

## SHF Reserve: Response in northern Somalia (Bari, Nugaal, Sool, Sanaag)



### 1. Allocation summary

This document lays out the approach to allocating funds from the Somalia Humanitarian Fund (SHF) Reserve for response in the north of Somalia, specifically Bari, Nugaal, Sool and Sanaag. The SHF allocation of up to **US\$ 7.5 million** will focus on priority life-saving humanitarian interventions in the priority areas with the most worrying food security outlook that have recently also received very limited SHF funding.

### 2. Context

The overall humanitarian situation in Somalia remains fragile due to residual impact of drought, ongoing displacement, conflict, critical malnutrition, Cyclone Sagar and seasonal floods. While the above average *Gu* (April-June) rains in many parts of Somalia have significantly improved the food security situation, extreme water and pasture shortages have been reported in rainfall deficit areas of Bari, Nugaal, Sool and Sanaag regions, specifically Northern Inland Pastoralist (NIP), Nugaal Valley and parts of Golis and Coastal Deeh livelihood zones. These largely pastoralist communities that already lost up to 70 per cent of their livestock due to four consecutive seasons of below normal rains, as well as due to the impact of the cyclone Sagar, are at risk of slipping to crisis (IPC 3) if humanitarian assistance is not provided or sustained.<sup>1</sup> The conditions also remain harsh in the north-western parts of Somalia (Awdal/Guban Pastoral).<sup>2</sup>

Malnutrition rates remain high. FSNAU's February to April 2018 report projected critical nutrition situation (GAM rates of 15-30 per cent) in parts of Sanaag, Sool, Bari and the entire Nugaal region with internally displaced people (IDPs) mainly in Sool and Bari bearing the brunt of the burden, as both regions host the largest number of IDPs in the North.

Findings from the WASH and Nutrition rapid assessment conducted in March 2018 in Garowe, Galkayo, Qardho and Bossaso IDPs settlements, identified poor WASH and health conditions in the IDP settlements as the main underlying cause of the prevalent high malnutrition rates among IDPs.<sup>3</sup> Recent OCHA field visits to Jowle, for example, identified that 50 per cent (350) of the existing latrines in use are in poor condition.

In Bari, preliminary findings of OCHA field monitoring mission indicate prevailing health, nutrition and WASH needs and gaps among rural and IDP communities visited. About 12 health and reproductive health centres in Bari region don't have Outpatient Therapeutic Programme (OTP) services. Similarly, there is no support for Qardho hospital stabilization centre, the only stabilization centre in the region.<sup>4</sup> In addition, there are many settlements lacking health facilities such as Biyogaduud and Qundheed in Benderbayla district and Qormo-Buurcad, Misir and Cambaar Hoose in Qardho district. The negative impacts of the cyclone Sagar in

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<sup>1</sup> FSNAU/FEWSNET Somalia Food Security Outlook June to January 2019: FSNAU climate update June 2018.

<sup>2</sup> The people in Guban pastoral, Somaliland, are already in emergency stage and lost most of their livestock due to cyclone Sagar. The current urgent needs of these communities in Awdal region (Baki, parts of Borama, Lughaya and Zaila districts) and Berbera district include life-saving assistance, rehabilitation/restoration of water systems and support to individual farmers affected by the cyclone. Some \$3.5 million has recently been received from the SHF for these areas, which are thus not prioritized during this allocation.

<sup>3</sup> Only three out of 21 IDP sub-settlements in Jowle, Garowe (Nugaal) have fully-functional and regular access to clean water. Of the 61 water points in the settlements, only 44 are properly functioning in all of the 21 settlements leading to high costs of water with IDPs purchasing water between 2,000 to 5,000 Somali Shillings per jerrycan (20 litres). Similarly, there is limited access to sanitation facilities.

<sup>4</sup> Source: Health Cluster, Bari region.

the coastal areas in the North, especially around Bossaso and Qandala, and the limited to no rainfall have further aggravated the situation.

The instability in the Tukaraq area is likely to increase the number of people displaced, should the situation escalate further. While humanitarians are responding to the recently displaced, major gaps remain with the provision of basic services, shelter and protection. In the coming weeks and months, the humanitarian situation across the North and the four priority regions, in particular, could worsen should if the assistance is not sustained.

