Title:	Reserve Allocation for Flood Response: *Galkacyo flash floods*
Related Documents:	Daily situation reports and Galkacyo rapid needs assessment report

Background/Introduction:

Somalia is currently facing El Nino induced flooding, **affecting about 1.7 million people in 32 districts. Up to 41 deaths** have been reported and the number of people displaced by the heavy rains and floods has **nearly doubled within one week; about 649,000 people are now displaced compared to 334,800** at the onset of the floods in late October**.** The National Flood Emergency Committee has declared the floods a national disaster, emphasizing the urgent need for assistance to those affected by the destructive floods.

Heavy rains have led to substantial damage, causing severe flooding along the Shabelle and Juba rivers. Additionally, flash floods in non-riverine areas have resulted in significant loss of life, destruction of key infrastructure, widespread displacement, and a surge in suspected cases of Acute Watery Diarrhoea (AWD)/cholera. As per **World Health Organization's report for week 44 (30 October to 5 November), the** cholera case load was **56 per cent higher than the three-year average. This is expected to rise, placing additional pressure on health** centres.

In Galkacyo, m**ore than 219,000 people including displaced people (IDPs) and host communities have been affected by flash floods**, according to government reports. Results of a rapid needs assessment conducted by OCHA and partners on 6-7 November 2023 **in North Galkacyo, revealed that 30,000 households (180,000 individuals) have been displaced by the flooding**. Most of the **health facilities** including the public hospital (MRCH), Galkayo TB center, and other six health centers **were seriously affected and disrupted by the floods**. **In North Galkacyo, flash flood have caused the destruction of 780 IDP shelters** and around **1,500 latrines have been either destroyed or severely damaged**. The risk of **waterborne disease outbreaks and other health hazards is expected to increase** due to **contamination of water sources and prolonged exposure** of people to stagnant water. IDPs are particularly vulnerable because they live in congested settlements and lack access to adequate water and sanitation. **In South Galkacyo about 39,000 people from 6,000 families have been displaced and 453 houses were destroyed.** Six people have reportedly died from the floods (three in North Galkacyo and three in South Galkacyo).

Galkacyo, hosting a significant number of IDPs from various parts of the country has a total of 43 IDP sites. The majority of the settlements already had limited basic services even prior to the recent heavy rains. The situation has worsened due to flash floods causing additional damage to the already fragile basic amenities, further straining the limited resources available to both IDPs and, to some extent, host communities.

Exposed sewage and contaminated water points has increased the risk of diseases such as acute watery diarrhoea (AWD)/cholera and other health hazards. This is further exacerbated by poor hygiene practices such as open defecation as the displaced population face shortage of adequate latrines, stressing the urgent need for improved hygiene facilities and sanitation measures in the flooded areas. Authorities in Galkacyo are however currently pumping water out from residential and public areas, digging water channels to remove stagnant water and evacuating some of the people trapped in water. The road infrastructure connecting Hobyo to Gawan and to Wasil, which is also a gateway to and from Galkacyo to the coastal city of Hobyo has suffered heavy damages leading to interruption of movement of goods and service in the area.

Response

- WASH partners in North Galkacyo have completed the construction of 80 emergency latrines in 15 IDP sites. An additional 90 are under construction in another 42 sites. PMWDO and KAALO report having dislodged 85 latrines, and SRCS the rehabilitation of 20 more.
- SRCS, through Galmudug's Ministry of Health, plans to carry out a massive mosquito spraying campaign in South Galkacyo.
- Danish Refugee Council (DRC)/Protection partners have identified 76 flood-affected people with protection concerns in South Galkacyo, who have received protection package of cash between US$100 and $500, depending on their vulnerability and protections concerns.
- IOM has distributed plastic sheets to 2,500HHs flood affected IDPs from 57 sites in South Galkacyo. Most of the IDPs in South Galkacyo saw their shelter and properties swept away by the recent floods.
- WHO has deployed four additional mobile teams in South Galkacyo, bringing the total number of teams in Galmudug to nine including those deployed to North Galkacyo, Wisil, Baxdo and Xarardheere. The mobile teams are providing integrated health and nutrition services including OPD consultation, vaccination, deworming, and nutrition screening.
- Norwegian Refugee Council (NRC) with support from UNHCR, has distributed 500 NFIs kits to flood affected population in South Galkacyo. IOM, CPD and DRC are planning to distribute additional 3,600 NFIs kits.

