of the year and nearly half of these are children under age 5.

Displacement continues to feature as a key driver of humanitarian and protection needs with over 739,000 newly displaced since November 2016. The worrying displacement trend is exerting pressure on limited services and family structures, particularly in the urban centres. Similarly, protection violations against women, children, persons with disabilities, the elderly and minority communities is on the increase.

The on-going scale up by all clusters has led to 3 million people being reached every month with life-saving assistance, livelihood support and protection services. Among the key priorities include treatment and prevention of AWD/cholera and prevention of measles, improved access to food and safe water, nutritional treatment for malnourished children, protection of vulnerable individuals, including children and women, shelter and non-food support to newly displaced. Further scale-up is, however, required to sustain the operation.

3. Strategic focus and approach

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

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

- **Integration of response** is the underlying principle for the set of interventions to be funded and can be ensured through the following modalities:
 - Implementation of multi-cluster projects by a limited number of partners in specific area of operation.

- Deployment of additional Integrated Emergency Response Teams (IERT) for lifesaving Health, WASH, Shelter/NFI and Nutrition response, strengthened with Food Security and Protection. The critical needs in the selected areas will determine the nature of interventions and extent of integration/convergence of clusters.
- Multi-cluster response targeting the same beneficiaries with multiple activities
- **Target areas** in order to ensure geographic focus and maximize impact:
 - Togdheer Region
 - Lower Shabelle Region
 - Galmudug State
- **Intensity and rapidity of response:** Focus is on rapid and immediate response, in particular enabling the most urgent scale up, over the period of maximum between 6 and 12 months.
- **Life-saving focus,** prioritizing the immediate life-saving response.
- **Direct implementation** is prioritized, in accordance with 2017 SHF Allocation Principles.
- **Centrality of protection:** Protection should be mainstreamed and central to all interventions.

Upon the initial discussion on priority locations, it was agreed that the integration of response will be pursued through a **set of multi-cluster packages**. The identification of the integrated response interventions will precede the apportionment of cluster envelopes, but budget ranges could be proposed for each package.

This sustains the approach of moving away from splitting funding by clusters (and focus on percentages), the prioritization will focus on the specific activities that need to be funded.

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

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

- Ensuring the most immediate needs are addressed by funding the top priority activities in most affected areas.
- Taking into consideration other funding sources and reprogrammed activities.
- Ensure the greatest value-for-money through decreasing overheads and costs of subcontracting.
- Ensuring the use of accountability measures available.
- Striving for transparency and inclusiveness through a competitive project selection process.

SHF funds can currently be channelled to 93 local and international NGOs currently eligible to receive SHF funds, as well as participating UN agencies, funds and programmes. SHF allocation will prioritize channelling funds directly to the non-governmental implementing partners as per *2017 SHF Allocation Principles*.²

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

While the primary responsibility is 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.

5. Observed gaps/issues per prioritized location

Note: The observed top priority gaps have been scoped through preliminary communication with OCHA and other field staff.

Galmudug

- Major gaps in food security interventions, that could be addressed mainly through the provision of safety nets, school feeding and livelihoods protection.
- Emergency shelter and NFIs shortages, particularly in the IDPs in settlements.
- Scale up of WASH interventions, particularly in Galgaduud, through strategic borehole maintenance and rehabilitation, temporary supply of safe water through water vouchers, AWD/cholera prevention and response.
- Provision of water to existing schools
- Integrated CCCM, shelter, protection and WASH response to address the needs of new IDPs in Galkacyo
- Provision of protection kits (solar lamps, dignity kits) for the displaced women and girls that are extremely vulnerable including psychosocial support services

Lower Shabelle (including K13, in complementarity with recent allocations)

- The top priority activities identified mainly for the over 10,000 conflict displaced people in Marka town and KM50 are access to food, provision of emergency shelter/NFI, protection (GBV, distribution of protection kits e.g solar lamps, dignity kits including psychosocial support services) and provision of water, hygiene and sanitation services
- Scale up of activities and expansion of coverage is required to respond to the vast needs along the Afgooye corridor and in under covered districts of Lower Shabelle.
- Setting up addition temporary learning spaces for new IDP children particularly given that the schools in are not functional since they are reportedly occupied by IDPs.
- Coordination and monitoring of service provision at site level and intra site to ensure efficiency in service delivery and avoid duplication or gaps in services
- Strengthen existing community mechanisms in order to ensure access to information and services and improve accountability to affected populations

