SOMALIA COMMON HUMANITARIAN FUND | CHF

INTERIM REPORT 2014
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FOREWORD

by the Humanitarian Coordinator in Somalia

I am pleased to share with you the 2014 Interim Report of the Common Humanitarian Fund (CHF) in Somalia. This report provides an overview of 2014 donor contributions, funding allocations and partners achievements.

This has been both a challenging and rewarding year for the CHF in Somalia. While donors have supported the CHF with nearly US $46 million in 2014, contributions were at first slow to materialise with $22 million being deposited in the latter half of the year. Delayed contributions were a result of donor concerns related to whether the CHF could successfully manage risk in the volatile Somalia context. An assessment of the risk management system in June, confirmed that the CHF was effective and accountable in the management of funds, which led to the release of the final tranche of donor funds from July to November.

Our CHF donors include Australia, Denmark, Finland, Germany, Ireland, Netherlands Sweden, Switzerland, and the United Kingdom. The $46 million that they contributed, combined with a carryover of $8 million brought the total available funds to some $54 million. This represents 14 per cent of the total $364.6 million received so far for the 2014 Somalia Humanitarian Response Plan.

With $51.9 million in disbursements, the CHF has supported life-saving humanitarian assistance in two strategic allocations. It has also supported major initiatives including the measles vaccination campaign, co-funded with the CERF, that targeted 520,000 children under five; and funding for humanitarian flights that enabled agencies to reach over 66,000 affected people with more than 330 metric tons of aid.

Looking at results achieved in 2013, by projects finalised this year, CHF funds have supported nutrition treatment programmes to 314,000 children and pregnant and lactating women; have provided shelter to nearly 15,000 households; and have helped 320,000 people get access to safe water.

Finally, I wish to thank all CHF donors for their ongoing support and confidence in the fund. I look forward to our continued partnership. Amidst the new needs this year, with a highly challenging funding environment, continued support for the CHF is more critical than ever to support vulnerable people in Somalia.

Philippe Lazzarini
Humanitarian Coordinator in Somalia

11 December 2014
HOW DOES THE SOMALIA CHF WORK?

What is the CHF? The Common Humanitarian Fund CHF is a multi-donor pooled fund managed under the direction of the Humanitarian Coordinator (HC). The fund is used to support the timely allocation and disbursement of donor resources to the most urgent humanitarian needs and critical gaps in Somalia.

When was the CHF established? The global CHF was born out of the Humanitarian Reform initiative of 2005, which called for improved accountability and predictability in financing for humanitarian emergencies. The Somalia CHF was established in 2010.

What organizations and projects does the CHF fund? The CHF grants funding to national NGOs, international NGOs, and UN humanitarian agencies in Somalia. The CHF funds activities that have been identified as the most urgent and critical humanitarian needs in alignment with the Somalia Humanitarian Response Plan (HRP).

Who decides what are the most urgent and critical humanitarian needs? The HC decides on the most critical needs to be funded, in consultation with the CHF Advisory Board and informed by cluster coordinators’ recommendations. Cluster coordinators’ work with partners to define CHF cluster priorities derived from the highest priority needs articulated through the HRP.

How are individual projects chosen for funding? The Somalia CHF has two allocation mechanisms:

The standard allocation allocates the majority of funds received from donors to projects included in the Somalia HRP at the outset of the year. These are prioritized and vetted by the clusters through the cluster Review Committees (CRC). The projects are then recommended to the CHF Advisory Board for endorsement and finally approved by the Humanitarian Coordinator.

The reserve is primarily intended for the rapid and flexible allocation of funds in the event of unforeseen circumstances, emergencies, or strategic needs. Reserve allocations are significantly quicker to disburse than those allocations selected through the standard allocation process. The need for a reserve allocation must be cleared by cluster coordinator and then undergo a due diligence process by the OCHA Humanitarian Financing Unit (HFU) before being approved and signed off by the Humanitarian Coordinator.

Who provides the funding? The Somalia CHF is funded with contributions mainly by UN member states. Since its inception in 2010, the fund has disbursed a total of US$294 million through its standard allocation and reserve windows with funds contributed by 15 member states and the African Union. Any UN member state can become a donor to the CHF.

Who manages the CHF? The Humanitarian Coordinator (HC) is responsible for the management of the CHF and accountable for the use of the fund. An Advisory Board, under the chairmanship of the HC and comprised of four UN agencies, four NGOs, and two donor representatives advises on the use of funds.

