1. **Strategic Statement**

The drought emergency has heightened in Somalia and now the country faces the risk of famine. Extreme drought conditions have affected about 6.1 million people and displaced 760,000 people from their homes in search of water, food, and pasture. Without immediate funding, humanitarian partners will be forced to stop essential programmes, including food assistance, nutritional activities, effective health care provision and livelihood support.

This $20 million reserve allocation will scale-up the drought response in six priority locations affected where the situation is rapidly worsening. It comes at a time where water scarcity is at an all-time high, hunger is rising due to near complete food shortages, escalating levels acute malnutrition, and spiking disease outbreaks. This allocation will replenish funding for the best placed national NGO partners, to ensure the response reaches all affected locations, inclusive of hard-to-reach areas.

2. **Humanitarian Context and Response**

The drought has worsened in many parts of Somalia. About 7.7 million people urgently need humanitarian assistance to prevent extreme food security and nutrition outcomes, including the risk of famine between now and June. Prevailing La Niña conditions are most likely to result in a historic, fourth consecutive below-average rainfall season in April-June 2022 with potentially catastrophic results. To respond to the growing needs, the CCCM cluster will scale-up their services in IDP sites to provide site level coordination, monitoring, and services to avert congestion which could lead to increased transmission of communicable diseases, malnutrition, insecurity, and protection incidents, while the Shelter cluster will focus on the provision of shelter, food, and non-food items, which are currently overstretched.

The intensifying drought has resulted to a widespread water crisis. Low rains in April to June will continue to lower the water tables and drying out of the most relied on water sources. Water scarcity has increased human and livestock disease incidence and has exacerbated inadequate access to sanitation and hygiene facilities, leaving households vulnerable to diseases like cholera and Acute Watery Diarrhea (AWD). The current worst affected regions include parts of Southwest State, Galgaduud, Sool, and Togdheer regions. To increase access to safe water, sanitation and hygiene services, the WASH cluster will provide emergency water trucking to drought-affected rural areas, improve the working conditions of key community water infrastructures, and strengthen the hygiene of households inclusive of female specific hygiene items. In addition, the Health and Nutrition clusters will provide an integrated response to treat and prevent diseases such as AWD/Cholera, severely malnourished children and provide reproductive health services.

The food security situation is at risk of further deterioration leading to extreme food security and nutrition outcomes, including the risk of Famine. Worsening drought is putting some areas across Somalia at risk of Famine (IPC Phase 5) through June 2022 if the current April to June Gu season rains fail. The threats include sharp increase of food prices, rapid increase in the size of the food insecure population, influx of newly displaced people, widening of household food consumption gaps, loss of livelihood assets, and worsening acute malnutrition. Areas at risk of famine, currently classified in Emergency (IPC Phase 4), with five to 10 per cent of the population facing food catastrophe (IPC Phase 5) outcomes include southern agropastoral areas, inclusive of Sool and Togdheer regions. In response, the Food Security Cluster will provide unconditional cash transfers, provide fodder, and water for livestock, and provide cash + emergency livelihood inputs to stimulate food production.

3. **CERF complementarity**

This allocation will complement the CERF Rapid Response (RR) drought response grant of $14 million and will strengthens the protective environment of those most in need. CERF will target the priority locations with lifesaving WASH, Food Security, Health, Nutrition, Protection interventions. In terms of geographical coverage, CERF will focus on Banadir, Mudug, Southwest State, Lower Shabelle and Togdheer while the SHF will complement by addressing the priority 1 locations in Galgaduud, Togdheer and Sool; Banadir and Bay (limited to: Shelter/NFI, CCCM and some Protection AORs under Protection); Hirshabelle (AWD/cholera).
## 4. Cluster Breakdown