### 3. SHF response strategy

The following, based on the *SHF principles guiding 2018 allocations*, will apply for this response:

- Prioritization of **direct implementation** through international and national **non-governmental partners**;
- Support for **local partners** by channelling SHF funding directly through the eligible SHF national and local partners (if, when and where feasible);
- Continue supporting **integration of response across clusters** and **complementarity with other funding sources**, bilateral funding and, when and where possible, to ensure timely and efficient prioritization in support of a stronger collective response and maximum impact of resources.

The response strategy is designed to boost the ongoing life-saving assistance and will target the most vulnerable individuals and households in the worst affected-areas. The following integrated and cluster-specific interventions are prioritized.

#### *Integrated response*

- Integrated Health, Nutrition and WASH services through support for fixed facilities and mobile outreach through the Integrated Emergency Response Teams (IERTs).
- Integrated CCCM/Shelter/Protection/WASH package in and around IDP settlements for the most vulnerable, aimed at ensuring access to key services through CCCM, Shelter, WASH activities while ensuring that their protection risks are mitigated.
- Integrated Food Security and Nutrition interventions to support/rebuild livelihoods of pastoral communities that have lost livestock through restocking activities, animal health services and provision of cash, targeting primarily women-headed households and families with children that were recently discharged from Therapeutic Feeding Centres (TFC).
- Integrated Education/Protection (Child Protection) and WASH services using learning facilities/schools as an entry point to respond to priority child protection concerns and support WASH services.

#### **Guidance to IPs:**

For integrated projects applicants are encouraged to submit a multi-cluster project that covers all clusters / components concerned.

If the project is submitted in collaboration with another applying partner, this needs to be clearly indicated in both proposals.

Partners should not apply for more than one integrated package.

#### *Cluster-specific response*

- WASH – construction of strategic priority boreholes in Sool and Sanaag, areas that have experienced five consecutive seasons of below normal rains.

Table 1: cluster-specific and integrated activities

Package	Activity per cluster	Region/District <sup>5</sup>	Modality	Envelope
<b>Integrated Health / Nutrition and WASH services</b> <ul style="list-style-type: none"> <li>• <b>IERT mobile outreach</b></li> <li>• <b>Fixed sites</b></li> </ul>	<b>Nutrition</b> <ul style="list-style-type: none"> <li>• Community worker's screening and identification of acutely malnourished children and PLWs</li> <li>• Mother led MUAC, training caretakers on the identification of malnutrition and ensure early action in treatment.</li> <li>• Treatment of children 06-59 months and pregnant and nursing women through specialized food provisions</li> <li>• Blanket supplementary feeding in prevention of acute malnutrition for children under 2 and pregnant and pregnant/nursing women.</li> <li>• Micronutrient support for vulnerable groups (Pregnant and nursing women and U5 children) with Vitamin A &amp; MMN</li> <li>• Integrated multi-sectorial Nutrition, Health, Hygiene (NHHP) preventative, Food-Security and promotional support including IYCF support for care givers.</li> </ul> <b>Health</b> <ul style="list-style-type: none"> <li>• Consultations and treatment to all age groups for both male and female patients treating both communicable and non-communicable diseases</li> <li>• Children and women of child bearing age are completely immunized against vaccine preventable diseases –</li> <li>• Provision of health education to community members</li> <li>• Early detection, case management for water-borne disease</li> <li>• Prevent gaps in early warning and response surveillance (EWARNs)</li> <li>• Provide essential medications and supplies</li> <li>• Maintain referral pathways for health complication cases</li> </ul> <b>WASH</b> <ul style="list-style-type: none"> <li>• Promote the adoption of good hygiene and sanitation practices to affected communities, schools, health and nutrition facilities.</li> <li>• Assisting families with malnourished child with WASH package (hygiene promotion/kits, water treatment) and support distribution of hygiene kits to discharged patients.</li> </ul>	Bari: Ishkushaban(6,882hhs), Qandala,(6319hhs)  Nugal-Garowe (15,712hhs)  Sanaag: Lasqoray (15,574hhs)  Sool: Las Caanood (15,574hhs)		<b>\$1.4 million</b> <ul style="list-style-type: none"> <li>• 60% (\$960,000) for fixed / static</li> <li>• 40% (\$640,000) for mobile outreach / IERTs</li> </ul>
<b>Integrated CCCM / Shelter / Protection / WASH in IDP sites</b>	<b>CCCM</b> <ul style="list-style-type: none"> <li>• Set up of CCCM coordination structures</li> <li>• Establish/update service mapping of partners in sites</li> <li>• Conduct site verification quarterly</li> <li>• Monitor service delivery by establishing roving CCCM teams for monitoring and community engagement</li> <li>• Construct community spaces</li> </ul>	<b>Bari</b> Bandar Bayle (600hhs) Hafun (700 hhs) Bareda (800 hhs). Caluula (800hhs) Bargal (800hhs) Murayo Village - Murcanyo (600hhs).		<b>\$2.2 million</b> <ul style="list-style-type: none"> <li>Sool/Sanaag:               <ul style="list-style-type: none"> <li>• \$0.8 million</li> </ul> </li> <li>Bari               <ul style="list-style-type: none"> <li>• \$1.4 million</li> </ul> </li> </ul>

