

Draft SHF Strategic Reserve Allocation

This document outlines the objectives of the Somalia Humanitarian Fund (SHF) reserve allocation for 2016, and summarises the analysis leading to the strategic decisions made. The document provides guidelines to ensure that the allocation achieves its objectives.

I. Overview

The SHF Advisory Board (AB) met on 27 January 2016 to agree on the most appropriate funding modality for the 2016 allocation. To better prioritise, operate flexibly and effectively in an environment of increasingly less funding, the AB recommended a “Reserve Plus” model. The endorsed model allows for a rapid emergency response to address most urgent humanitarian needs while taking into consideration strategic multi-sectoral needs as funds become available.

Reserve allocations should be significantly quicker than the Standard Allocation Process, thereby encouraging a swift process that enables quick response. This SHF Reserve Strategy will leverage this approach, while assuring a strategic focus, transparent and consultative process at all levels. To this end, the AB allocated the available funds of \$13 million to respond to on-going emergencies while ensuring alignment to the Somalia Humanitarian Response Plan (HRP). The priority objectives endorsed by the AB for this allocation are a) response to the drought in Somaliland and Puntland b) addressing acute malnutrition in internally displaced people (IDP) settlements and c) response to AWD/cholera in Kismayo. OCHA convened a series of ICCG meetings to ensure integrated response, agree on the critical interventions required to address the first two objectives and discuss on funding requirements. On the fourth meeting held on 1 March 2016, the ICCG proposed cluster envelopes for the drought component and requested that the allocation for this component be released while allowing more time to agree on the IDP settlements where integrated response will maximise impact. The Heads of Humanitarian Agencies met on 4 March to get clarity on the rationale behind the allocation of envelopes to the clusters and further suggested a revision. This led to the suggested allocation of \$6.5 million to support response to the drought in Somaliland and Puntland.

II. Humanitarian Context

The humanitarian situation in Somalia remains acute with high rates of malnutrition and food insecurity. Nearly 4.7 million people or 38 per cent of the Somalia are acutely food insecure. This includes 931,000 people in Crisis and 22,000 in Emergency that are already in need of urgent life-saving assistance¹. Another 3.7 million people struggle to meet their minimal food requirements hence need livelihood assistance to withstand shocks².

The latest findings from a joint countrywide seasonal assessment predict large scale food insecurity between now and June 2016 as a result of poor rainfall and drought conditions in several areas, trade disruption, a combination of protracted and new population displacement, all of which is exacerbated by chronic poverty. The below normal rainfall and drought conditions in parts of Northwest and Northeast Somalia has led to below average cereal harvest (87 percent lower than the five-year average in Northwest agro-pastoral livelihood zones)³, large-scale abnormal outmigration of livestock, rising water prices and sharp increase in debt levels among poor households. The worst affected areas are parts of Bari, Nugaal, Sanaag and Sool in Puntland as well as pockets in Awdal, and Waqooyi Galbeed regions of Somaliland. The projection of a dry *Jilaal* (January to March) season particularly in the drought hit zones is expected to lead to a further deterioration in the humanitarian situation. Negative coping strategies are evident and will continue to have significant detrimental effects on the most vulnerable households. Immediate coping

¹ The Integrated Food Security Phase Classification (IPC) is a set of analytical tools and processes to analyse and classify the severity of a food security situation using a widely accepted five-phase scale. Each of these phases has important and distinct implications for where and how best to intervene and therefore influences priority response objectives. The five IPC phases are: Minimal; Stressed; Crisis; Emergency; and Famine. Use of those words in this document generally refers to this scale.

² FSNAU/FEWSNET and partners, Feb 2016: Major findings and recommendations from the 2015/2016 post Deyr seasonal food security and nutrition assessments in Somalia.

³ FSNAU/FEWSNET and partners, Feb 2016: Major findings and recommendations from the 2015/2016 post Deyr seasonal food security and nutrition assessments in Somalia.

strategies include sale of productive assets, reduction of food diversity, buying food on credit, out-migration to other areas within the country and sharing accommodation or other resources. Child labour and forced marriages are also among those negative coping strategies that have been reported. Urgent lifesaving support is required to avert further deterioration of the situation.

Acute malnutrition remains high in many parts of the country. An estimated 304,700 acutely malnourished children under the age of five require urgent treatment and nutrition support with over 58,300 of these children severely malnourished and at risk of morbidity and death. Critical levels of Global Acute Malnutrition (GAM) well above the 15 per cent global emergency threshold have been found in IDP settlements in Bossaso, Garowe, Gaalkacyo and Dollow. Communities in Bar Bari urban, Mataban district, Beletweyne district, Bay Agropastoral, Dollow IDPs, North Gedo Pastoral and North Gedo riverine have been found to have critical GAM rates. Populations experiencing persistently high levels of acute malnutrition need additional multifaceted interventions aimed at addressing the underlying causes and contributing factors.

There are an estimated 1.1 million internally displaced people (IDPs) in Somalia, living in appalling conditions in crowded settlements. IDP settlements in major towns are still crowded and at high risk of communicable disease outbreaks including AWD/cholera due to limited access to basic health, sanitation and hygiene services. IDPs who represent 68 per cent of the total number of people in Crisis and Emergency remain the main victims of protection violations such as forced evictions, sexual and gender based violence, harassment and denial of access to assistance by gatekeepers and armed militias. Addressing protection concerns through supporting activities such as shelter and education that enhance the protective environment of the most vulnerable is thus vital.

