

1st SHF 2018 Standard Allocation round *Allocation strategy paper*

Project proposal deadline:

11 March, 23h59

(Mogadishu/Nairobi)

Proposals can only be submitted by the SHF-eligible partners via the [SHF Grant Management System](#).

1. Allocation summary

This document lays out the approach to allocating funds through the Somalia Humanitarian Fund (SHF) 1st 2018 First Standard Allocation (SHF-2018-SA1, **US\$22 million**). In line with the current humanitarian situation, the 1st 2018 SHF Standard Allocation will focus on famine prevention while ensuring the centrality of protection through integrated humanitarian response in selected locations in Somalia (envelope A, \$8 million) and cluster-specific response (envelope B, \$14 million). The allocation round complements SHF funding allocated in late 2017 through the second Standard Allocation round (October-November 2018, \$13 million) and previous 2017 allocations. It may partly complement a potential CERF rapid response grant once processed.

2. Current humanitarian situation in Somalia

The risk of famine in Somalia has declined and there has been a reduction in the number of people in need of assistance. According to Food Security and Nutrition Analysis and Famine Early Warning Systems Network, an estimated 5.4 million people are in need of humanitarian assistance, down from 6.2 million, while the number of those in urgent need of life-saving assistance has dropped from 3.2 million to 2.7 million¹. However, humanitarian needs across the country remain critical as Somalia faces a fifth consecutive below average season. Climate forecasts indicate a 40 percent chance of below normal 2018 *Gu* rains (April to June) in most parts of Somalia. Should the rains follow the current forecast, pasture and water availability, crop cultivation, livestock reproduction, access to agricultural employment and water and food are expected to be adversely affected. Humanitarian assistance needs to be sustained to prevent deterioration of food security and nutrition and improve health as well as protection outcomes.

Despite improvements in the overall nutrition situation in Somalia, an estimated 301,000 children are suffering from acute malnutrition, including 48,000 who are severely malnourished and face increased risk of disease and death. Overall, 1.2 million children could be malnourished by the end of the year. These children require sustained level of assistance beyond mid-2018 and investment in prevention efforts.

Conflict and severe drought have continued to drive displacement, mainly from rural areas to urban centres. An estimated 2.1 million people are internally displaced (IDPs) in Somalia. This is exacerbating humanitarian needs and human rights violations across Somalia particularly in IDP settlements. Reports show a rise in new displacements on the outskirts of Mogadishu, mainly from Lower Shabelle. The combination of rural-urban migration and forced internal displacement has increased pressure on the already limited basic services and urban livelihood opportunities. IDPs are comparatively highly exposed to acts of violence, coercion, exploitation, and deprivation in displacement, enabling factors of which can be traced to the situation in overcrowded locations with poor/unhygienic living conditions and limited security provision. Majority of GBV survivors are IDPs; and rates of reported distress amongst children at IDP sites remain high, with voluntary and involuntary family separation frequently reported, further heightening vulnerability and reducing household coping capacity. Most IDPs currently indicate no intention to return to places of origin due to insecurity, lack of livelihoods, while durable solutions for those displaced for extended periods of time remain elusive.

¹ FSNAU/FEWNET post-Deyr seasonal assessment, issued 29 January 2018.

3. Allocation strategy

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

- Continued focus on famine prevention life-saving response, while ensuring the centrality of protection in all 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 by striving to channel at least 30% of available funding directly through national partners (if, when and where feasible);
- Continue supporting integration of response across clusters and complementarity with other funding sources, such as the Central Emergency Response Fund (CERF), bilateral funding and, when and where possible, Somalia UN Multi-Partner Trust Fund, to ensure timely and efficient prioritization in support of a stronger collective response and maximum impact of resources.
- 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 20% of annually available funds;

The currently available SHF funding (approximately \$22 million or 1.5 per cent of \$1.5 billion, i.e. all resources required for humanitarian action in Somalia in 2018) comes at the time when sustained response is required for successful continuation of famine-prevention efforts, while limited funding is available at the beginning of the year and programming cycle of some ongoing interventions is coming to an end.

Consultations with key SHF stakeholders confirmed support for the continuation of integrated response, when and where possible, as a reflection of the collective HCT strategy and best practice. Integrated response leads to maximum impact of limited resources and the Fund's ability to support such interventions is perceived as a strength and comparative advantage. At the same time, many cluster coordinators continued to emphasize the need for some degree of flexibility that would allow for cluster-specific prioritization at this crucial time of the year – when early funding is critical to respond to cluster-specific needs at select locations, where even small- or medium-scale interventions could have a significant impact or where the integrated response would not provide sufficient level of response activities. Consequently, the combined approach (integration and cluster-specific) has been endorsed by the SHF Advisory Board on 6 February 2018.

I. Recommended apportionment of envelopes

Following subsequent consultations with cluster coordinators, the following breakdown of envelopes has been recommended for endorsement (see justification below):

Table 1: Apportionment of envelopes

First Standard Allocation 2018		Integration (IDP settlements) Proposed envelopes*	Cluster-specific	% of SA1
Integration (A) \$8M (36%)	IERTs	3,300,000		17%
	Edu/FS/H/N/WASH	1,500,000		8%
	CCCM/Shelter-NFI/P/Wash	3,300,000		17%
Cluster-specific (B) \$14M (64%)	CCCM		500,000	2%
	Education		1,600,000	7%
	Food Security		2,600,000	12%
	Health		2,100,000	10%
	Logistics		600,000	3%
	Nutrition		2,100,000	10%
	Protection		1,200,000	5%
	Shelter/NFI		1,200,000	5%
	WASH		2,000,000	9%

Justification for apportionment of integration vs. cluster-specific element:

- 1/3 – 2/3 split between integrated response and cluster-specific envelopes is recommended due to the recent up-scale of support for integration at locations that continue to be prioritized during this allocation round, as well as due to requests to accommodate some cluster-specific priorities early in the year.