- Partners have distributed cash assistance to 76 people in need of protection assistance in South Galkacyo.
- Care International plans to soon disburse 1,096 Unconditional Food and Cash Assistance packages, distribute 1,125 hygiene kits and 500 water treatment tablets as part of their emergency response program for flood-affected population in Galkacyo North and South.

Complementarity (Pooled Funds)

This allocation complements several pooled fund allocations on flood response, notably;

- SHF Reserve allocation 5 of $15 million for Early Response to El Nino flooding in Hirshabelle (Middle Shabelle and Hiraan regions) and Jubaland (Gedo region) targeting FSC, Health, Protection, Shelter/NFI and WASH.
- CERF contingency allocation of $10 million to FSC, WASH, Shelter and Health interventions in Jowhar, Belet Weyne, Baardheere and Kismayo.
- SHF reserve allocation for logistics/operational costs of the helicopter critical to ensure access to flooded locations.
- SHF Standard Allocation 1 of $25 million to Banadir, Bay, Lower and Middle Shebelle regions and focusing on CCCM, Health, Nutrition, WASH and Protection interventions. Although the standard allocation was focused on drought, many of the project activities being implemented over 12 months could also be implemented in a flood context.
- SHF Reserve Allocation 7.1 of $5 million for response to Baidoa & Berdale flash floods

Decisions

- On 22 November the Advisory Board endorse a **$3.5 million** allocation for immediate response to the impact of **flash floods in Galkacyo to Shelter, Health, Protection (GBV & CP) and WASH activities.**
- **Clusters breakdown: Shelter ($1,000,000), Health ($800,000), Protection-GBV & Child Protection (400,000), WASH ($1,300,000).**

1. Cluster envelopes

Priorities	Amount allocated (US$)
Health	800,000
Protection (GBV & CP)	400,000
Shelter/NFI	1,000,000
WASH	1,300,000
Total	**3,500,000**

2. Overview of cluster activities

Cluster	Prioritised life-saving activities	location	Target Beneficiaries	Recommended Amount (US$)	Recommended Partner
Health	Priority Health needs in response of flooding in Galkayo • Deployment of Mobile clinics or Outreach teams for affected IDPs and host communities. • Deployment of community-based surveillance teams to monitor disease surveillance • Removing of water in Health facilities like Galkayo General hospital • Preposition/distribution of emergency health kits • Outbreak responses: Establishing and managing CTC • Shared health records (SHR) and child health services • Integrated community feedback mechanisms	North Galkacyo	15,000	500,000	World Vision (WVI)
		South Galkacyo	9,250	300,000	KAAH

Protection (CP & GBV)	• Provision of clinical management of rape services through existing GBV one-stop centers and Women and Girls Safe Spaces (WGSS). • Support case management to women and children in need of protection and provide assisted referrals. • Support Identification, tracing, re-unification, provision of alternative care to Unaccompanied and Separated Children. • Provide Psychosocial support services such as protection from abuse (PFA) for individual cases including survivors through strengthened existing GBV one-stop centers, WGSS and child-friendly spaces. • Procurement and distribution of dignity and menstrual hygiene kits. • Support for cash and voucher assistance integrated through case management systems and conditional cash transfers (within the standard GBV criteria) to individual vulnerable women and girls. • Deployment of social workers/ mobile teams. • Key information dissemination on GBV and CP risk mitigation measures and available services including GBV and CP referral mechanisms in place. • Establish protection desk at the targeted sites.	North Galkacyo	12,000	400,000	Puntland Minority Women Development Organization (PMWDO)
Shelter Cluster	• Distribution of the cluster standard NFI kits. • Distribution of 2 Emergency plastic sheets	North Galkacyo	5,500HHs	$500,000	PMWDO
		South Galkacyo	2,700 HHs (16,200	$500,000	Save Somali Women and Children (SSWC)
WASH	• Emergency water supply with the establishment of temporary water distribution systems to facilitate the collection and proper storage of safe water by El Nino flood affected communities. • Rehabilitate and equip flood-damaged and unprotected water sources targeting communities affected by Elnino floods. • Scaling up of water treatment and monitoring (mass chlorination of communal water sources/household water treatment (HHWT) and distribution of household level water treatment units/filters) targeting flood affected communities. • Repair of existing El Nino flood damaged latrines and construction of new flood Proof latrines in IDP settlements/relocation sites to improve access to sanitation as to prevent outbreak of Cholera, • Distribution of sanitation tools to the IDP communities affected by El Nino flooding for opening drainage channels to drain stagnant water from, dug and bore wells and sanitation sites. • Support the affected communities in solid waste management as to prevent water and vector-borne disease outbreaks. This is done through regular clean up campaigns with proper disposal of waste at sites designated for disposal. • Distribution of hygiene kits to prevent increase of current AWD/cholera outbreaks in Galkacyo district. • Intensive community hygiene promotion that involves engaging trained community hygiene promoters to undertake mass campaigns, radio talk, radio sports and house-to-house visits to disseminate hygiene and sanitation awareness messages.	North Galkacyo	17,000	400,000	PMWDO
		North Galkacyo	17,000	400,000	KAALO Aid and Development (KAALO)
		South Galkacyo	20,000	500,000	Polish Humanitarian Action (PAH)