<table>
<thead>
<tr>
<th>Cluster/Integrated package</th>
<th>Amount allocated</th>
<th>Geographic Locations</th>
<th>People Targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCCM</td>
<td>500,000</td>
<td>Khada; Daynille</td>
<td>63,053</td>
</tr>
<tr>
<td>Food Security</td>
<td>4,500,000</td>
<td>Baydhaba; Bardaale; Laas Caanood; Buuhoodle; Owdweyne</td>
<td>338,351</td>
</tr>
<tr>
<td>Integrated (Health/Nutrition)</td>
<td>3,200,000</td>
<td>Ceel Buur; Owdwenye; Baadhoole; Rabdhure; Diinsoor; Hobyo; Laas Caanood, Heliwa</td>
<td>120,000</td>
</tr>
<tr>
<td>Integrated (Health/WASH)</td>
<td>3,000,000</td>
<td>Beletweyn; Bula-Burde; Balcad; Jowhar</td>
<td>104,000</td>
</tr>
<tr>
<td>Logistics (UNHAS)</td>
<td>500,000</td>
<td>All project locations</td>
<td>-</td>
</tr>
<tr>
<td>Protection (GP, CP &amp; GBV)</td>
<td>800,000</td>
<td>Buuходle; Laas Caanood; Daynile, Kahda and Baydhabo</td>
<td>21,000</td>
</tr>
<tr>
<td>Shelter/NFI</td>
<td>1,900,000</td>
<td>Dhuusamarreb; Cabudwaq; Cadaado; Daynile; Kaxda</td>
<td>12,900</td>
</tr>
<tr>
<td>WASH</td>
<td>5,600,000</td>
<td>Buuходle; Laas Caanood; Owdwenye, Cerigaabo Cadaado, Cabudwaq; Dhuusamarreb;</td>
<td>240,866</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$20,000,000</strong></td>
<td></td>
<td><strong>900,170</strong></td>
</tr>
</tbody>
</table>
Table 1:

<table>
<thead>
<tr>
<th>Cluster/Package</th>
<th>Activity</th>
<th>Region/District</th>
<th>People to be targeted (estimates)</th>
<th>Recommended Partner</th>
<th>Recommended Budget</th>
</tr>
</thead>
</table>
| CCCM            | • Provide site level maintenance activities critical to the service provision ensuring that community structures necessary for community are available to the drought displaced population across sites  
                    • Provide site-level coordination which is critical in creating an equitable and fast emergency response as well as promote area-based coordination to enhance efficiency in coordination efforts of the drought response across the targeted locations.  
                    • Provide service mapping and service monitoring across sites with drought displaced persons capturing service gaps and gaps analysing highlighting sites with critical service needs to promote equitable service delivery across sites.  
                    • Provide Risk Communication and Community Engagement with IDP members and leaders on accepting drought displaced populations in their sites, promote peaceful co-existence and social cohesion with host communities.  
                    • Provide access to critical information to the displaced population on service delivery and service providers in and across sites receiving drought displaced new arrivals.  
                    • Provide site-level new arrival trends and gap analysis which is critical to the overall drought response in IDP sites leading to efficient aid and service delivery to the affected population.  
                    • Enhance access to complaint feedback and protection referral mechanism to the drought displaced new arrivals being received in IDP sites to mitigate protection risks and vulnerability to the affected populations especially women, boys, girls PLWD, elderly, minorities and other vulnerable groups. | Khada           | 27,931                           | SCC                 | $250,000            |
|                 |                                                                                                                                         | Daynille        | 35,122                           | NOFYL               | $250,000            |
| Food Security   | • UCT to improve access to food (minimum of 3 rounds/months of assistance). The primary focus should be only two categories: (i) vulnerable IDPs in collective sites and (ii) households with a malnourished under-five child (SAM and MAM) based on admission records.  
                    • Provision of livestock feed/fodder or supplementary feed to prevent drought-related fatalities.  
                    • Provision of water to livestock to prevent drought-related fatalities.  
                    • Provision of cash + emergency livelihood inputs to enable drought-affected households to get back into production to secure a harvest / sustain animal health to improve household access to food.  
                    ***The Transfer Value of the cash component of the Cash+ program should be the same as the UCT for improved access to food (similarly, the duration should also be a minimum of 3 rounds/months of assistance). Additionally, inputs should only be provided where there are enough rains to restart agriculture. | Baydhaba       | 238,747                          | ARD                | $630,000            |
<p>|                 |                                                                                                                                         | Bardaale        |                                  | ADA                 | $630,000            |
|                 |                                                                                                                                         |                 |                                  | CW                  | $630,000            |
|                 |                                                                                                                                         |                 |                                  | MERCY CORPS         | $630,000            |
|                 |                                                                                                                                         |                 |                                  | COOPI               | $630,000            |
|                 |                                                                                                                                         | Laas Caanood    | 46,811                           | AAIS                | $600,000            |
|                 |                                                                                                                                         | Buuhoodle       | 15,930                           | VSF GERMANY         | $250,000            |
|                 |                                                                                                                                         | Owdweyne        | 36,863                           | CANDLELIGHT         | $500,000            |
| IERT            |                                                                                                                                         | Ceel Buur       | 20,000                           | KAAH                | $450,000            |</p>
<table>
<thead>
<tr>
<th>Cluster/Package</th>
<th>Activity</th>
<th>Region/District(^1)</th>
<th>People to be targeted (estimates)</th>
<th>Recommended Partner</th>
<th>Recommended Budget</th>
</tr>
</thead>
</table>
| Health/Nutrition | Health/Nutrition | - Provision of lifesaving primary health care services through fixed health facilities and outreach including PHC (EPHS) clinical care, child health care, communicable disease treatment including cholera treatment.  
- Provision of stabilization centres (inpatient therapeutic centres) for the treatment of children with severe acute malnutrition with medical complications.  
- Provision of sexual and reproductive health services including SGBV.  
- Provision of outpatient therapeutic programme at fixed health facilities and outreach for the treatment of children with severe acute malnutrition.  
- Provision of essential medicines and supplies. | Owddwenye | 15,000 | HEAL | $400,000 |
| | | | Buudhoole | 15,000 | NODO | $400,000 |
| | | | Rabdhure | 20,000 | HIDIG | $450,000 |
| | | | Dinsoor | 15,000 | MARDH | $400,000 |
| | | | Hobyo | 15,000 | CESVI | $400,000 |
| | | | Laas Canood | 10,000 | HEAL | $400,000 |
| | | - Provision of stabilization centres (inpatient therapeutic centres) for the treatment of children with severe acute malnutrition with medical complications.  
- Provision of essential medicines and supplies. | Heliwa | 10,000 | SOS | $300,000 |
| Health/WASH | WASH | - Provision of emergency water trucking (mainly to drought/AWD/Cholera-affected rural communities) for lifesaving - maximum 2 months with clear exit-plan.  
- Rehabilitation/construction and protection of existing communal water sources, (boreholes or high yield wells), including civil structures, solar/fuel power, and pumping.  
- System and pipe networks, as well as training of community committees on operation and maintenance, targeting drought-affected rural communities and unserved populations in hard-to-reach villages.  
- Improve access to safe water through extension/construction of water distribution networks to drought-affected/displaced communities in IDP settlements.  
- Water treatment (chlorination of communal water sources/HHWT).  
- Installation of new sanitation facilities in IDP sites ONLY and should be culturally appropriate safe for users of all ages and gender, and accessible to persons with disability (at least 15% of facilities should be accessible to PwDs).  
- Distribution of solid waste collection tools (gloves, facemasks, wheelbarrows, shovels, rakes etc.) to IDP communities and community mobilization on solid waste management.  
- Hygiene kits distribution, including female-specific hygiene items (sanitary materials), and hygiene promotion campaigns focusing on disease prevention (including AWD/Cholera).  