Justification for apportionment of cluster-specific envelopes:

- Apportionment of envelopes needs to be considered in conjunction with cluster shares within different integrated packages.
- Food Security is apportioned the largest share, although followed closely by Nutrition, Health and WASH (with WASH featuring in all integrated packages).
- Disproportionate allocation to Education (compared to Protection and Shelter) is considered due to Education only featuring in one (and the smallest) of the three integrated packages.
- Similar amounts are recommended for Shelter/NFIs and Protection; but clusters are encouraged to ensure the centrality of protection, including by working towards protection outcomes, through their cluster-specific interventions.
- Similar amounts are considered for Logistics and Camp Coordination and Camp Management, with the latter also featuring in one of the three integrated packages.
- Regardless of the indicative cluster-specific envelopes, clusters may encourage partners to propose multi-cluster interventions in the geographic areas of overlap, thus emphasizing the convergence of activities across clusters.

The recommended apportionment attempts to strike a balance between the proportions of the overall cluster-specific requirements of the 2018 Humanitarian Response Plan and the balancing role of the Fund, which provides a sufficient boost for clusters that may have lower overall requirements or that are less likely to attract donor funding.

II. Providing integrated support in IDP settlements and some rural areas

The integrated response will target selected regions with the highest level of displacements, critical Global Acute Malnutrition (GAM) above 15 per cent, lower than the national average access to water and sanitation and receiving high influx of IDPs: **Bay (Baidoa), Banadir (Mogadishu) and Lower Shabelle (Afgooye)**. Due to the poor performance of *Gu and Deyr* 2017 rains, water and food scarcity, loss of assets, displacement and disease outbreaks continue to be reported in these regions.

Also targeted, particularly through IERT are the under-served rural areas in the south, mainly **Lower Shabelle (Kuntuwarry, Qooryole, Wanlaweyn and Marka)** and **Bakool (Waajid and Xudur)**, where the October to December 2017 rainfall was well below average and poorly distributed.

Furthermore, targeting rural outlets in Lower Shabelle and Bakool will also help curb the outward migration of displaced persons to Afgooye-Mogadishu corridor and Baidoa where living conditions for IDPs are sub-standard. Pockets of insecurity and high level of displacements in the selected regions exposes children and their families to violence and the threat of exploitation and abuse as well as psychosocial distress, risk of family separation and gender based violence.

Addressing the food insecurity and nutrition situation in IDP settlements and other priority areas will require a holistic approach with concomitant WASH, health and food security interventions to reduce the elevated morbidity and mortality levels. Inadequate health and WASH services raise children's susceptibility to disease

outbreaks including acute water diarrhoea and aggravate malnutrition, while supporting education will ensure that schools can offer important entry points for health, nutrition and hygiene promotion interventions for children in these areas. New displacements have significantly increased the need for provision of protective services such as shelter, education, and child protection activities.

Table 2: Justification of selection of locations for integrated response

Locations	Justification
Bay (Baidoa IDPs)	<ul style="list-style-type: none"> • Presence of high number of IDPs • Below average performance of rains in fourth consecutive season 50 per cent chance of below normal Gu rains • Increase in IDP settlements and overcrowded settlements • Poor food consumption scores (39% poor, 25% borderline) • Critical GAM prevalence of 15.1% and 3.5% SAM • Increased risk of measles outbreak • Limited access to water and sanitation
Banadir (Mogadishu IDPs) / Lower Shabelle (Afgooye IDPs)	<ul style="list-style-type: none"> • Critical GAM prevalence of 16.1% and 4.1% SAM • Poor performance of rains • Increased risk of disease outbreak particularly measles • AWD/cholera cases reported
Galgaduud (Dhusamareeb IDPs)	<ul style="list-style-type: none"> • High morbidity rate (45%) • Nutrition situation serious (14.8% GAM and 3.6% SAM)
Bakool (Waajid and Xudur)	<ul style="list-style-type: none"> • 50 per cent chance of below normal Gu rains • Regular disruption of supply routes • High GAM prevalence of 18.7%. • Limited nutrition and health sites
Lower Shabelle (Kuntuwary, Qooryole, Wanlaweyn and Marka)	<ul style="list-style-type: none"> • High GAM prevalence rate of 14.2% • Limited access to basic health and nutrition services • Most affected by the prolonged drought

i) Integrated Emergency Response Teams (IERTs)

Main objective

To provide integrated multi-sectoral and lifesaving services to drought and conflict affected communities.

Guidance to IPs:

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

Activities and components

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

- WASH facilities are established, repaired, maintained at targeted communities, school's nutrition/stabilizations centres
- Promote the adoption of good hygiene and sanitation practices to affected communities, schools, health and nutrition promotion sessions
- Ensure there is adequate WASH facilities (latrines, hand washing, clean drinking water and medical waste disposal) at health centres and Cholera Treatment Centres/Units)
- assisting families with malnourished child with WASH package (hygiene promotion, hygiene kit, household water treatment) and support distribution of hygiene kits to discharged patients
- Provision of OPD health/Nutrition services through outreach mechanisms
- Identify and refer patients with severe cases that requires admission at health facilities after providing first aid services.

- Health education, Sanitation and hygiene promotion - Support implementation of community hygiene Promotion for epidemic outbreak Prevention.
- Danger sign identification of malnourished children with medical complication and appetite test.
- Organize community sensitization and mobilization sessions at facility and outreach level of the affected areas.
- Distribute standard (IEC) materials for social mobilization.
- Closely coordinate with the regional, district and NGOs social mobilizers, elders, Sheikhs all involved in activities on mobilizing communities.
- Anthropometric screening and identification for all children 6-59 months and pregnant and lactating women (PLW)
- Treatment of MAM and SAM without medical complication and treatment of MAM for PLW
- Referral of MAM and SAM cases with medical complication and failed appetite
- Prevention programs – BSFP/MCHN covering children 6-36 months and PLW
- Breast feeding promotion and support of infant and young child nutrition
- Deployment community nutrition workers to conduct daily screenings
 - Identify, refer and follow up malnutrition cases (children and PLW)
 - Identify and refer for prevention programs
 - Providing social behavioural change communications

IERT Health, Nutrition and WASH interventions will target

- Banadir (Mogadishu IDPs)
- Bay (Baidoa IDPs)
- Lower Shabelle (Kuntuwarry, Qooryole, Wanlaweyn and Marka)
- Bakool (Waajid, Xudur)
- Galgaduud (Dhusamareeb)

ii) Integrated package (Education/Food Security/Health/Nutrition/WASH)

Main objective

Reducing morbidity through food security, nutrition, health and WASH interventions for IDPs and host communities and using education and other basic service facilities among key entry points.

