Reserve Allocation Strategy

Allocation Details	
Allocation Title	*Lifesaving response to the populations affected by the fighting in Laas Caanood through emergency Health, Shelter/NFI and WASH interventions in Sool region*
Allocation Type and Round	*SHF Reserve Allocation 2 2023*
Allocation Amount	*US$ 2,000,000.00*
Emergency Type	Conflict-related Crisis
Emergency Sub-types	*Post-conflict Needs*
Special Initiative (optional)	*Not applicable*
Allocation Launch Date	*22 March 2023*
Proposal Submission Deadline	*28 March 2023*

Section 1: Strategic Statement

The security situation in the disputed Laas Caanood, Sool region, remains volatile as the fighting has entered its sixth week, and now the wounded and displaced are in dire need of humanitarian support. The heavy fighting has resulted in some civilian deaths, injuries and triggered displacement of tens of thousands of people, including women, children, the elderly and persons with medical conditions and disabilities who urgently need humanitarian assistance. The fighting is exacerbating the humanitarian needs at a time when Somalia is experiencing its worst drought on record.

This $2 million reserve allocation will not only provide immediate lifesaving support but also reduce the vulnerabilities of affected populations in the face of ongoing fighting, displacement, and drought conditions

Section 2: Humanitarian Context

The fighting in Laas Caanood has resulted in displacement of about 154,000 to 203,000 people. On 6 February, fighting erupted in Laas Caanood town, Sool region, between Somaliland army and armed militia groups. The fighting, which has sporadically continued since then, has led to displacement of an estimated 154,000-203,000 people to neighboring districts, while others have fled to other regions such as Bari, Nugaal, Mudug and Sanaag and across the border into the Somalia Region of Ethiopia. Most of the new arrivals are women, children including those unaccompanied and separated, the elderly, persons with medical conditions and disabilities. While they are living with host communities, they need assistance and protection. The fighting comes at a time when about 214,000 people in Sool Region are experiencing crisis or worse levels of acute food insecurity due to severe drought.

A recent assessment indicates that the prices of commodities have increased by about 10 to 15 per cent in the past four weeks, especially in areas where displaced families are living. This is due to less commodities reaching the markets, compounded by inflation that is compromising the purchasing power and access to food for most displaced people. These factors have led to increased displacement to both urban and rural areas in search of safety and humanitarian assistance. Critical needs include health, shelter, and food assistance as newly displaced people have joined host communities and are stretching existing social services beyond their capacity.

The fighting has reportedly killed at least 80 people and injured a further 451, including medical personnel, according to the UNSOM Human Rights Protection Group / Office of the High Commissioner for Human Rights. Hospitals have been damaged, jeopardizing access to essential care for the wounded.

The insecurity has resulted in a widespread WASH crisis for the displaced populations. Access to basic needs, including water, remains limited with at least 60 per cent of the villages assessed reportedly having empty or

dysfunctional water reservoirs, while existing shallow wells and boreholes are reportedly overstretched due to the increasing demand. In addition, there is an alarming concern of outbreak of water related diseases which will further exacerbate the WASH needs across the Sool region. The overall risk of outbreak of diseases in the affected areas is very high and could be worsened due to protracted water crisis. With lack of safe and adequate water, IDPs living in crowded and unsanitary conditions in temporary shelters are at higher risk of WASH related diseases. To increase access to safe water, sanitation and hygiene services, the WASH cluster will provide safe water, install emergency sanitation facilities among other activities to 30,000 people in Laas Caanood-Rural villages and Xudun districts. In addition, the health cluster will provide lifesaving primary health care services through fixed health facilities and outreach sites, which will include emergency treatment to the injured, treatment of communicable diseases to about 33,000 people in Laas Caanood-Rural villages and Xudun districts.

Humanitarian needs are extremely high due to the impacts of the fighting combined with the ongoing drought conditions. The capacity of affected people to protect themselves has eroded. The large-scale loss of livelihoods, in some cases shelters and assets, and the impact of the fighting, and insecurity on affected communities has exposed affected populations to heightened protection risks. Many of the IDPs are reportedly sleeping under trees while some are living in schools and other public buildings. Lack of shelter mostly affects women and girls who are most exposed to heightened levels of insecurity in improvised shelter. In response, the Shelter Cluster will provide NFIs and plastic sheets to about 18,000 of the most vulnerable households in Xudun district.