Somaliland (Togdheer)

- Further strengthen response to AWD/cholera outbreak (75 per cent of all the cases in Somaliland were reported in Togdheer).
- Access to clean water, hygiene and sanitation activities in link with AWD/cholera prevention and response. Provision of water, hygiene and sanitation services for new IDP settlements around Burao town and in schools across Togdheer where majority of the schools are closed due to AWD/Cholera outbreak.
- Nutrition and food security interventions.
- Provision of protection kits (solar lamps, dignity kits) for the displaced women and girls that are extremely vulnerable including psychosocial support services

6. Funds available for allocation

The following funds are available for allocation:

- **\$12.1million** for integrated response activities in Lower Shabelle, Togdheer and Galmudug further allocated as follows:
 - **IERT and integrated package: \$9.5 million** (\$3 million for Galmudug, \$3 million for Togdheer and \$3.5 million for Lower Shabelle).
 - **Integrated Shelter, Protection and CCCM projects: \$2.6 million**

7. Priority activities proposed by clusters³

CCCM

- Coordination and monitoring of service provision at site level and intra site to ensure efficiency in service delivery and avoid duplication or gaps in services
- Strengthen existing community mechanisms in order to ensure access to information and services and improve accountability to affected populations

Education

- Establish temporary learning spaces, including provision of teaching and learning materials;
- Provide emergency teacher incentives;
- Schools as target group for Food Security and WASH interventions (food/ water provision to schools)
- Psychosocial support (PSS) and recreational activities for school children

Food Security

- Increasing access of food through direct food distribution or unconditional cash/vouchers)
- Conditional transfers to address food access and support rehabilitation of key livelihood assets
- Livelihood seasonal input (seeds and tools) targeting riverine and rain-fed communities based on cropping calendar
- Livelihood protection support

Health

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

Nutrition

- Treatment of SAM and MAM
- Blanket supplementary feeding
- Inclusion of BSFP/ TSFP in the IERT
- Enrolment of nutrition beneficiaries into SCOPE programming

Protection

- Expand the community-based child protection and GBV services and establish referral pathways to affected communities, including clinical, psychosocial, security and safe house services, establishment of Child Friendly Spaces as well as training of community leaders
- Support identification, documentation, tracing and reunification of unaccompanied and separated children and ensuring appropriate follow up and providing alternative care where necessary.
- Establishment of Child Protection Desks, strengthening Child Protection cross border interventions and providing case management services to vulnerable children especially children forced into marriage, child trafficking, worst forms of labour and child recruitment as a result of the drought.

- Mine risk education awareness on existing explosive hazard, the survey, marking and clearance of areas contaminated by ERWs for the displaced population.
- Urgent provision of protection kits (solar lamps, dignity kits) to address urgent needs for the displaced women and girls that are extremely vulnerable
- Raising awareness on prevention of forced eviction and other forms of secondary displacements.
- Enhanced protection monitoring in the IDP camps/settlement to guide programming and targeting/interventions including monitoring child recruitment
- Protection and Return Monitoring Network

Shelter and NFIs

- Distribution of emergency shelter through in-kind distribution or unconditional cash/vouchers
- Distribution of emergency NFIs through in-kind distribution or unconditional cash/vouchers
- Post distribution monitoring

WASH

- Water, sanitation and hygiene services to AWD/cholera affected communities and to Cholera Treatment Centers and Units (CTCs/CTUs), hospitals and MCH, this both in terms of prevention and/or response
- Access to sanitation (building of latrines) and related hygiene promotion in IDP settlements
- Hygiene promotion, including distribution of hygiene kits and with a specific focus on household water storage and treatment
- Temporary access to water (water vouchers/water trucking/bulk water storage)
- Permanent access to water (boreholes and wells rehabilitation and maintenance, digging and equipment of new wells, connection to existing distribution network)