Activities and components

Activities and components of the package will include:

- Education: Provision of safe drinking water in schools
- Education: Provision of emergency school feeding/ Food grants /cash grants/ school in kind grants
- Education: Provision of essential teaching and learning materials
- Education: Establishment/rehabilitation of safe and protective learning spaces with child friendly sanitation facilities where need be and sufficient justification is provided
- Education: Hygiene promotion to combat AWD/Cholera in schools
- Education: Teacher training in school where teachers have not had any training
- Education: Emergency teacher incentives can be included if sufficient justification is provided
- Education: Support to Community Education Committees on school management

Guidance to IPs:

Applicants can submit (1) a multi-cluster project covering all clusters and components of the package; or (2) can submit individual proposals covering one or two clusters in collaboration with other partners (individual proposals, sub-contracting is discouraged).

- Education: Rehabilitation/provision of water storage in schools where need be and sufficient justification is provided
- Food Security: Unconditional cash / food voucher to improve food access.
- Food Security: Nutritional education (IEC messages) of balanced diet / dietary diversity in the local context. promoted using either food/ cash for the training approaches.
- Food Security: Pilot kitchen gardening or sack garden (multi-storey gardens) of vegetables.
- Food Security: Conditional cash aimed at maintaining the sanitation of their living environment or/ and rehabilitation water pans working closely with host communities (particularly for IDPs close rural area such as Bay / lower- Shebelle).
- Food Security: Provision of agricultural input for upcoming Gu season for selected IDPs settled close proximity to their home area (having) access to their farm land) and perform seasonal agricultural activities.
- Health: Provision of integrated Health, nutrition and WASH services including EPI
- Health: Referral Services support
- Health: Basic emergency obstetric care services
- Health: Provision of basic primary health care services including EPI Nutrition
- Nutrition: Scaling up treatment for SAM and MAM in an integrated manner through screening and referral and strengthening the existing services
- Nutrition: Blanket/ Target supplementary feeding;
- Nutrition: Delivery of the Basic Nutrition Services Package (BNSP) linked to WASH, Health and communication for development (C4D).
- Nutrition: Preventive components of BNSP (IYCF integrated with Home based food fortification, OTP integration with EPI, TSFP/BSFP integrated with functional OTPS).
- Nutrition: Social Mobilization and awareness rising in the frame work of NHHP/MCHN.
- WASH: Construction/rehabilitation of semi-permanent sanitation facilities with a lifespan of at last 3 years. All facilities must be easily emptied if needed.
- WASH: Installation of fecal sludge management (FSM) sites and systems when required. Systems will be composed of trained teams (FSM team) equipped with personal protection equipment, safe excreta transportation system (trash pump, hand carried systems, etc.) and a final disposal site designed so as to avoid contamination of water points. The FSM team will also serve as mobile sanitation team in case of AWD/Cholera outbreak in the camps and will be trained on AWD/Cholera preparedness. All latrines/toilets will be fitted with hand washing facilities.
- WASH: Enhance hand washing with soap practices at critical times through health/hygiene education campaigns and ensuring that soap is available at household level. Enhance menstrual hygiene through the same communication campaigns and creation of gender-specific hygiene committees in targeted settlements.
- WASH: Improve accessibility to existing water points through extension/rehabilitation of water networks, installation of strategic water tanks and distribution tap-stands.
- WASH: When relevant, water voucher modality to be used to bridge the gap between early stage of the project and installation of new water facilities. This option will be prioritized over water trucking.

Protection Mainstreaming in WASH:

- Toilets/latrines with lockable doors, must ensure privacy

- Toilets/latrines lighted if located away from household/shelters
- Toilets/latrines equipped with menstrual hygiene management facilities
- Emptying sanitation pits/facilities will ensure a continuous access to latrines for women and children
- Taking into account access needs of persons with disabilities for latrines and hand-washing.
- Hand-washing child-friendly sessions
- Gender balance in committees/segregated committees where necessary.
- Water taps closer to the household
- Queuing time reduced at water points

NB: Targeting of HHs for cash grants must include:

- families with malnourished children
- families with children of school going age – cash grants should be conditioned on families enrolling their children in schools incl. appropriate monitoring measures for ensuring continued attendance

NB: Where possible, IDP children should be supported to enrol in permanent functional schools. Proximity must be assessed. In these cases, projects can support expansion of permanent functional schools rather than establishing temporary learning spaces. Waiver of school fees needs to be negotiated with the management of permanent functional schools.

Locations / settlements

Joint Edu/FS/Health/Nut/WASH activities will target IDP sites in

- Bay (Baidoa IDPs)
- Lower Shabelle (Afgooye, Kuntuwarry, Qooryole, Wanlaweyn and Marka)
- Banadir (Mogadishu IDPs)

iii) Integrated CCCM, Protection, Shelter/NFI and WASH package

Main objective

Vulnerable families have protection risks mitigated and addressed, access to dignified basic services in IDP sites including: Household Non Food Items (NFIs), emergency / transitional shelter, improved access to sanitation and water, enhanced site management and community-based protection achieved via increased engagement with – and establishment or consolidation of – community structures representational of all age groups and genders.

Activities and components of the package will include:

- Establish/update **service mapping** of partners operating in sites
- Ensure **formalised / written agreement of tenure security** between the community and land owner is agreed upon and recognised by authorities prior to investment in the site.
- **Monitor service delivery** at site level to ensure that there are no gaps or duplication of activities through roving CCCM teams.
- Together with other clusters and partners, as well as the authorities, coordinate the **establishment / efficient use of referral pathways** for both protection (including SGBV) and assistance/service delivery to persons with specific needs / heightened vulnerability.

Guidance to IPs:

Applicants can submit (1) a multi-cluster project covering all clusters and components of the package; or (2) can submit individual proposals covering one or two clusters in collaboration with other partners (individual proposals, sub-contracting is discouraged).

Principled referral of cases and follow-up of cases (i.e. CPiE and GBV; to ensure services are accessed; engagement with government and humanitarian services). Protection focused male and female social workers / community engagement officers to be recruited to this end.