The Humanitarian Financing Unit (HFU) in OCHA oversees the management of the fund on behalf of the HC and oversees the monitoring of NGO projects of the fund. The UNDP Multi-Donor Trust Fund Office (MPTF) serves as the fund ‘Administrative Agent’ and receives, administers and manages contributions from donors, and disburses funds to UN agencies. OCHA serves as the ‘Managing Agent’ for the fund and is responsible for contracting and disbursing funds to NGO implemented projects.
Deterioration of humanitarian situation in 2014

Over the first half of 2014 drought, insecurity, surging food prices, increasing malnutrition and funding shortages led to a significant increase in humanitarian needs. The number of people unable to meet their food needs increased by an alarming 20 per cent to 1,025,000 from 857,000, reversing the modest gains made in the last two years. Two-thirds of these people are internally displaced, and approximately 80 per cent of them are women and children. Another 2.1 million people struggle to meet their minimal food requirements and are feared to be on the verge of slipping into acute food insecurity. This brings the total number of people in need of humanitarian assistance close to 3.2 million.

Military operations against Al-Shabaab

In March 2014, the Somali National Army (SNA), supported by the Africa Union Mission in Somalia (AMISOM) launched an offensive against Al-Shabaab (AS) in southern and central regions of Somalia. This led to the displacement of 73,000 people, with numbers expected to increase as operations intensify. The operation led to the loss of lives and slowed down planting activities prior to the Gu rainy season in the affected areas. In response to the offensive, AS continue to block supply routes and road access to towns recovered by AMISOM and SNAF. This has impeded commercial activity, the movement of people and the delivery of humanitarian assistance to these towns.

Significant prevailing needs

Poor basic services undermine the resilience and coping mechanisms of vulnerable people. One in seven children under the age of five, or 218,000 children, is estimated to be acutely malnourished. About 44,000 of them are severely malnourished and are at risk of death if they do not receive urgent medical treatment and therapeutic food. Three out of four acutely malnourished children are in southern and central Somalia. In addition, about 3.2 million people in Somalia need emergency health services, while access to safe water at just 30 per cent remains one of the lowest in the world. The impact of lack of basic services is felt strongest among the internally displaced people (IDPs) who are also affected by cyclical disease outbreaks. Around 1.7 million children across Somalia are out of school, and among those in school only 36 per cent are girls.

Window of opportunity

Despite the extremely difficult and dangerous operating environment, humanitarian organizations have still managed to reach people in need. A massive polio vaccination campaign in 2013 reached over 4 million people and managed to contain the number of new polio cases to 194 in 2013, and five in 2014 so far. Almost 500,000 people have been provided with access to safe water and as many have also benefitted from health services. 160,000 people were also provided with latrines. In addition, about 95,000 severely malnourished children under five years have been treated in nutrition centers across the country.

Access constraints

Humanitarian access has remained restricted given high levels of insecurity in most districts of south and central Somalia. Attacks and threats against aid organizations continued to hamper the delivery of humanitarian assistance to communities, including in Mogadishu. AS carried out targeted attacks against aid workers and disrupted humanitarian assistance throughout 2014, and since the start of the year, five aid workers have been killed, five injured and 12 abducted. Armed groups have also made several attempts to loot relief food and disrupt food distributions. Despite these challenges, assistance continued to be delivered in 2014 through different modalities including the use of air cargoes, cash transfer mechanisms and through local partners.
HUMANITARIAN FINANCING

Contributions
In 2014, donors’ contributions to the Somalia CHF were greater than in 2013, where $42.6 million was contributed. As of 30 November 2014, the CHF has received $45.8 million in new contributions. The amount available for allocations in 2014 was $53.8 million given a carry-over of $8 million from 2013. The carry-over was a result of donor deposits in the latter half of the year and the return of some unspent funds. In 2014, the receipt of donor contributions was nearly evenly split between the first and second half of the year. By June 2014 $23.8 million had been received, and from July to November, the remainder of $21.9 million in contributions were received.

Allocation and Disbursement of Funds
To date the CHF has allocated $51.9 million through its standard and reserve windows. These have supported 51 partners and funded 135 projects. In March, $25.1 million was allocated through the standard allocation, while $26.8 million was allocated through the reserve over 2014. CHF funding amounts to 14 per cent of the total amount contributed to the 2014 Somalia HRP, and close to 18 per cent of all non-food distribution funding to the HRP. This suggests a more strategic reliance on the CHF by non-food clusters, especially life-saving interventions in livelihoods, WASH, health and nutrition. Indeed, the CHF has provided more than 30 per cent of funds received through the HRP to the protection, education, health and shelter clusters.