Integrated Emergency Response Teams (IERT) and Integrated Package

While the IERT Terms of reference outlining its core functions is annexed to this strategy, the joint activities under the Integrated package covering Education, Food Security, Health, Nutrition and WASH are

Galmudug (Galgaduud, Abudwak and Adado)

- Basic lifesaving Primary Health Care services including provision of maternal and reproductive health (Basic Emergency obstetric care)
- Stabilization centres in the fixed facility and strengthen the existing ones
- School feeding and water provision in existing schools
- Unconditional cash transfer/food voucher for IDP households with SAM/MAM and most vulnerable households
- WASH services and Hygiene promotion for IDPs

South Galkacyo/Hobyo/Haradhere

- Basic lifesaving PHC services including provision of maternal and reproductive health (emergency obstetric care)
- Stabilization centers in the fixed facility and strengthen the existing ones
- School feeding and water provision in existing schools
- Unconditional cash transfer for IDP households with SAM/MAM and most vulnerable households

Togdheer

- Establish Health and Nutrition facilities, WASH services and hygiene promotion for IDPs
- Water supply and hygiene promotion in existing Health, Nutrition and Education facilities in Burao town and rural areas

- Unconditional cash transfer/food vouchers for IDP households with SAM/MAM and most vulnerable households

Lower Shabelle:

i. Merka and KM 50

- Treatment of Moderately Malnourished children and women (TSFPs) in Merka and KM 50
- Unconditional cash transfer/food voucher for IDP households with SAM/MAM and most vulnerable households
- Conditional transfer and rehabilitation of productive assets
- Provision of basic health services through supporting non-functional health facilities in Merka and KM 50
- School feeding and teacher incentive in existing schools in Merka and KM 50
- WASH services and Hygiene promotion for IDPs

ii. Afgooye

- Conditional transfer and rehabilitation of productive assets
- Treatment of Moderately Malnourished children and women (TSFPs) in Afgooye
- Provision of basic health services through supporting non-functional health facilities in Marka, Qoryole and Barawe
- School feeding and teacher incentive in **existing** schools in Afgooye

8. Guidance on the allocation process (integration)

Note: Stakeholders should be guided by the lessons learned document from the Integrated Response (Round 1).

- Reserve allocation modality will be applied.
- This SHF Integrated Response (Round 2) strategy will be reconciled by the Inter-Cluster Coordination Group (ICCG) and forwarded to the Humanitarian Coordinator and the SHF Advisory Board (AB) for endorsement – with defined priority locations, identified top priorities and priority interventions.
- Concurrently, up to four teams of cluster coordinators will solicit feedback from other cluster coordinators on concrete integrated response interventions, based on the identification of needs in this strategy (section 5). Based on the response capacity of eligible SHF partners a set of partners per location will be invited to submit proposals for funding. A competitive process in the selection of partners/projects – even if shortened – is strongly encouraged.
- Clusters coordinators, working in teams and supported by OCHA Somalia HFU, should remain closely engaged and in lead roles throughout the strategic prioritization and the technical review process.
- Upon the identification of specific interventions, partners and projects, the Humanitarian Coordinator and the SHF Advisory Board (AB) should endorse the allocation package.

9. Process timeline

- The current conditions demands a rapid and decisive decision-making to sustain the life-saving response.

- All stakeholders (OCHA/HFU, cluster coordinators, IPs, OCHA/FCS) will expedite the allocation process to the extent possible, ensure maximum responsiveness, but also quality and accountability.