- Establish/reinforce **mechanisms for communication on multi-sector services** available per geographical area or in IDP sites through: communication / information centers (in coordination with local authorities and protection actors), mobile outreach teams or mass sensitization (radio programming, sign boards, text campaigns)
- Identify and support **inclusive site governance structures** (camp management committees), encouraging participation of all different segments (gender and age balanced or segregated where needed) of the displaced population and, as relevant, from among the host communities.
- Construction of **shared multi-purpose community spaces**, with seating options (chairs/benches) to facilitate community based activities and committee meetings.
- **Site planning and maintenance** to ensure safe access to services and reduce natural hazards and health concerns (fire breaks, reduce congestion, drainage if applicable).
- Training of all humanitarian staff interacting with populations on **Psychological First Aid and principled referrals**.
- Child mobilisation / basic **community psychosocial support activities** to improve child well-being based on a mobile outreach modality – ie. regular visits to targeted sites each week, with involvement of parents / volunteers where feasible to promote sustainability of initiatives. Incorporation of basic life-skills training in activities (i.e. hand-washing, nutrition, mine risk education, gender, etc.). Male and female community animators / mobilisers to be recruited to this end.
- **Protection monitoring** at individual and community level, in close coordination with (sub-national) Protection Clusters and using agreed-upon reporting formats, informing protection responses and broader humanitarian and development programming. Regular reporting required.
- Provision of **portable household solar lamps**.
- Targeted **distribution of emergency / transitional shelter** through in-kind distribution or unconditional cash/vouchers.
- Blanket **distribution of emergency NFIs** (including soap and basic female hygiene items) through in-kind distribution or unconditional cash/vouchers.
- Post distribution monitoring of shelter and NFIs distributions, including basic protection indicators.
- Construction/rehabilitation of **semi-permanent sanitation facilities** with a lifespan of at least 3 years. All facilities must be easily emptied if needed. All latrines/toilets will be gender segregated, child friendly, have adequate lighting and unobstructed access (also for persons with disabilities), lockable doors, and will be fitted with hand washing facilities.
- Installation of **faecal sludge management (FSM)** sites and systems when required. Systems will be composed of trained teams (FSM team), safe transportation system and a final disposal site to avoid contamination of water points. The FSM team will also serve as mobile sanitation team in case of AWD/Cholera outbreak in the camps.
- Enhance **hand washing with soap** practices at critical times through health/hygiene education campaigns and ensuring that soap is available at household level (to be integrated with NFI kit). Enhance **menstrual hygiene** through the same communication campaigns and creation of gender-specific hygiene committees in targeted settlements (specific supplies to be integrated in NFI kit).
- Improve **accessibility** to existing water points through extension/rehabilitation of water networks, installation of strategic water tanks and distribution tap-stands. Adequate lighting is provided at water points.
- When relevant, **water voucher** modality to be used to bridge the gap between early stage of the project and installation of new water facilities. This option will be prioritized over water trucking.

Locations / settlements

Joint CCCM , Protection, Shelter/NFI and WASH activities will target IDP communities in:

- Mogadishu/Afgooye corridor
- Bay (Baidoa)
- Hiran (Belet Weyne)

Submitting organisations are required to coordinate closely on site selection with the relevant clusters prior to implementation. In case of drastic changes in circumstances between the time the DSA data collection was carried out and implementation start, additional consultations at field level will be held and as a result trigger modifications regarding the selection of sites.

III. Cluster-specific prioritized interventions

The cluster-specific envelope, accounting for 64 per cent of available funds (\$14 million) allows for the prioritization of cluster-specific activities in up to three additional cluster-specified geographic areas (IPC4 or IPC3 or areas with large numbers of IDPs) that require stand-alone interventions. Complementarity between clusters to provide a holistic response to affected populations is also encouraged and should increase the likelihood of funding of projects.

Cluster coordinators, in consultation with regional/sub national clusters, have identified the following priority areas and activities (per cluster):

i) CCCM

Area: Afgooye; Hiran (Beletweyne); Garowe; Galkayo [NB: only two locations will be selected]

Amount: \$500,000

Recommended duration: 12 months

Priority activities:

Overall Camp Coordination of all sites at district level:

- Set up of CCCM coordination structures in collaboration with appropriate government counterpart
- Participate on behalf of CCCM in relevant coordination forums.
- Ensure through CCCM coordination that relevant responders are mobilized towards providing relevant sectorial assistance to those identified as very vulnerable
- Establish/update service mapping of partners operating in sites
- Conduct site verifications on quarterly basis

Camp management activities in selected sites with highest populations or greatest need including:

- Monitor service delivery at site level to ensure that there are no gaps or duplication of activities
- Establish roving CCCM teams for site monitoring and community engagement
- Identify existing governance structures and focal points for sites
- Construction of community spaces
- Identify and support governance structures, encouraging participation of all different segments of the displaced population and, as relevant, from among the host communities

- Establish/reinforce mechanisms for communication of multi-sector services available per geographical area or in IDP sites (Communication or info centers, mobile outreach, mass sensitization campaigns)
- Support community led site maintenance activities to ensure upkeep of sites (cash for work, site maintenance committees)
- Implement emergency sites improvement projects to minimize protection risks and ensure safety in sites (flood mitigation, fire prevention).

ii) Education

Area: Puntland rural (Bari and Nugaal), Bakool and Middle Shabelle

Amount: \$1.6 million

Recommended duration: 12 months

Priority activities:

- Provision of safe drinking water in schools
- Provision of emergency school feeding/ Food grants /cash grants/ school in kind grants
- Provision of essential teaching and learning materials
- Establishment/rehabilitation of safe and protective learning spaces with child friendly sanitation facilities where need be and sufficient justification is provided
- Hygiene promotion to combat AWD/Cholera in schools
- Teacher training in school where teachers have not had any training
- Emergency teacher incentives can be included if sufficient justification is provided
- Support to Community Education Committees on school management
- Rehabilitation/provision of water storage in schools where need be and sufficient justification is provided

iii) Food Security:

Area: Togdheer (Odweyne, Sheikh), Mudug (Jariban, Hobyo, Haradhere), Galgaduud (Adado and Ceelbuur)

Amount: \$2.6 million

Recommended duration: 12 months

Priority activities:

Improve access to food and safety net (IASN) response and livelihoods protection through

- Emergency assistance aimed at mainly improving immediate access to food.
- Unconditional transfer (food / cash / vouchers) to address acute food insecurity needs of populations in Emergency and crisis.
- Provision of agricultural input for upcoming Gu season for selected households in Togedheer Agro-pastoral livelihoods
- Livestock assets protection support (animal treatment, water provision)
- Nutritional education (IEC messages) of balanced diet / dietary diversity in the local context. Promote using either food/ cash for the training approaches.