	• The rehabilitation of flood-damaged water and sanitation facilities are critical component of the WASH response to mitigate WASH related disease outbreak including AWD/cholera. Partners are advised to construct these facilities only when water level recedes *(Feb/March 2023).*				
		Total		**$3,500,000**	

3. Timelines

Reserve Allocation Workflow	Start Date	End Date	Responsible body
Step 1: Decision note to AB for review/ endorsement	18 November 2023	21 November 2023	OCHA/HFU
Step 2: Cluster inputs to strategy	22 November 2023	26 November 2023	Clusters
Step 3: Finalized allocation strategy to AB for information	29 November 2023	29 November 2023	OCHA/HFU
Step 4. Submission of project proposal(s)	29 November 2023	3 December 2023	Partners
Step 5. Final technical and financial review	*Rolling basis	6 December 2023	OCHA/HFU, technical experts, Partners, CBPF Section
Step 6. Final approval by HC and Grant Agreement	*Rolling basis	10 December 2023	OCHA/HFU, HC
Step 7. Disbursement	11 December 2023	*Rolling basis	OCHA/CBPF Section

4. Allocation Priorities

This allocation is linked to the Emergency Preparedness and response Plan (EPRP) and the prioritization plan which is a subset of the Humanitarian Response Plan.

The SHF principles guiding 2023 allocations will apply to all allocations some of which emphasize:

- Prioritization of direct implementation through best placed non-governmental partners
- Support for localization to the extent feasible by channeling SHF funding directly through SHF eligible national and local partners.
- Integration of response across clusters and complementarity with other funding sources.
- Support for new SHF partners contingent on their capacity to implement.

The response strategy is designed to boost the ongoing lifesaving assistance and will target the most vulnerable individuals and households in the worst affected areas or settlements through an integrated approach. The type of integrated inter-sectoral services will be determined at the point of targeting, with convergence occurring at either individual, household, or community levels in the prioritized districts. The Cluster coordinators, with support from sub-national cluster focal points, will take the lead in facilitating convergence at prioritized locations. Through using 4W response, monitoring, and gap analysis tool the selected clusters will ensure full coordination of project activities with existing emergency and recovery interventions and across actors to maximize efficiencies, minimize duplication and enhance humanitarian impact of the flood interventions. Sub national level and location level coordination among various actors will ensure a holistic and effective action to save lives and livelihoods and to accelerate recovery for the flood affected population. With support from the national level, state level coordinators and focal points in the locations that will be prioritized will hold a coordination meeting with the SHF partners once the allocation process has been finalized. All projects will be monitored closely, and mid-point reviews will be conducted by the SHF secretariat to assess progress, identify challenges, and ensure that the integration or interventions remains on track. As outlined in the allocation principles governing 2023 allocations, selected partners will be required to put in place strong community engagement and feedback mechanisms thereby ensuring that beneficiaries have regular access to filing complaints or information requests based on service provision, exclusion risk, and/or response gaps.

To promote inclusive response, efforts will be made to engage and target key high-risk groups at risk of exclusion, including marginalized communities and persons with disabilities in different stages of the project cycle. The prioritized interventions will be implemented, to the extent possible, utilizing the Integrated Response Framework and anchored within the Emergency Preparedness and Response plan.

5. Process and Summary Guidance

- 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-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 prioritized and mainstreamed in 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.
- Partners should consider including the costs of logistics in their budgets to ensure timely delivery of supplies.
- Partners must maintain transparency and accountability throughout the response process. This includes regular communication with target communities and addressing complaints or concerns.
- **Partners to include explicit references in their project proposals as to how they are strengthening their risk management measures against aid diversion.**

6. Complaints and feedback mechanism

- 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.

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