NOTE: Water trucking should be limited to rural communities with a maximum duration of 2 months. | Beletweyne | 25,000 | MERCY-USA | $700,000 |
<p>| | | | Bula-Burde | 17,000 | | $600,000 |
| | | | Balcad | 20,000 | IRW (WASH) | $500,000 |
| | | | | | MEDAIR (Health) | $300,000 |</p>
<table>
<thead>
<tr>
<th>Cluster/Package</th>
<th>Activity</th>
<th>Region/District¹</th>
<th>People to be targeted (estimates)</th>
<th>Recommended Partner</th>
<th>Recommended Budget</th>
</tr>
</thead>
</table>
| **Health**     | • Provision of life-saving primary health care services through fixed health care facilities including essential PHC (EPHS) clinical care, child health care, communicable disease treatment, including cholera treatment and treatment of children with acute severe malnutrition with complications.  
• Provision of sexual and reproductive health services including SGBV.  
• Provide essential medications and supplies. | Jowhar | 21,000 | SCC (WASH) | $500,000 |
|                |          |                  | 21,000                           | AID VISION (Health) | $300,000 |
| **Logistics**  | • Maintain humanitarian passenger services  
• Transportation of light cargo | All of Somalia | N/A | WFP/UNHAS | $500,000 |
| **Protection** | **General Protection AoR** | Buuholde  
Laas Canood | 7,000 | SOYDAVO | $250,000 |
|                | • Drought vulnerability protection monitoring (KIs, FGDs) to identify individuals, and provide evidence-based reports on rights violation trends and patterns to inform response, through intervention with individual protection packages (B), referrals, and advocacy.  
• Identification and response to at risk and vulnerable individuals and families.  
• Individual protection assistance; mobility aids, dignity materials (adult diapers, sheets, Mattress, etc.), and other specific material support including financial assistance. | Daynile  
Kahda | 14,000 | TUOS | $300,000 |
|                | **Child Protection AoR** | Baydhabo | 4,500 | READO | $250,000 |
|                | • Provide Child Protection Case Management for Vulnerable Children that meets their unique needs.  
• Strengthening of community-based Child-friendly spaces to ensure the safety and wellbeing of children.  
• Provision of complete FTR Services to Unaccompanied and Separated Children  
• Place and support Unaccompanied and Separated children in Alternative care | Dhuusamarreb  
Cabudwaq  
Cadaado  
Kaxda | 4,500 | SSWC | $600,000 |
|                | **Gender-Based-Violence AoR** | Daynile  
Kahda | 3,900 | HINNA | $700,000 |
|                | • Provision of clinical management of rape services through existing GBV one stop centres.  
• Support specialized case management and counselling; provide transport to services points and cash support to meet basic needs  
• Support the procurement and distribution of dignity kits, reusable sanitary towels, solar lanterns, torches and mats dignity protection and meet basic needs for safety and protection.  
• Support for cash and vouchers assistance through case management system and conditional cash transfers to individual vulnerable women and girls. | Dhuusamarreb  
Kaxda | 4,500 | AYUUB | $600,000 |
### WASH