Conditional transfer that support the rehabilitation of surface water harvesting structure of the community of the target area to allow harvest the water from upcoming Gu season.

The choice of transfer modality should be guided by the local context analysis of affected population, market analysis and as per harmonized cash transfer values of Cash Working Group (CWG).

iv) Health

Area: Bakool(Waajid, Xudur), Lower Juba (Afmadow, Badhade), Middle Shabelle (Balcad and Adan Yabal)

Amount: \$2.1 million

Recommended duration: 12 months

Priority activities:

- Provision of integrated Health, nutrition and WASH services including EPI
- Referral Services support
- Basic emergency obstetric care services
- Provision of basic primary health care services including EPI

v) Logistics

Area: Galgaduud (Dhussamareb) and Bay (Quansadere and Dinsor).

Amount: \$600,000

Recommended duration: 6 months

Priority Activities:

- Facilitating access to common logistics services on behalf of the whole humanitarian community, including storage and transport by road, air and sea to reach the people in need.
- Conduct technical logistics trainings for identified Government personnel
- Ensure continuity of services of two Dornier planes(smaller aircrafts) by United Nations Humanitarian Air Service (UNHAS)

vi) Nutrition

Area: Waqooyi Galbeed, Lower Juba (Afmadow, Badhade) and Middle Shabelle (Balcad and Adan Yabal)

Amount: \$2.1 million

Recommended duration: 12 months

Priority activities:

- Scaling up treatment for SAM and MAM through screening and referral;
- Blanket/ Target supplementary feeding;
- Delivery of the Basic Nutrition Services Package (BNSP) linked to WASH, Health and communication for development (C4D).
- Preventive components of BNSP (IYCF integrated with Home based food fortification, OTP integration with EPI, TSFP/BSFP integrated with functional OTPS).
- Social Mobilization and awareness rising in the frame work of NHHP/MCHN.
- Capacity Building to partners and communities;
- Accountability to affected population feedback and loop mechanisms
- Prepositions of Emergency Lifesaving Nutrition supplies.

vii) Protection

Area: Underserved communities / communities at risk in Bay (Baidoa Eastern), Banadir (Afgooye corridor) and Hiraan (Beletweyne)

Amount: \$1.2 million

Recommended duration: 12 months

Priority activities:

- Strengthen existing community mechanisms and establish new community representation and empowerment structures - for example female and child councils – enhancing community-based protection and ensure feedback from communities representational for all age groups and genders is communicated to the sub-national protection cluster and other coordination fora.
- Social cohesion / peaceful coexistence activities using community representation structures, supporting dialogue and projects that contribute to mitigation of potential conflicts and reduction of tensions between host- and IDP communities using an approach that takes into account the aim of achieving sustainability of the dialogue beyond the project duration. Identification of needs affecting both host- and IDP communities to be communicated via the sub-national protection cluster and other coordination fora.
- Protection monitoring and assessment at individual and community level, in close coordination with sub-national protection clusters and using agreed-upon reporting formats, informing protection responses and broader humanitarian and development programming. Regular reporting required.
- Social / case workers using outreach modality to ensure individuals / families with specific needs are identified, referred in a principled manner to appropriate service providers, and cases are followed up.
- Child mobilisation / basic community psychosocial support activities to improve child well-being based on a mobile outreach modality – i.e. regular visits to targeted sites each week, with involvement of parents / volunteers where feasible to promote sustainability of initiatives. Incorporation of basic life-skills training in activities (i.e. hand-washing, nutrition, mine risk education, gender, etc.).
- Identification and of unaccompanied and separated children and referral to family tracing services in line with established standards.
- GBV response through provision of clinical, psychosocial, security and safe house services to survivors of GBV, including small-scale livelihood projects to contribute to empowerment and reintegration – all activities to be of adequate standards and integrated in existing referral mechanisms.

- Sensitisation of communities (men and women) to disseminate information on health, psychological and social consequences of GBV as well as available services. Sensitisation and involvement of community leaders, including religious leaders, in GBV prevention initiatives.
- Distribution of portable household solar lanterns and dignity kits based on a thorough on-site assessment, distributed according to vulnerability criteria.

viii) Shelter

Area: Middle Shabelle (Jowhar and Balcad), Lower Shabelle (Merka) and Galgaduud (Adado and Abudwak)

Amount: \$1.2 million

Recommended duration: 12 months (Up to 6 months for distribution of NFIs)

Priority activities:

- Provision of Non Food Items (NFIs), locally purchased NFIs in areas where markets function (inclusion of cash/voucher modalities);
- Provision of emergency shelter kits through cash and vouchers where local markets allow. Transitional shelter support may be considered for the most vulnerable households provided there is a reasonable security of tenure. Applying partners will be required to provide clear and strong justification for transitional support.
- Settlement re-planning to reduce congestion and overcrowding.
- Post distribution monitoring

ix) Water, Sanitation and Hygiene

Area: Baidao and Beletweyne

Amount: \$ 2 million

Recommended duration: 12 to 24 months

Objective: The health condition of targeted communities is improved through better access to clean water, use of latrines, and increased health promotion and safe hygiene practices.

Priority activities

- Construction/rehabilitation of semi-permanent sanitation facilities with a lifespan of at least 3 years. All facilities must be easily emptied if needed.
- Installation of fecal sludge management (FSM) sites and systems when required. Systems will be composed of trained teams (FSM team) equipped with personal protection equipment, safe excreta transportation system (trash pump, hand carried systems, etc.) and a final disposal site designed so as to avoid contamination of water points. The FSM team will also serve as mobile sanitation team in case of AWD/Cholera outbreak in the camps and will be trained on AWD/Cholera preparedness. All latrines/toilets will be fitted with hand washing facilities.
- Enhance hand washing with soap practices at critical times through health/hygiene education campaigns and ensuring that soap is available at household level. Enhance menstrual hygiene through

the same communication campaigns and creation of gender-specific hygiene committees in targeted settlements.