To date, the HRP remains hugely underfunded, at only 4 per cent (\$39 million) received of the \$885 million requested. Nearly all humanitarian agencies face significant resource gaps and are unable to meet the needs of affected people in many areas. Funding shortfalls to critical clusters such as food security, health, nutrition and WASH severely affected the provision of critical food, health care, nutrition and WASH services to the most affected people in Somalia.

III. Strategy and provisional breakdown

The SHF reserve strategic objectives are informed by the prevailing humanitarian priorities identified in recent assessments. The focus is in line with the HRP strategic objective to:

- Address humanitarian needs by providing life-saving and life-sustaining assistance to people in need, prioritizing the most vulnerable.
- Strengthen the protection of displaced and other vulnerable groups and catalyze durable solutions.

The proposed available funding of \$13 million will target people in emergency and crisis through the following objectives:

1. Lifesaving response to **drought** affected people in the worst affected parts of Awdal Bari, Nugaal, Sanaag, Awdal and Sool regions and pockets of agro pastoral livelihood zone in Woqooyi Galbeed and Awdal region (as identified in the annexed drought conditions map annexed).

Proposed allocation: **\$6.5 million** to scale up response under Food Security, Nutrition, Health and WASH with complementary services by Shelter and Protection. Clusters are required to coordinate their activities and ensure that services provided are integrated.

Note: In view of new needs identified in recent assessment Shelter and Protection were included under this objective

2. Life-saving and life-sustaining integrated response to IDP settlements and host communities with malnutrition rates exceeding the 15 per cent emergency (Bossaso, North and South Gaalkacyo and Doolow) through lifesaving and life sustaining integrated response. The clusters prioritised are Food Security, Health, Nutrition and WASH with complementary services by the Education, Shelter and Protection clusters.

Note: In addition to the locations mentioned above, the board proposed support to Garowe IDPs but due to the on-going interventions in Garowe, clusters suggested that Garowe be targeted in the next allocation.

Action: ICCG to analyse vulnerability indicators under each IDP settlement and revert on the specific settlements with highest needs and where integrated response will maximise impact. Thereafter cluster envelopes will be proposed for AB's consideration.

Proposed allocation: \$5.9 million

3. Reduce morbidity and mortality through response to AWD/cholera in Kismayo.
Amount allocated: **\$600,000** to WASH and Health clusters through joint proposals. *This allocation has been made and three projects approved to respond to this priority.*

The first objective on drought response is aligned with the CERF Rapid Response strategy and prioritises the same geographic areas hence ensuring the most effective use of the available pooled fund resources. It also seeks to bridge gaps in urgent lifesaving needs of affected people in the same locations with multi-sectoral responses, while leveraging the comparative advantages of the UN agencies and NGO partners. **More specifically, the SHF will primarily fund NGO partners to further operationalize the response.**

Planned activities to address each objective are linked by the interrelatedness of the clusters. For example, areas where food security outcomes have deteriorated also face water shortages which need to be addressed. These outcomes will also have an impact on malnutrition levels necessitating preventative nutrition support. Addressing the acute malnutrition 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.

This allocation will support time critical core pipelines provided the clusters coordinators demonstrate that procurement through UN agencies demonstrate value for money, timeliness, appropriateness and cost effectiveness.

IV. Approach

The available \$13 million will be used immediately while additional contributions once received will be used to provide lifesaving and life sustaining assistance to the most vulnerable people in need while strengthening the protection of the displaced and catalyzing durable solutions. To build on the gains made through previous standard allocations and CERF funds and address critical gaps in response, the HC may allocate additional reserve funds to support

- IDP settlements previously targeted by pooled funds as the malnutrition rates were above 15 per cent but now below threshold levels mainly Garowe, Dhobley, Baidoa, Kismayo and Mogadishu
- Communities with serious to alarming malnutrition rates, very high WASH vulnerability, Health and Food Security needs while ensuring a protective environment. Targeting Gedo. Other areas to be prioritised depending on the prevailing needs during the next allocation exercise.
- Immediate lifesaving interventions in regions most affected by floods, disease outbreaks, rapid onset and new needs related to evictions and conflict including newly released areas.
- Lifesaving critical gaps at the mid-year, especially in complement to a CERF grant under the underfunded emergency window.
- Critical gaps in Enabling Programme and Logistic cluster at the mid-year to organisations providing common services to the humanitarian community subject to strong justifications.
- Support to core pipelines.

V. Provisional Envelopes

In total, US\$13 million **(added \$500,000 additional funds available)** may be allocated against this SHF Reserve Strategy. The proposed cluster envelopes for the drought response component is shown in the following table alongside the CERF RR funding per cluster, in order to demonstrate the complementary funding approach that is recommended. **See proposed breakdown of the \$6.5 million on drought response for consideration and confirm or revise**

Allocation on objective 1: Drought response in Somaliland and Puntland

Cluster	CERF RR	Proposed CHF allocation	Total (CERF & CHF)
Education	0	0	0
Food Security	3,500,000	3,000,000	6,500,000
Health	1,500,000	500,000	2,000,000
Nutrition	3,000,000	1,000,000	4,000,000
Protection	0	500,000	500,000
Shelter	0	500,000	500,000
WASH	3,000,000	1,000,000	4,000,000
Total	11,000,000	6,500,000	17,500,000

Annexes

Annex 1: CHF Reserve Allocation Process and Timeline

Annex 2: Drought conditions map