Package	Activity per cluster	Region/District <sup>5</sup>	Modality	Envelope
	<ul style="list-style-type: none"> <li>• Identify and support governance structures and encourage participation</li> <li>• Establish/reinforce mechanisms for communication of multi-sector services available per geographical area or in IDP sites</li> <li>• Support community led site maintenance activities to ensure upkeep of sites</li> <li>• Implement emergency sites improvement projects to minimize protection risks and ensure safety in sites</li> </ul> <p><b>Shelter/NFI</b></p> <ul style="list-style-type: none"> <li>• Distribution of NFI Kits.</li> <li>• Distribution of Emergency Shelter Kits (ESKs).</li> <li>• Distribution of core relief items including potentially portable solar lamps.</li> <li>• Post distribution monitoring</li> </ul> <p><b>WASH</b></p> <ul style="list-style-type: none"> <li>• Rehabilitation of sanitation facilities</li> <li>• Establishment of faecal sludge management systems including desludging, transportation and final disposal of faecal material</li> <li>• Rehabilitation of water points (existing networks, water reservoirs, water sources and treatment systems)</li> <li>• Establishment of water committees for ensuring continuity of services, appropriate operation and maintenance</li> <li>• Hygiene promotion campaigns focusing on hand washing with soap and hygiene kits distribution, including female specific hygiene items (sanitary cloths etc.)</li> </ul> <p><b>Protection</b></p> <ul style="list-style-type: none"> <li>• Training of all humanitarian staff interacting with populations on <i>Psychological First Aid and principled referrals</i>.</li> <li>• Child mobilization / basic <i>community psychosocial support activities</i> 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. This activity should also involve community leaders, ensuring broad community based protection.</li> <li>• <i>Protection monitoring</i> 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. Protection monitors to work in conjunction with all project staff to identify separated / unaccompanied children, GBV survivors, individuals in severe distress, and be capable to refer in a principled and protection sensitive manner.</li> </ul>	<p>Habo Village (500 hhs)</p> <p><b><u>Sanaag/Sool</u></b>  <u>Badhan</u>  <u>Xingalool</u>  <u>Dhahar</u>  Baran IDPs (200hhs),  Gumar (1000hhs),  Rabcada (800hhs),  Dhahar (800hhs)</p>		