- Enhance access to sustainable water sources where critically needed through new construction/installation or improve accessibility to existing water points through extension/rehabilitation of water networks, installation of strategic water tanks and distribution tap-stands.
- When relevant, water voucher modality to be used to bridge the gap between early stage of the project and installation of new water facilities. This option will be prioritized over water trucking.

Protection Mainstreaming in WASH:

- Toilets/latrines with lockable doors, must ensure privacy
- Toilets/latrines lighted if located away from household/shelters
- Toilets/latrines equipped with menstrual hygiene management facilities
- Emptying sanitation pits/facilities will ensure a continuous access to latrines for women and children
- Taking into account access needs of persons with disabilities for latrines and hand-washing.
- Hand-washing child-friendly sessions
- Gender balance in committees/segregated committees where necessary.
- Water taps closer to the household
- Queuing time reduced at water points

4. [Process overview and timeline \(see also Annex 2: SHF Process Guidelines\)](#)

The allocation round uses the *standard allocation modality*, allowing for a fast-tracked but competitive allocation process, with strategic prioritization conducted and determined collectively by the Somalia Inter-Cluster Coordination Group (ICCG) and ultimately endorsed by the SHF Advisory Board and the Humanitarian Coordinator. During the strategic prioritization process, cluster coordinators are strongly encouraged to consult and take into consideration inputs from the relevant authorities while upholding the underlying humanitarian principles of independence, neutrality and impartiality.

Selection of individual interventions and partners will be conducted by the cluster or inter-cluster Strategic Review Committees (SRCs), whose composition may be cross-cluster, depending on projects submitted), assessing the proposed interventions by the eligible partner,² 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. For detailed information on the allocation process see Annex 2 and the SHF Operational Manual. In line with the 2018 Humanitarian Response Plan, the SHF will continue to promote the *integrated* and *targeted* response across all clusters (see guidance above).

- *Target area*: The interventions should focus on specific and defined areas. **Proposals outside of the defined geographic and substantive scope will not be considered.**
- *Direct implementation* is prioritized. Sub-contracting is admissible only in exceptional cases and only when clear added value is demonstrated. Sub-contracting to partners that are eligible to receive direct SHF funding is not permissible.

² The updated eligibility list has been published on the SHF website <https://www.unocha.org/somalia/shf/>.

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.

Table 3: Allocation tentative timeline

Date	
15 January	• Allocation triggered (message from the Fund Manager)
23 January	• ICCG discusses and endorses the allocation approach
6 February	• SHF AB endorses the approach (6 February meeting)
23 February	• Strategy submitted for endorsement to the SHF AB and HC respectively
27 February	• Strategy, call for proposals and eligibility list published
8 March	• Deadline for the submission of SHF projects (IPs) (early submission encouraged)
14-16 March	• Strategic Review Committees: strategic review and selection (SRCs/CCs/HFU)
19 March	• List of recommended projects shared with the SHF AB / HC for endorsement
26 March	• IPs resubmit proposals (hard deadline)
27-6 April	• Technical review finalized (OCHA/HFU, clusters)
9-13 April	• Clearance of budgets (OCHA/FCS).
18 April	• Grant Agreements signed (HC, IPs) Implementation can start at the time of IP signature
25 April	• Grant Agreements signed (OCHA/EO)
30 April	• Funds disbursed

Annex 1: Breakdown of allocation per region for Integrated package Edu/FS/H/N/WASH and IERT

Population group	Specific IDP sites/locations	Allocation (\$)
Banadir IDPs	<p>Banadir</p> <ul style="list-style-type: none"> - Daynile District IDPs (Towfiq IDPs, Garasbaley IDPs, Waasac IDPs, Macruf IDPs, Hirwada IDPs, Km7, Km11, KM13 IDPs, Km15 IDPs, Siinka Dheere IDPs, Horsed IDPs, Halgan IDPs, Kordamac IDP, Alla Amin Umbrella camps, Gacan Barako Umbrella IDPs, Tilkal Ayaam Camp, Dalada Rabituuk, Dalada Ban hablo Umbrelee, - Kahda District IDPs (Km11, Km13 IDPs, Garasbaley IDPs, Taagane IDPs, Beergidiid IDPs, Kuntuwaareey IDPs, Bariyow IDPs, Harqaboobe IDPs, Donburale IDPs, Alaafutoo IDPs, Garowlaay IDPs, Buulo Warbo IDPs, Imaan IDPs, Km7 IDPs - Dharkenley District (Badbaado 1 IDPs, Badbaado 2 IDPs, Badbaado 3 IDPs, Badbaado 4 IDPs 	<p>1 million for IERT</p> <p>500,000 for integrated package</p>
Afgooye corr. IDPs (L Shabelle) & L.Shabelle rural communities	<p>Lower Shabelle</p> <ul style="list-style-type: none"> - Afgooye corridor IDPs (Lafole IDPs, Arbis IDPs, Elasha IDPs, Bandar Wanag Umbrella IDPs, Horseed IDPs, Alfaraj Umbrella IDPs, Dalada Ban hablo IDPs, Shareeca Camp, Shabelle IDPs, Nasri IDPs) - Marka, Kuntuwarry, Qooryole, Wanlaweyn 	<p>800,000 for IERT</p> <p>500,000 for integrated package</p>
Baidoa IDPs	<p>Baidoa</p> <ul style="list-style-type: none"> - South of the town, alongside Dinsor Road Baidoa-IDPs Sites (Haafato, Rajo, Dusta, Mogor I maayow1&2) - North and North west of the town, Alongside to Wajid Hudur IDP sites (Kormari1&2, Bay Iyo Bakool, Wadajir 4.) - South west of the town IDP sites (Alfurqaan1, 2&3, Wariiri, Barwaaqo) - East of the town, near livestock market (Suuqa Hoolah road) IDP sites (Aliyow Marayle-2, Aboow-asharow, Towfiq-Bulonuuriyo) - North east of the town, near Model school IDP sites (Adable Gure, Bakool1 , Iri roog) 	<p>600,000 for IERT</p> <p>500,000 for integrated package</p>
Galgaduud	<ul style="list-style-type: none"> - Dhusamareeb and Guricel 	<p>300,000 for IERT</p>
Bakool	<ul style="list-style-type: none"> - Waajid and Xudur 	<p>600,000 for IERT</p>