The standard allocation had three priority areas. These included: (i) Support to the most vulnerable IDP and host communities through the provision of an integrated package of basic services. Within this priority, $12 million was allocated to the Education, Food Security (livelihood activities only), Health, Multi-sector for Refugees (IDP returns), Nutrition, Protection, Shelter and WASH clusters; (ii) Action to address chronic humanitarian crises/disasters including community led initiatives to anticipate, mitigate, cope and overcome risks as well as ensure longer term mitigation measures. Here, $9.4 million was allocated to the Food Security cluster projects. The remainder of Food Security cluster projects. (iii) Support to common services including UNHAS, cluster coordination and projects under the Enabling Programmes cluster in the HRP. An envelope of $3 million dollars was allocated under this priority area.

The reserve included both 16 individual reserve allocations for a total of $6.5 million, and a multi-sector reserve strategy allocation of $20.3 million that provided funding to 57 projects through 37 partners.

Individual reserve allocations totaling $6.5 million supported response to sudden onset emergencies and critical funding gaps. These allocations funded the provision of humanitarian air services, measles vaccinations in outbreak areas, access to safe water in 10 districts, and ensured continuity of lifesaving health care services at Belet Weyne Hospital. In September 2014 the reserve strategy sought to address remaining critical gaps and life-saving needs identified in the HCT three month operational response plan and the HRP Midyear Monitoring Report. The reserve strategy was strategically aligned to the CERF underfunded window and addressed the same above noted priority needs (see CERF/CHF Complementarity section overleaf).

In the standard allocation, 93 per cent of disbursements to projects were made between May and end July. This three month period, beginning with project endorsements on 10 April, represents quality control vetting of projects and budgets, through to the completion and sign off of MOUs through to the final fund disbursements. It also reflects the period where partners would like to see greater efficiencies and more timeliness in the receipt of funds. In contrast, more than 80 per cent of disbursements were made within a two month period in the second allocation for the CHF reserve strategy, after projects were endorsed on 8 October. Efforts to reduce these timelines required greater vigilance to encourage faster turnovers, between recipients, the CHF secretariat and the OCHA funding coordination section in New York. It also reflected better quality project proposals and budgets that adhered to guidelines, resulting in the need for fewer turnovers.

1 In the absence of data disaggregating food security and livelihoods projects, this is calculated by removing WFP and UNICEF food distribution projects from the remainder of Food Security cluster projects.

2014 CHF CONTRIBUTIONS BY DONOR

<table>
<thead>
<tr>
<th>DONOR</th>
<th>Contribution (US$)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>14,703,300</td>
<td>34%</td>
</tr>
<tr>
<td>Sweden</td>
<td>10,599,231</td>
<td>24%</td>
</tr>
<tr>
<td>Denmark</td>
<td>5,602,619</td>
<td>13%</td>
</tr>
<tr>
<td>Australia</td>
<td>4,384,000</td>
<td>10%</td>
</tr>
<tr>
<td>Ireland</td>
<td>4,042,400</td>
<td>9%</td>
</tr>
<tr>
<td>Switzerland</td>
<td>2,045,248</td>
<td>4%</td>
</tr>
<tr>
<td>Finland</td>
<td>1,867,995</td>
<td>4%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1,268,400</td>
<td>3%</td>
</tr>
<tr>
<td>Germany</td>
<td>1,256,000</td>
<td>3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>45,769,193</td>
<td>100%</td>
</tr>
</tbody>
</table>

2014 CHF ALLOCATIONS BY TYPE

<table>
<thead>
<tr>
<th>Reserve strategy (39%)</th>
<th>Reserve - individual requests (13%)</th>
<th>Standard allocation (48%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20.3 million</td>
<td>$6.5 million</td>
<td>$25.1 million</td>
</tr>
</tbody>
</table>
CHF reserve strategy

At the global level, the CHF reserve is primarily intended for the rapid and flexible allocation of funds in the event of unforeseen circumstances, emergencies, or strategic needs. In Somalia the reserve has traditionally been used to fund requests to support response to sudden onset emergencies and address critical funding gaps, including immediate response in areas not within the HRP as well as regions not prioritized in the standard allocation where need has been demonstrated.

In 2014, the CHF reserve strategy allocation of $20.3 million was used to support mid-year life saving critical gaps, as determined in the HCT’s multi-sector three month operational response plan and the HRP mid-year monitoring report. This approach was consistent with the CHF Global Guidelines which empower the Humanitarian Coordinator to use the reserve to address strategic multi-sectoral needs. Reserve allocations should be significantly quicker than the standard allocation process, thereby encouraging a swift process that enables quick response. This reserve strategy leveraged this approach, while assuring a transparent and consultative process at all levels. The cluster strategies were drafted by cluster coordinators in consultation with partners, and the CHF reserve strategy was endorsed by the Humanitarian Coordinator and the CHF Advisory Board. The strategy complemented the CERF under funded window for Somalia, enabling a robust pooled fund strategy underpinned by $40 million in total.