Package	Activity per cluster	Region/District <sup>5</sup>	Modality	Envelope
<b>Integrated Food Security and Nutrition interventions</b>	<ul style="list-style-type: none"> <li>Restocking of families with 10 heads of goats (9 lactating and one male) to target families. The cluster advice procurement of goats from the local areas which means it is adaptive to local conditions and adds less to the grazing pressure. This will also ensure that cash is ploughed back to the local economy. The restocking is for about 850hhs in peri-urban areas using the nutrition referral pathway.</li> <li>Provide supplements blocks 10 KG per HH, vaccinate against PPR/SGP and deworm.</li> <li>Provision of cash (cash plus) for 3- 4 months to target families. The cash plus covering full MEB of the area for the families so that part of the non-food MEB used for care and maintenance the restocked animals for initial three-four months.</li> </ul>	Bari (Qardo) – 200hh Nugaal (Garowe) – 500hh Sanaag (Badhan) – 100hh Sool (Talex) – 80hh  Criteria for locations targeted: <i>Area with large populations in IPC 3 &amp; 4 and where critical level of malnutrition has been recorded</i>  <i>Some areas have lost on average 60% of their stock</i>	Peri-urban centres, IDP locations  Relying on referral-pathway, completed (discharged). This will allow <b>households prioritised by nutrition</b> to also benefit under the FSC responses.  MEB in per month Bari - \$181 Nugaal - \$177 Sanaag - \$200 Sool - \$196 Restocking supplement vaccination & treatment = \$1000/hh	<b>\$1.6 million</b>
<b>Integrated Education/Protection/WASH</b>	<b>Education</b> <ul style="list-style-type: none"> <li>Emergency school feeding</li> <li>Provision of teaching and learning materials</li> <li>CEC training</li> <li>Provision of teacher incentive</li> <li>Hygiene promotion</li> <li>Basic psychosocial support (PSS)</li> </ul>	Nugaal (Garowe and Eyl): 11,200 children; Bari (Qandala, Qarhod): 4700 children.	Using learning facilities/schools as an entry point to respond to priority child protection concerns and support WASH services.	<b>\$1.1 million</b>
	<ul style="list-style-type: none"> <li>Light rehabilitation of schools and WASH facilities (ensure gender-segregation)</li> <li>Provision of teaching learning material (TLM);</li> <li>Temporary Feeding Program;</li> <li>Temporary teacher incentives;</li> <li>Psychosocial training for teachers and CEC</li> </ul>	Sool (Xudun, Taleex and Laascaanod); Sanaag (Elafwein and Badhan) and Buhoodleh.		

Package	Activity per cluster	Region/District <sup>5</sup>	Modality	Envelope
	<p><b>Protection (Child Protection)</b></p> <ul style="list-style-type: none"> <li>Establish referral system in schools/TLS and supporting community based Child Protection Mechanisms for quick and efficient referrals of children with protection needs. This includes training, mapping of services and focal points within community and school (community child protection committees, School Management Committees, etc.).</li> <li>Provision of community based psychosocial support to the affected children and their families ( including mobile CFSs and outreach activities)</li> <li>Prevention -Awareness raising and outreach on GBV, prevention of family separation, child recruitment, MRE and other protection concerns- for teachers, community member's committees etc.</li> <li>Monitoring and reporting on CP concerns including grave violations against children</li> <li>Provide refresher/training to teachers and community based child protection committees on child protection and psychosocial support, and enable them to identify and refer cases of children in need of protection.</li> <li>Case management – for UASC through immediate care, referrals and family tracing and response to GBV survivors; Establish CP referral system in schools etc.</li> <li>Provision of dignity kits and orientation on usage and hygiene</li> <li>Mapping and sharing of existing referral pathways for children on how to access existing CP services.</li> </ul> <p><b>WASH</b></p> <ul style="list-style-type: none"> <li>Orient the WASH Committees on Child Protection, CP monitoring, Referrals and awareness raising -to disseminate CP preventive messages, hygiene promotion/practices and referrals</li> <li><i>Rehabilitation of WASH facilities in schools (see above under education Sool/Sanaag)</i></li> </ul>	<p>Nugaal (Garowe and Eyl) Bari (Qandala, Qarhod)</p> <p>Sool (Xudun, Taleex and Laascaanod); Sanaag (Elafwein and Badhan) and Buhoodle</p>		
<b>WASH</b>	<ul style="list-style-type: none"> <li>Drilling and equipment of deep boreholes to provide sustainable access to safe water to at least 5,000 people or any other sustainable alternative solution based on local technical assessments.</li> <li>Provision of sustainable access to sanitation to the population served by the deep borehole and cleaning/disinfection of potential contamination point.</li> <li>Establishment of Water committee to ensure continuity of services, operation and maintenance</li> <li>Hygiene promotion activities with hygiene kit distribution to the population served by the deep borehole</li> </ul>	<p>Sool (Ainabo, Taleex and/or Laascaanod)</p> <p>Sanaag (Erigavo, Badhan and/or Daraweyne)</p>	<ul style="list-style-type: none"> <li>1.5 year required.</li> <li>Hydrogeological survey mandatory.</li> <li>BH fully equipped, hybrid power supply system, elevated water tank, distribution system</li> <li>Selection of site based on water coverage, FS/Nutrition indicators.</li> <li>Cost per site: 200,000</li> <li>Operational research for documenting the approach should be put in the proposal</li> </ul>	<b>\$1.2 million</b>

#### 4. Process overview and timeline (see also Annex 1: SHF Process Guidelines)

The allocation round uses the *reserve* allocation modality, 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.