Annex 2: SHF Process Guidelines

1. Project submission and prioritisation

- Following the AB and HC's endorsement of the SHF 2017 Standard Allocation 2 strategy, call for proposals will be issued. The call will be posted on the SHF website and disseminated through cluster mailing lists.
- Partners that feature on the SHF eligibility list (November 2017) 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.
- The SHF eligibility list includes partners that fulfil all of the following three conditions:
 - The partner has **passed the SHF capacity assessment**.
 - 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**.
- 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>). *On 7 November 2017, the GMS system migrated to a new authentication mechanism called **Humanitarian ID**. Therefore, **to access the GMS, partners are required to log in to the Humanitarian ID**. Please find useful materials for GMS - Humanitarian ID authentication mechanism via <https://gms-blog.unocha.org/gms-humanitarian-id-launch>. The Cluster Coordinators and/or review committees should, as they are performing their strategic and technical review, advise whether the request is valid and funding should be granted. Requests recommended for approval are subject to technical review by the Humanitarian Financing Unit (HFU/OCHA Somalia) and Funding Coordination Section (FCS/OCHA headquarters).*
- Programming must reflect the distinct needs of men, women, boys and girls during the implementation period. As gender issues are manifested in different ways for each cluster, an overarching gender-sensitive approach will be ensured through prioritizing proposals that highlight their strategy towards overcoming obstacles that prevent vulnerable groups from receiving access to lifesaving services. A major focus will be placed on supporting female-headed households, as well as pregnant and lactating women who are particularly vulnerable from health- and nutrition-related risks. Children between the ages of six months and five years will also be a programming priority, as they face significant risks from malnutrition-related health complications. Protection should be mainstreamed and central to all allocations.
- Organisations that have an ongoing SHF project and apply for the same activities under this allocation should clearly indicate how the new funding will complement the previous SHF project. 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 one integrated package** (but can apply at multiple locations).
- All projects must address life-saving needs. The proposals must be backed by credible data to demonstrate the severity of needs and activities must be interconnected across clusters. Projects should show strong coordination with on-going humanitarian and resilience building interventions in the same locations.
- Implementing partners must be eligible to receive SHF funding, present in the locations targeted in this allocation round or have the ability to immediately execute activities in the selected locations.

³ Due diligence is a mandatory process of submission and review of basic documentation by all eligible Somalia Humanitarian Fund (SHF) implementing partners. Partners are required to update the relevant organizational information and documents on focal points, registration certificates, and banking details on a regular basis through the SHF Grant Management System (GMS) in order to apply for SHF funding. Any missing or inaccurate information in the due diligence component may prevent a partner from being considered for funding and can cause delays in the overall SHF allocation and contracting process. **Projects of partners that do not have their due diligence status approved will not be considered for strategic and technical review. This requirement will be applied consistently and strictly.**

- 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 on an exceptional basis.
- Non-governmental organisations should be prioritized for the allocation round. If, when and where feasible, local and national partners should be supported.
- Clusters should prioritize the selection of non-governmental partners directly responsible for the implementation of projects. Sub-granting is admissible in exceptional cases only. Sub-granting to SHF eligible partners is not admissible.
- 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 made available to OCHA Somalia HFU and will be recorded in the GMS by clusters to ensure transparency and accountability of the allocation process.
- To ensure timely allocation and disbursement of funds, only three technical revision rounds will be allowed for selected proposals. The partners are required to respond to comments and perform adjustments within the time set at the time of review (usually within 48 hours) and, in case of lack of clarity, be in direct touch with OCHA Somalia HFU (see contact details below) and/or cluster coordinators. **Projects that fail to reach the required level of quality after three rounds of revision may not be funded, and the funding earmarked for the project may be relocated to other priorities, projects or clusters.**

3. Budgeting and finance

- Projects that can demonstrate ‘value for money’ relative to the project budget should be prioritized. Factors to consider include maximum reach and impact for given cost, outcome and beneficiary reach for each dollar invested, cost effectiveness of the intervention including, minimizing support and overhead costs.
- Projects that can demonstrate low indirect costs as a proportion of direct costs should be ranked favourably.
 - See SHF Operational Manual, *Annex 2 – Budget Guidance (a); and Budget guidance preparation note (b)*.
- To reduce overhead costs, pass through arrangements where organisations simply pass on funding to their implementing partner organisation without providing any meaningful guidance, coordination, capacity

building, technical advice, monitoring and evaluation capacities or any other function of additional value will not be funded.

- Partners with submissions across different clusters should ensure that common costs (administrative and operational) are rationalised.
- Partners should adhere to the Country-Based Pooled Funds / SHF basic definitions and guidance including on project budget preparation, use of budget narrative and itemized budgetary breakdowns (see SHF Operational Manual and its annexes).

4. SHF Operational Manual

For a comprehensive set of rules governing the use of SHF funds, please consult the SHF Operational Manual and its annexes available for download at <http://www.unocha.org/country/somalia/shf/governance> . **Please note that an updated version of the Manual has been issued on 6 February 2018.**

5. Who to contact?

OCHA Somalia Humanitarian Financing Unit (HFU) [for process and GMS-issues]

General inquiries

- Mr. Matija Kovač, SHF Manager, M: +254(0)732391043 | T: +254(0)207629154, kovacm@un.org, Skype: kovac_matija
- Ms. Afifa Ismail, Deputy SHF Manager, M: +254(0)708515570, afifa@un.org, Skype: afifaish

Programmatic issues

Food Security, Protection

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

Education, Health and Nutrition:

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

Shelter/NFIs and WASH:

- Ms. Umikalthum Shukri Noor, T: +254(0)207629159, nooru@un.org , Skype: mulkys

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

- Mr. Martin Cheruiyot, T: +254(0)207629126 | M: +254(0)715743860, cheruiyot2@un.org,
- Ms. Linda Onyango, T: +254(0)207629145 | M: +254(0)734800140, onyango1@un.org, Skype: lindagaeli
- Ms. Naw Gay Htoo, M: +254(0)7157 53509, htoon@un.org , Skype: Angeline Htoo

Accountability

- Mr. Samuel Kihara, M: +254(0)705262211, T: +254(0)207629156, kihara@un.org

Cluster coordinators / cluster support staff [for cluster-specific and technical questions]

Camp Coordination and Camp Management

- Ms. Kathryn Ziga; KZIGA@iom.int
- Ms. Ariane Petretti; pretretti@unhcr.org

Education

- Ms. Sara Skovgaard; sskovgaard@unicef.org

Food Security

- Mr. Shibru Mulugeta ; mulugeta.shibru@fao.org

Health

- Hazem Safwan Rihawi; rihawih@who.int

Nutrition

- Mr. Samson Desie; sdesie@unicef.org

Protection

- Mr. Matthijs Zeilstra; zeilstra@unhcr.org

Shelter / NFIs

- Mr. Timothy Mutunga; mutunga@unhcr.org

WASH

- Mr. Frederic Patigny; fpatigny@unicef.org

6. SHF feedback and complaint mechanism

- Complaints regarding the SHF process or decisions can be brought to the attention of the SHF Manager
- At any point in time, stakeholders can bring their concerns to the attention of OCHA Somalia senior management through the confidential feedback email shf-feedback@ochasomalia.org .