The timeline is tentative, funds are approved on a rolling basis

Date	
20 Jun	• ICCG discusses the approach, priority locations
27 Jun	• HFU circulates draft strategy for feedback (observed gaps, priority activities etc.).
29 Jun COB	• Cluster coordinators, in consultation with each other, propose integrated interventions for funding at specific locations (feedback to HFU for consolidation)
3 July	• Integrated response strategy draft 1 submitted to SHF AB for preliminary endorsement (24hrs)
7 July	• Cluster to begin proposing partners and fine tune activities to ensure integration
17 Jul	• Strategy shared with partners (IPs) to solicit proposals (based on preselection / competition)
25 Jul	• Deadline for the submission of projects through GMS (IPs) (early submission encouraged)
27 July	• Partners for response identified, integration consolidated, final envelopes determined (CCs)
2 Aug	• Joint technical review and feedback to IPs (CCs/HFU)
4 Aug	• Updated strategy with projects/partners shared with the SHF AB for final endorsement
9 Aug	• Technical review at HFU level finalized (OCHA/HFU)
10 Aug	• Clearance of budgets (OCHA/FCS).
15 Aug	• Grant Agreements signed (HC, IPs) Implementation can start
19 Aug	• Grant Agreements signed (OCHA/EO)
22 Aug – 29 Sep	• Funds disbursed
25 Sep	• Lessons learned exercised conducted (to be shared with ICCG / SHF AB)

Annexes

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

IERT	Integrated package	IERT + Integrated package				
List of projects minus Muslim Aid, Muslim Hands and SRCS						
Fund Code	Type	Partner	Project title	Duration	Amount(\$)	Location
Integrated Emergency Response Teams and Integrated Package (Education, Food Security, Health, Nutrition and WASH)						
SOM-17/3485/R/Ed-FSC-H-Nut-WASH/NGO/6662	NNGO	CPD (Center for Peace and Democracy)	Integrated life-saving intervention in Galmudug Region in South Central Somalia.	9 months	\$599,936	Galmudug
SOM-17/3485/R/Ed-FSC-H-Nut-WASH/INGO/6677	INGO	CISP (Comitato Internazionale per lo Sviluppo dei Popoli)	Increased access to quality integrated emergency health, nutrition and WASH services in Eldere and Elbur districts.	8 months	\$446,265	Galmudug
SOM-17/3485/R/Ed-FSC-H-Nut-WASH/NGO/6672	NNGO	SDRO (Somali Development & Rehabilitation Organisation)	Integrated Emergency Response (WASH, Nutrition, Health, Food Security and Education) program through IERT in targeted locations in South Mudug/Hobyo and Galkayo Districts, Somalia	9 months	\$549,977	Galmudug
SOM-17/3485/R/WASH/NGO/6747	NNGO	GSA (General Service Agency)	Provision of Rapid Rehabilitation of Existing Strategic Water Boreholes to Increase and Sustain Access to life-saving water, sanitation facilities and hygiene promotion for IDPs and drought vulnerable communities in Acute Watery Diarrhoea outbreak areas in Mudug and Galgaduud Regions.	6 months	\$323,764	Galmudug
SOM-17/3485/R/Ed-FSC-H-Nut-WASH/INGO/6676	INGO	CESVI (Cooperazione E Sviluppo - CESVI)	Integrated life-saving and humanitarian support programme to drought- affected communities In Galmudug (Somalia).	9 months	\$850,000	Galmudug