- Provision of emergency water trucking (mainly to drought-affected rural communities) for lifesaving - maximum 2 months with clear exit-plan
- Rehabilitation/construction and protection of existing communal water sources, (boreholes or high yield wells), including civil structures, solar/fuel power, and pumping
- System and pipe networks, as well as training of community committees on operation and maintenance, targeting drought-affected rural communities and unserved populations in hard-to-reach areas.
- Drilling and construction of new strategically located communal wells (boreholes) in recurrent drought hotspot areas to prevent drought-induced displacement.
- Improve access to safe water through extension/construction of water distribution networks to drought-affected/displaced communities in IDP settlements.
- Water treatment (chlorination of communal water sources/HHWT).
- Installation of new sanitation facilities in IDP sites ONLY and should be culturally appropriate safe for users of all ages and gender, and accessible to persons with disability (at least 15% of facilities should be accessible to PwDs).
- Hygiene kits distribution, including female-specific hygiene items (sanitary materials), and hygiene promotion campaigns focusing on disease prevention (including AWD/Cholera).

**NOTE:** Water trucking should be limited to rural communities with a maximum duration of 2 months.

<table>
<thead>
<tr>
<th>Cluster/Packages</th>
<th>Activity</th>
<th>Region/District</th>
<th>People to be targeted (estimates)</th>
<th>Recommended Partner</th>
<th>Recommended Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buudhoole</td>
<td>• Provision of emergency water trucking (mainly to drought-affected rural communities) for lifesaving - maximum 2 months with clear exit-plan</td>
<td>29,166</td>
<td>CANDLELIGHT</td>
<td>$700,000</td>
<td></td>
</tr>
<tr>
<td>Lascanod</td>
<td>• Rehabilitation/construction and protection of existing communal water sources, (boreholes or high yield wells), including civil structures, solar/fuel power, and pumping</td>
<td>37,500</td>
<td>OXFAM</td>
<td>$900,000</td>
<td></td>
</tr>
<tr>
<td>Owdwenye</td>
<td>• System and pipe networks, as well as training of community committees on operation and maintenance, targeting drought-affected rural communities and unserved populations in hard-to-reach areas.</td>
<td>29,000</td>
<td>ADO</td>
<td>$450,000</td>
<td></td>
</tr>
<tr>
<td>Cerigaabo</td>
<td>• Drilling and construction of new strategically located communal wells (boreholes) in recurrent drought hotspot areas to prevent drought-induced displacement.</td>
<td>25,200</td>
<td>HAVOYOCO</td>
<td>$650,000</td>
<td></td>
</tr>
<tr>
<td>Cadaado</td>
<td>• Improve access to safe water through extension/construction of water distribution networks to drought-affected/displaced communities in IDP settlements.</td>
<td>41,600</td>
<td>PAH</td>
<td>$550,000</td>
<td></td>
</tr>
<tr>
<td>Cabudwaaq</td>
<td>• Water treatment (chlorination of communal water sources/HHWT).</td>
<td>42,000</td>
<td>NAPAD</td>
<td>$600,000</td>
<td></td>
</tr>
<tr>
<td>Dhuusamareeb</td>
<td>• Installation of new sanitation facilities in IDP sites ONLY and should be culturally appropriate safe for users of all ages and gender, and accessible to persons with disability (at least 15% of facilities should be accessible to PwDs).</td>
<td>28,000</td>
<td>NEW WAYS</td>
<td>$600,000</td>
<td></td>
</tr>
</tbody>
</table>
5. Allocation tentative timeline