Annex 3: SHF Eligibility List**SHF Operational Manual: Annex 5**
Eligible Partners

27 February 2018

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

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

Partners may be temporarily removed from the eligibility list due to due diligence status or outstanding oversight and compliance issues. In case of permanent suspension, formal communication will be shared with the partner. Partners marked (*) have their due diligence currently under review by the SHF and require approval before the submission of proposals.

Status	Partner SHF acronym (partner full name)
eligible	AAMIN (Aamin Organization)
eligible	AADSOM (Action Against Disasters Somalia)
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	ARC (American Refugee Committee)
eligible	ARD (Action for Relief and Development)
eligible	ASEP (Action for Social and Economic Progress)
eligible	AV (Aid Vision)
eligible	AVORD (African Volunteers for Relief and Development)
eligible	AYUUB Organization
eligible	BREC (Bay Regional Education Committee)
eligible	Candlelight (Candlelight for Environment Education and Health)
eligible	CARE Somalia (CARE Somalia)
eligible*	CARITAS (Caritas Switzerland)
eligible	CCBRS (Comprehensive Community Based Rehabilitation in Somaliland)
eligible	CEFA (European Committee for Agriculture and Training)
eligible	CESVI (Cooperazione E Sviluppo - CESVI)
eligible*	CISP (Comitato Internazionale per lo Sviluppo dei Popoli)
eligible	COOPI (Cooperazione Internazionale - COOPI)
eligible	CPD (Center for Peace and Democracy)
eligible	CRS (Catholic Relief Services)
eligible	CW (Concern Worldwide)
eligible	DA (DirectAid)
eligible	DEH (DEH Relief and Development Organization)
eligible	DF (Dialog Forening)
eligible	DKH (Diakonie Emergency Aid)
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*	HEAL (Health Education Agro-pastoralist Liaison)

eligible	HAPEN (Horn of Africa Peace Network)
eligible	HARD (Humanitarian Africa Relief Development Organization)
eligible	HINNA (Women Pioneers for Peace and Life)
eligible	HIJRA (HIJRA Organization for Welfare and Development)
eligible	HOD (Himilo Organization for Development)
eligible	HRDO (Hidig Relief And Development Organization)
eligible*	IFEDA (IFTIIN Education and Development Association)
eligible	IMC (International Medical Corps)
eligible	IMS (International Media Support)
eligible	INSO (International NGO Safety Organisation)
eligible*	INTERSOS (INTERSOS)
eligible	IRC (International Rescue Committee)
eligible*	IRDO (Iimaan Relief and Development Organization)
eligible	IRW (Islamic Relief Worldwide)
eligible*	JDO (Jubaland Development Organization)
eligible	KAALO RDO (KAALO Relief & Development Organization)
eligible	KISIMA (KISIMA Peace and Development Organization)
eligible	MA (Muslim Aid UK - Somalia)
eligible	MAG (Mines Advisory Group)
eligible	MC (Mercy Corps Europe)
eligible	NAPAD (Nomadic Assistance for Peace and Development)
eligible	NCA (Norwegian Church Aid)
eligible	NRC (Norwegian Refugee Council)
eligible	NWO (New Ways Organization)
eligible	OTP (Ocean Training and Promotion)
eligible	OXFAM NOVIB (OXFAM Netherlands – NOVIB)
eligible*	PASOS (Peace Action Society Organisation for Somalia)
eligible	PAC (Physicians Across Continents)
eligible*	PAH (Polish Humanitarian Action)
eligible	RAWA (Rasawad Welfare Association)
eligible	RI (Relief International)
eligible	READO (Rural Education and Agriculture Development Organization)
eligible	RRP (Riverine Relief Program)
eligible	SADO (Social Life and Agricultural Development Organisation)
eligible	SAFUK-International (Skills Active Forward UK)
eligible	SAGE (Sage Organisation)
eligible	SAMA (Salama Medical Agency)
eligible	SC (Save the Children)
eligible	SCC (Somali Community Concern)
eligible	SDRO (Somali Development & Rehabilitation Organisation)
eligible	SEDHURO (Socio-Economic Development and Human Rights Organization)
eligible	SOADO (Somali Organic Agriculture Development Organization)
eligible	Solidarités (Solidarités International)
eligible	SOMA ACTION (Soma Action)
eligible	SomaliAid (SomaliAid)
eligible	SOUTHERN AID (SOUTHERN AID)
eligible	SOYDA (Somali Young Doctors Association)
eligible	SSWC (Save Somali Women & Children)
eligible	SRDA (Somali Relief and Development Action)
eligible	SYPD (Sustainable Development & Peace Building Initiative)
eligible*	TASCO (Taakulo Somaliland Community)
eligible	TASS (Tadamun Social Society)
eligible*	TARDO (Tanad Relief and Development Organisation)
eligible	Trócaire (Trócaire)

eligible	VSF-Germany (Vétérinaires Sans Frontières – Germany)
eligible	VSF-Suisse (Vétérinaires Sans Frontières – Suisse)
eligible	WARDI (WARDI Relief and Development Initiatives)
eligible	WASDA (Wajir South Development Association)
eligible	WOCCA (Women and Child Care Organization)
eligible	WRRS (Wamo Relief and Rehabilitation Services)
eligible	WVI (World Vision)
eligible	Yme (Yme Foundation)
eligible	Zamzam (Zamzam Foundation)