Section 3. Allocation Priority/(ies)

3.1 Envelopes:

Priorities	Amount allocated (US$)
Health	$650,000
Shelter/NFI	$550,000
WASH	$800,000
Total	**$2,000,000**

3.2 Overview of cluster activities:

Partner name	*Amount allocated*	*Cluster*	*Prioritized activities*	*Geographic location*	*People targeted*
Alight	$350,000	**Health Cluster**	• 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, OPD services, ANC, PNC, Immunization services). • Provision of sexual and reproductive health services such as maternal health. • Provision of basic mental health/psychosocial services and referral.	**Sool/Laas Caanood – Rural villages**	18,000

NODO	$300,000		• Provision of essential medicines and supplies. • Provision of referrals for all emergency cases. • Provision of health promotion and health sensitization through CHWs • Provision of GBV activities such counselling, reporting, CMR services at fixed health facilities. • Provision trauma care services. • Screening of all under five and pregnant and lactating mothers and referral to nutrition site. • Surveillance and first response to diseases outbreak.	**Sool/Xudun**	15,000
Juba Foundation	$550,000	**Shelter/NFIs**	• Distribution of standard NFI kit and 2 plastic sheets.	**Sool/Xudun**	18,000 (3,000 HHs)
Alight	$450,000	**WASH**	• Provision of emergency water trucking/vouchers (3 months max). • Treatment of unprotected water sources. • Provision of household water treatment products. • Rehabilitation of strategic water sources. • Installation of new emergency sanitation facilities. • Hygiene kits distribution, including female specific hygiene items (sanitary clothes, etc.) • Hygiene promotion campaigns.	**Sool/Laas Caanood - Rural villages**	18,000
NODO	$350,000			**Sool/Xudun**	12,000
Total $	**2,000,000**			**Total beneficiaries**	**81,000**

Section 4.1 CERF Complementarity (when applicable)

The HC will be submitting a concept note for consideration for a CERF grant of up to $3,000,000. This potential grant will ensure complementarity with the SHF funding strategy.

Section 4.2 Other Complementarity

Humanitarian partners who were present in Laas Caanood town before the fighting began have continued to provide assistance amid the ongoing fighting and insecurity. Partners have reported challenges with accessing stocks in the affected areas in Laas Caanood.

The Cluster Response includes:

- **Food Security Cluster** partners, as part of the regular response, reached 106,124 people in February, including 101,900 with unconditional cash transfers and 4,224 with conditional cash transfers, of whom 14,013 were IDPs and 92,111 non-IDPs (including families hosting newly displaced IDPs). The total cash disbursed in February through cash and vouchers was US$1,320,064.
- **Health Cluster** partners are distributing food to wounded persons and their families and have distributed essential and emergency medicines and medical supplies to health facilities in Kalabeydh, Boocame, Taleex and Garowe and are supporting provision of maternal, reproductive and child health services through 17 fixed health centers in Laas Caanood, Taleex, Xudun, Boocame and Buurhodle districts in Sool and Ayn regions.
- **WASH Cluster** partners are planning to distribute hygiene kits to about 5,100 families (30,600 people), displaced people from Laas Caanood and adjacent villages in Kalabeydh. In addition, an estimated 96,048 people are

expected to receive water trucking in IDP settlements. Rehabilitation of 11 strategic boreholes and two water reservoirs (*berkeds*) in various villages in Sool region will also be done as well as hygiene promotion campaigns targeting 5,000 families (30,000) in the affected villages.

- **Nutrition Cluster** partners are supporting additional 17 health facilities and four mobile teams to provide treatment of severe acute malnutrition in Laas Caanood, Taleex, Xudun and Buurhodle districts targeting the IDPs. Partners have prepositioned and distributed additional essential nutrition supplies in 330 nutrition sites in nine districts where the IDPs have fled to.
- **Protection Cluster** partners provide first line emergency protection response through individual assistance to people affected by conflict, mainly in Kalabeydh, while integrated housing, land and property, and protection case management is also ongoing.
- **Gender-Based-Violence (GBV) Area of Responsibility (AoR) partners** have distributed dignity and menstrual hygiene kits to at least 1,000 families (6,000 people) in Falidhyaale and Burawadal. Over 3,000 dignity and 2,000 hygiene kits have been distributed since the fighting started.
- **Child Protection** partners have deployed three mobile teams to Taleex and Xudun as mobilisation continues for additional resources to scale up the response. Awareness raising on risk prevention and service availability continues. Sixteen service provision points with technical staff provide immediate psychosocial support, case management and referral management including identification and documentation of children separated from their families.
- **Camp Coordination Camp Management** (CCCM) partners are establishing a complaints feedback mechanism to coordinate the efficient use of referral pathways for protection and assistance/service delivery to people with special needs in the IDP sites.
- **Shelter Cluster partners** distributed non-food items (NFI) kits to 1,450 families (about 8.700 people) in Kalabeyd and Gumeys Sool region.
- **Education Cluster partners are conducting assessments to identify children accessing education to ensure the school year's completion.**

Section 5. Selection Criteria

Partner selection criteria:

- Operational presence in the targeted geographic location.
- Active member of the cluster with strong implementation capacity.
- Currently implementing activities in the affected Laas Caanood - rural villages or other districts in Sool hosting Laas Caanood displacements.
- Good working relationship with the Somaliland and Puntland government.
- Possession of current registration certificates for both States (Somaliland and Puntland.