The selection of individual partners will be conducted and will take into consideration the current SHF eligibility list, operational presence of partners in the prioritized area (refer to the latest Somalia operation 3Ws) and their capacity to mount immediate response.

The review of submitted projects will be conducted by the inter-cluster Strategic Review Committees (SRCs), whose composition may be cross-cluster, depending on projects submitted), assessing the proposed interventions by the eligible partner<sup>6</sup> that have the operational presence and capacity to respond in the prioritized locations,<sup>7</sup> strictly against the present allocation strategy and the pre-defined SHF score cards. Technical review will follow or may be conducted concurrently by SRC members and the OCHA HFU.

- *Target area:* The selected 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.

Table 2: Allocation tentative timeline

Date	
2 July	• Allocation announced (HC)
3 July	• ICCG discusses and provisionally endorses the allocation approach
15 July	• Response strategy shared with the SHF AB for endorsement
20 July	Clusters identify partners for submission of proposals through a semi-competitive process (based on the SHF eligibility list, operational presence of partners in the prioritized area [as per the latest Somalia operation 3Ws] and their capacity to mount immediate response).
5 Aug	• Deadline for the submission of SHF projects (IPs) ( <b>early submission encouraged</b> )
7-10 Aug	• Strategic Review Committees/CCs: strategic review and selection (SRCs/CCs/HFU)
11 Aug	• List of recommended projects shared with the SHF AB / HC for final endorsement
16 Aug	• IPs resubmit proposals, technical review finalized
24 Aug	• Grant Agreements signed (HC, IPs) <b>Implementation can start at the time of IP signature</b>
27 Aug	• Grant Agreements signed (OCHA/EO)
6 Sept	• Funds disbursed

<sup>6</sup> The updated eligibility list to be published on the SHF website <https://www.unocha.org/somalia/shf/>, dated 14 July 2018.

<sup>7</sup> The partner needs to have had running programmes in the prioritized regions at least as of mid-2017, including offices, sub-offices and staff. The partner needs to take active part in the local coordination structures, including cluster and inter-cluster meetings, and report regularly through the established cluster channels. OCHA will use inter-cluster and cluster 3Ws matrices and other applicable tools to verify the partner's operational presence and capacity to respond in the prioritized areas.

## Annex 1: SHF Process Guidelines

### **i. Project submission and prioritisation**

- Following the AB and HC's endorsement of this strategy, call for proposals will be issued. The call will be disseminated by the HFU and through the cluster mailing list. Proposals can be submitted by partners that fulfil the following criteria:
  - They feature on the SHF eligibility list;
  - They have operational presence in the prioritized area
  - They have the capacity to mount immediate response.
- Proposals 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**.<sup>8</sup>
  - 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>).
  - *Note: 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.**

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<sup>8</sup> 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 may not be considered for strategic and technical review.**



- 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 (as per 3Ws or confirmation from clusters/OCHA locally) or have the ability to immediately execute activities in the selected locations.
- Projects should be implemented in the period between 6 to 12 months and should not have a budget of less than \$250,000, with larger project budgets strongly encouraged.
- Non-governmental organisations are prioritized for the allocation round. If, when and where feasible, local and national partners will 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, the SHF will maintain the oversight through the application of its accountability tools.

## ii. 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.
- OCHA Somalia HFU reserves the right to disqualify and recommend not to consider projects by partners without operational presence in the prioritized area.
- 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.**

### iii. 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); Budget guidance preparation (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).