SOM-17/3485/R/Ed-FSC-H-Nut-WASH/INGO/6668	INGO	WVI (World Vision Somalia)	Integrated Health, Nutrition, WASH, Food Security and Education interventions to host communities and IDP's affected by drought and AWD outbreak in Burao Region, Somaliland	6 months	\$700,008	Toghdeer
SOM-17/3485/R/WASH-FSC/INGO/6688	INGO	OXFAM Netherlands (NOVIB) (OXFAM Netherlands (NOVIB))	Integrated WaSH and Food Security emergency response to AWD outbreak in Togdheer region	6 months	\$500,095	Toghdeer
SOM-17/3485/R/FSC-WASH-Ed-H-Nut/NGO/6751	NNGO	Candlelight (Candlelight for Environment Education and Health)	Emergency response and Early recovery support to drought affected communities in Togdheer region, Somaliland	6 months	\$344,354	Toghdeer
SOM-17/3485/R/Ed-FSC-H-Nut-WASH/INGO/6669	INGO	SC (Save the Children)	Integrated Lifesaving Assistance for drought-affected populations in Buhodle district, Togdheer region	8 months	\$550,000	Toghdeer
SOM-17/3485/R/Ed-FSC-H-Nut-WASH/NGO/6776	NNGO	TASCO (Taakulo Somaliland Community)	To bring integrated response closer to the drought affected families and people through life-saving assistance, livelihood support and protection services.	9 months	\$386,998	Toghdeer
SOM-17/3485/R/FSC-H-Nut-WASH/O/6664	RC/RC	QRCS (Qatar Red Crescent Society)	Improved access to lifesaving Integrated Health, Nutrition, WASH and Food Security interventions to vulnerable IDPs, host community and returnees in Afgoye.	9 months	\$699,353	Lower Shabelle
SOM-17/3485/R/Ed-FSC-H-Nut-WASH/NGO/6663	NNGO	AYUUB (AYUUB Organization)	Emergency Intervention through lifesaving and Integrated response to the IDPs, vulnerable communities affected by drought and repeated internal conflicts in Marka, KM50 in Lower Shabelle Region	7 months	\$299,807	Lower Shabelle
SOM-17/3485/R/Ed-FSC-H-Nut-WASH/NGO/6734	NNGO	NWO (New Ways Organization)	Integrated Health, Nutrition and WASH emergency intervention to prevent deaths due to severe acute malnutrition, epidemics and waterborne diseases through IERT in drought affected districts of Barawe and Qoryoley in Lower Shabelle Region	9 months	\$299,603	Lower Shabelle
SOM-17/3485/R/FSC-Ed-H-Nut-WASH/INGO/6813	INGO	MA (Muslim Aid)	Integrated emergency Response for drought affected communities in Wanleweyn and K50, Lower Shebelle Regions.	10 months	\$749,984	Lower Shabelle
Integrated Shelter/Protection/CCCM						
SOM-17/3485/R/Shelter/NGO/6627	NNGO	AVORD (African Volunteers for Relief and Development)	Improve shelter conditions for newly arrived and vulnerable IDPs in Afgoye corridor and No.50 through provision of NFIs and Emergency Shelter Kits and Camp Management and Coordination activities.	6 months	\$290,186	Lower Shabelle
SOM-17/3485/R/Prot-Shelter/NGO/6758	NNGO	CCBRS (Comprehensive Community Based Rehabilitation in Somaliland)	Lifesaving prevention and response to emergency protection and shelter provision	12 months	\$399,636	Toghdeer
SOM-17/3485/R/Prot/INGO/6634	INGO	CISP (Comitato Internazionale per lo Sviluppo dei Popoli)	Prevention and Response to Child Rights violations in drought affected areas in Lower Shebelle, focusing on survivors of GBV and Unaccompanied/ Separated boys and girls along the Afgooye corridor, Afgoye district and KM50.	8 months	\$285,073	Lower Shabelle
SOM-17/3485/R/Shelter/INGO/6638	INGO	DKH (Diakonie Katastrophen Hilfe)	Protection of newly drought & conflict displaced IDPs through provision of emergency shelter and NFI kits and setup of gender balanced camp management committees for auto-management of new settlements of IDPs in Galkaayo South district (Mudug	6 months	\$455,693	Galmudug

			region) and Adado & Dhusamareeb districts (Galgadud region) of Central Somalia.			
SOM-17/3485/R/Prot/NGO/6631	NNGO	SCC (Somali Community Concern)	Promoting Dignity to drought affected women and girls through GBV Risk Mitigation and Provision of GBV Services in Afgoi and Afgoi corridor of lower Shabelle regions	8 months	\$236,810	Lower Shabelle
SOM-17/3485/R/Prot/NGO/6643	NNGO	SSWC (Save Somali Women & Children)	Scale up of GBV and Child protection services for drought affected population in Cadado district IDPs	9 months	\$314,999	Galmudug
SOM-17/3485/R/Shelter/NGO/6629	NNGO	SYPD (Sustainable Development & Peace Building Initiatives)	Improve access to Emergency Shelter and NFIs and overall living conditions for 5,400 newly displaced people in Lower Shabelle (Afgoye corridor and K50 through unconditional cash vouchers (for ESKs & NFIs), distribution of Solar Lamps and CCCM	6 months	\$300,096	Lower Shabelle
SOM-17/3485/R/CCCM/INGO/6641	INGO	NRC (Norwegian Refugee Council)	Strengthening existing settlements along side Afgooye corridor through establishment of improved coordination mechanisms	12 months	\$297,834	Lower Shabelle