***The above criteria were not used for exclusion purposes; it simply lists the profiles of the selected partners.

Section 6: Process and Timeline

6.1 Allocation Strategy Development Process

The allocation strategy development process started with a meeting with the SHF Advisory Board on Thursday February 23rd, 2023. The proposed envelope and clusters were presented and were endorsed. Following this meeting, the endorsed envelope and cluster selection was presented to the ICCG on Sunday February 26th, 2023. The selected clusters held a consultative meeting to discuss the activities and locations they will prioritise, and to select the best placed partners to implement the activities. The cluster inputs were shared with the SHF between March 9th - 12th 2023, for inclusion in the Allocation Strategy Paper. The SHF reviewed the budget amounts allocated and revised them downwards to correspond to the available funding of $2million. This necessitated the clusters to revise their inputs.

The draft Allocation Strategy Paper was shared with OCHA Somalia Deputy Head of Office, SHF AB, SHF CBPF desk and the Clusters for review before finalization.

6.2 Allocation Timeline

Reserve Allocation Workflow	Start Date	End Date	Responsible body
Step 1. Allocation Strategy development *including consultations with the AB, OCHA sub-offices, sectors/clusters and/or other coordination mechanism and other stakeholders*	March 3, 2023	March 21, 2023	OCHA/HFU
Step 2. Submission of project proposal(s)	March 22, 2023	March 28, 2023	Partners
Step 3. Final technical and financial review	*Rolling basis	April 3, 2023	OCHA/HFU, technical experts, Partners, CBPF Section
Step 4. Final approval by HC and Grant Agreement	*Rolling basis	April 5, 2023	OCHA/HFU, HC
Step 5. Disbursement	*Rolling basis	April 10, 2023	OCHA/CBPF Section

Section 7: HFU Contacts and Complaints

7.1 Key Contacts

General Inquiries

- Ms. Karen Smith, SHF Fund Manager, M: +252 (0) 612922133, smith3@un.org, Skype:
- Ms. Afifa Ismail, SHF Deputy Fund Manager, M: +254(0)708515570, afifa@un.org, Skype: afifaish

Programmatic issues

Health

- Ms. Evalyn Lwemba, T: +254(0)207629128 | M: +254(0)733272017, lwembae@un.org, Skype: lwembae

Shelter and WASH:

- Ms. Eva Kiti, T: +254(0)207629127 | M: +254(0)705000720, kiti@un.org, Skype: eva.kiti

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. Mary-Bernadette, M: +254(0)737903427, T: +254(0)207629117, obadha@un.org
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- Ms. Nafisa Mohamed, M: +252 (0)619150456; nafisa.mohamed@un.org

Accountability

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

Cluster coordinators/cluster support staff (cluster specific and technical questions)

Health

- Ms. Erna Van Goor, rvan@who.int
- Ms. Matilda Kirui, kiruim@who.int

Shelter

- Mr. Alexandre Koclejda, koclejda@unhcr.org
- Ms. Nurta Mohamed Adan, adan@unhcr.org

WASH

- Mr. Peter Philips Lukwiya, pplukwiya@unicef.org
- Mr. Shukri, Mohamed, mohamed.shukri@pah.org.pl
- Mr. Mohamed Issak, miali@unicef.org

7.2 Complaints and Feedback 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.

Section 8: List of Annexes

Annex 1: Process and Summary Guidance

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- The allocation round uses the *reserve allocation modality*, allowing for a fast-tracked allocation.
- The selection of individual partners will take into consideration the current SHF eligibility list, operational presence of partners in the prioritized area, partners involvement in coordination structures inclusive of Area Based Coordination mechanisms, and their capacity to mount immediate response.
    - *Target area*: The selected interventions should focus on specific and defined areas.
    - *Direct implementation* is prioritized. Sub-contracting is admissible only in exceptional cases and only when a clear added value is demonstrated.
    - As per the *SHF Guiding Principles for 2023,* 20% of the funding will be considered for SHF Eligible Partners who have never received funding.
- 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 projects.
- 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 funding decision will be subject to the value of the current IP projects, considering the SHF-assigned risk levels and the relevant thresholds.
- All projects must address immediate 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 interventions in the same locations.
- Cash as an implementation modality is encouraged where feasible.
- While projects should be implemented within 6 months, the nature of the activities will determine the duration of the project. The clusters/review committees will provide further guidance on this.
- Partners must participate in coordination meetings including partaking in Area Based Coordination mechanisms.