### iv. 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 [www.unocha.org/somalia/governance-policy-and-guidance](http://www.unocha.org/somalia/governance-policy-and-guidance) . **Please note that an updated version of the Manual has been issued on 6 February 2018.**

### v. Who to contact?

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

##### General inquiries

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##### Programmatic issues

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

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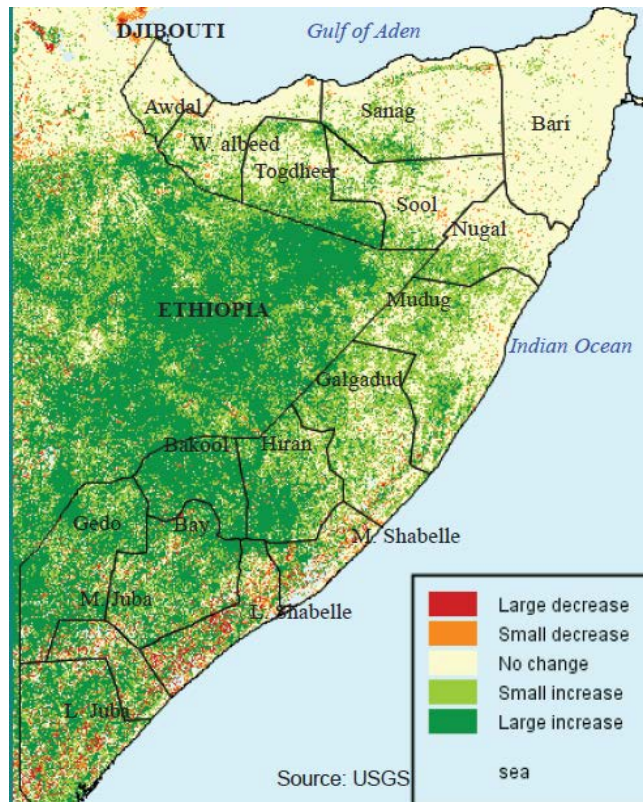
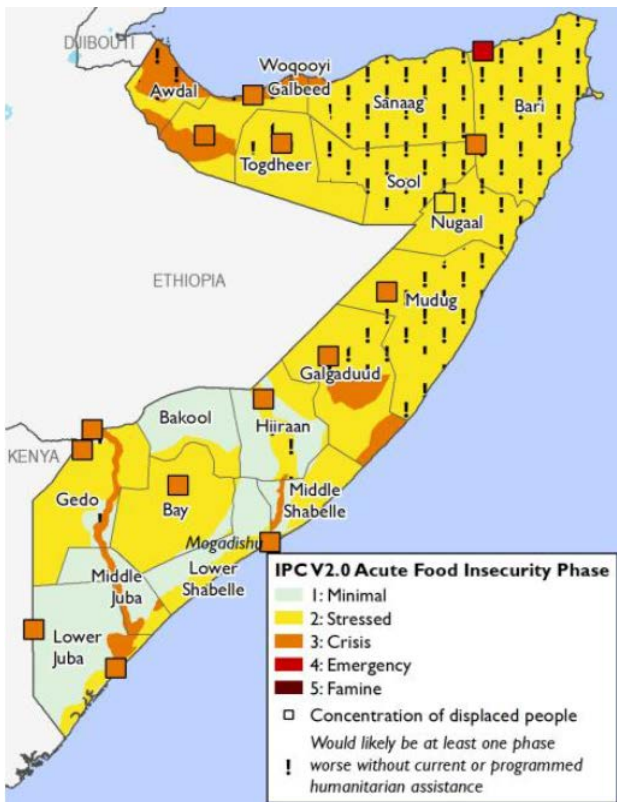
**WASH**

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**vi. 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](mailto:shf-feedback@ochasomalia.org) .

Annex 1: Current Food Security outcomes, June 2018    Annex 2: Vegetation cover (NDVI)



## Eligible Partners

14 July 2018

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

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

Partners may be temporarily removed from the eligibility list due to due diligence status or outstanding oversight and compliance issues. In case of permanent suspension, formal communication will be shared with the partner.

Status	Partner SHF acronym (partner full name)
eligible	AAMIN (Aamin Organization)
eligible	AADSOM (Action Against Disasters Somalia)
eligible	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	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	QRCS (Qatar Red Crescent Society)
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	SORDES (Somali Relief and Development Society)
eligible	SOUTHERN AID (SOUTHERN AID)
eligible	SOYDA (Somali Young Doctors Association)
eligible	SRCS Somaliland (Somali Red Crescent Society)
eligible	SSWC (Save Somali Women & Children)
eligible	SRDA (Somali Relief and Development Action)
eligible	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)