II. SHF Process Guidelines

1. Project submission and prioritisation

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

- Following the AB and HC's endorsement of the SHF reserve strategy, cluster teams will identify interventions and partners for funding, who will be invited to submit relevant proposals to address the specific needs elaborated in this document. SHF eligible partners will be selected based upon their capacity to absorb the allocated funds, respond promptly in the priority areas and work closely with cluster coordinators and other partners during the project cycle.
- Full project proposals will be developed and uploaded into the Grant Management System (GMS) by the implementing partners that seek funding (via <https://chfsomalia.unocha.org>). The Cluster Coordinators and/or review committees should, as they are performing their strategic and technical review, advise whether the request is valid and funding should be granted. Requests recommended for approval are subject to technical review by OCHA Somalia Humanitarian Financing Unit (HFU) and Funding Coordination Section (FCS/OCHA headquarters).
- Programming must reflect the distinct needs of men, women, boys and girls during the implementation period. As gender issues are manifested in different ways for each cluster, an overarching gender-sensitive approach will be ensured through prioritizing proposals that highlight their strategy towards overcoming obstacles that prevent vulnerable groups from receiving access to lifesaving services. A major focus will be placed on supporting female-headed households, as well as pregnant and lactating women who are particularly vulnerable from health- and nutrition-related risks. Children between the ages of six months and five years will also be a programming priority, as they face significant risks from malnutrition-related health complications. Protection should be mainstreamed and central to all allocations.
- Organisations that have an ongoing SHF project and apply for the same activities under this allocation should clearly indicate how the new funding will complement the previous SHF project.
- All projects must address life-saving needs. The proposals must be backed by credible data to demonstrate the severity of needs and activities must be interconnected across clusters.

- Implementing partners must be eligible to receive SHF funding [[download the latest eligibility list](#)], present in the locations targeted in this allocation round or have the ability to immediately execute activities in the selected locations. Any exception to this provision should be endorsed by the Humanitarian Coordinator through OCHA Somalia HFU.
- Projects should be implemented between 6 and 12 months, with budgets between \$300,000 and \$1,000,000. Projects with budgets under \$300,000 should be considered in exceptional cases only.
- Non-governmental organisations should be prioritized. If and when feasible, clusters should prioritize the selection of non-governmental partners directly responsible for the implementation of projects; if the final choice is between national and international partner, the former should be prioritized. Further guidance is provided by the AB-endorsed document “Principles guiding 2017 allocations of the SHF” on 20 February 2017 [see <http://www.unocha.org/country/somalia/shf>].

2. Review of projects

- Project proposals will undergo both a ‘strategic’ and a ‘technical’ review process using the Grant Management System (GMS).
 - For the strategic review, Cluster Review Committees may be convened (joint for multi-cluster projects), but this is not a requirement.
 - During the technical review (technical experts from the relevant cluster and HFU staff), further attention is paid to the following:
 - The technical soundness/quality of the proposal
 - The financial efficiency of the project
 - The coherence between the narrative, work-plan, log-frame and budget.
 - The complementarity and consistency of projects across sectors, seeking to build synergies with other sectors.
- Clusters should justify the selection of partners and projects by demonstrating the (i) strategic relevance (ii) programmatic relevance (iii) cost effectiveness / value for money. The justification should be made available to HFU and will be recorded in the GMS to ensure transparency and accountability of the allocation process (score card).
- To ensure timely allocation and disbursement of funds, only three revision rounds will be allowed for proposals. Projects that fail to reach the required level of quality after three rounds of revision may not be funded, and the funding earmarked for the project may be relocated to other priorities or clusters.

3. Budgeting and finance

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

- Partners should adhere to the Country-Based Pooled Funds basic definitions and guidance including on project budget preparation, use of budget narrative and itemized budgetary breakdowns.

4. SHF Operational Manual

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

5. Who to contact?

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SHF feedback and complaint mechanism

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