<table>
<thead>
<tr>
<th>Workflow step</th>
<th>Date</th>
<th>Responsible body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation strategy submission to AB + AB endorsement</td>
<td>April 27th – May 1st, 2022</td>
<td>AB</td>
</tr>
<tr>
<td>Partner submission of SHF proposals</td>
<td>May 1st – May 7th, 2022</td>
<td>IP</td>
</tr>
<tr>
<td>Technical review finalized</td>
<td>*Rolling basis</td>
<td>IP/IFU/mini SRCs</td>
</tr>
<tr>
<td>Grant Agreements signed (by HC &amp; partners)</td>
<td>May 13th, 2022</td>
<td>HC/IP</td>
</tr>
<tr>
<td><em>(Project implementation can start as soon as the budget is cleared)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds disbursed</td>
<td>May 23rd, 2022</td>
<td>OCHA</td>
</tr>
</tbody>
</table>

*To ensure a quick process, projects will be reviewed as soon as they are submitted

6. Process and Summary Guidance

- The allocation round uses the reserve allocation modality, allowing for a fast-tracked allocation
- Trainings and workshops will not be funded through this allocation. Monitoring costs towards the government and other official entities is not permitted.
- All projects must address lifesaving 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.
- All projects should be implemented within 6 months, only exceptional activities will be supported beyond the 6 months.
- 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.
- 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.
Section 7: HFU Contacts and Complaints

General inquiries
- Ms. Randa Merghani, SHF Manager, M: +252(0)612922133, merghani@un.org, Skype: merghanian
- Ms. Afifa Ismail, Deputy SHF Manager, M: +254(0)708515570, afifa@un.org, Skype: afifaish

Programmatic issues
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  - Shelvin Mairura, M: +254737903375, shelvin.mairura@un.org, Skype: shelvin.mairura
- Health and Nutrition
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- CCCM, Shelter/NFIs and WASH:
  - Ms. Eva Kiti, T: +254(0)207629127 | M: +254(0)705000720, kiti@un.org, Skype: eva.kiti

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- Mr. Khalif Abdihakim Noor, M: +252(0)619494889, abdhakim@un.org

Cluster coordinators/cluster support staff (cluster specific and technical questions)
- Camp Coordination and Camp Management
  - Mr. Benjamin Conner, bconner@iom.int
  - Mr. James Macharia, macharia@unhcr.org
  - Mr. Hassan Yarow, yarowh@unhcr.org
- Food Security
  - Mr. Nicolas Joannic, Nicolas.joannic@wfp.org
  - Mr. Gordon Dudi, Gordon.dudi@fao.org
- Health
  - Ms. Erna Van Goor, ryan@who.int
  - Ms. Matilda Kirui, kiruim@who.int
- Nutrition
  - Mr. Simon Karanja, skaranja@unicef.org
  - Mr. Hanad Abdi Karie, hkarie@unicef.org
- Protection
  - Mr. Yousef Daradkeh, daradkeh@unhcr.org
  - Mr. Adan Ibrahim; ibrahada@unhcr.org
  - Ms. Nkiru Igboke; igbokwe@unfpa.org
  - Mr. Osman Muhamud; muhamud@unfpa.org
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- Shelter/NFI
  - Mr. Alexandre Koclejda; koclejda@unhcr.org
  - Ms. Nurta Adan; adan@unhcr.org
- WASH
  - Mr. Mohamed Issak; @unicef.org
  - Mr. Diis Hassan; diis.hassan@pah.org.pl

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 though the confidential feedback email shf-feedback@ochasomalia.org.