The importance of a standard allocation in the first quarter

The contribution and disbursement table below highlights the potential, given funds available in the first quarter, to have an earlier standard allocation which is aligned to the Humanitarian Response Plan (HRP) programme cycle.

An earlier allocation process empowers a more timely predictable response early in the year by making funds available in the first quarter to jump-start the HRP implementation. Aligning in this way avoids duplication of effort in identifying priority needs and enables clusters to make faster decisions using the evidence base of the Humanitarian Needs Overview (HNO) on how the first CHF allocation should be spent.

It further underlines the CHF objective to be an early predictable funding source for partners on the ground to initiate the country's humanitarian response plan. For this to be successful, it is necessary to have sufficient funds to justify the transaction costs inherent in a standard allocation that must bring together all clusters and partners to work together. This ensures a coordinated and transparent process to identify highest priority funding needs, and then to vet, select and recommend projects to be funded by the CHF. A typical standard allocation will have over 90 projects. This further requires donors to contribute funds early in the year, preferably in the first quarter, for planning purposes and to ensure available funds for approved disbursements through February and March.

CERF / CHF complementarity

In 2014 the Central Emergency Response Fund (CERF) made two allocations totaling $21.4 million to support the humanitarian response in Somalia. Each allocation was supported by CHF reserve allocations to ensure complementarity and maximize impact.

In April and May 2014 CERF allocated $1.4 million to WHO and UNICEF through its rapid response window to support the response against the measles outbreak in mid-2014. This funding was complemented by the CHF reserve with $300,000.

The CERF also allocated $20 million from its under-funded emergency (UFE) window. The funding addressed four priority areas which in turn were complemented by the CHF reserve strategy: (i) Acute malnutrition in displacement settlements; (ii) Improved food security; (iii) Provision of basic services for vulnerable communities; and (iv) Improved protective environment among displaced people. Both the CERF UFE and CHF reserve strategies prioritized the same high priority geographic areas. Both strategies were informed by humanitarian priorities identified in assessment reports and the HRP Midyear Monitoring Report that measures progress against targets set in the 2014 HRP. The strategies also sought to address outstanding critical gaps that remained in the HCT’s three-month multi-sector operational response plan.

DONOR DEPOSITS AND CHF DISBURSEMENTS 2014 (US$)

<table>
<thead>
<tr>
<th>Month</th>
<th>Donor Deposits</th>
<th>Disbursements</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEC</td>
<td>2,000,000</td>
<td></td>
</tr>
<tr>
<td>JAN</td>
<td>4,000,000</td>
<td></td>
</tr>
<tr>
<td>FEB</td>
<td>6,000,000</td>
<td></td>
</tr>
<tr>
<td>MAR</td>
<td>8,000,000</td>
<td></td>
</tr>
<tr>
<td>APR</td>
<td>10,000,000</td>
<td></td>
</tr>
<tr>
<td>MAY</td>
<td>12,000,000</td>
<td></td>
</tr>
<tr>
<td>JUN</td>
<td>14,000,000</td>
<td></td>
</tr>
<tr>
<td>JUL</td>
<td>16,000,000</td>
<td></td>
</tr>
<tr>
<td>AUG</td>
<td>16,000,000</td>
<td></td>
</tr>
<tr>
<td>SEP</td>
<td></td>
<td></td>
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<tr>
<td>OCT</td>
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<tr>
<td>NOV</td>
<td></td>
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<tr>
<td>2014</td>
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<tr>
<td>JAN</td>
<td></td>
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<tr>
<td>FEB</td>
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<td></td>
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<tr>
<td>MAR</td>
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<td>APR</td>
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<td>OCT</td>
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<tr>
<td>NOV</td>
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</tbody>
</table>

- 7 March: Standard allocation document published
- 10 April: AB endorses projects for SA funding
- 2 Sept: Reserve Strategy shared with partners
- 8 Oct: AB endorses projects for RS funding
- 93% of SA funds disbursed
- 80% of RS funds disbursed

The contribution and disbursement table below highlights the potential, given funds available in the first quarter, to have an earlier standard allocation which is aligned to the Humanitarian Response Plan (HRP) programme cycle.
OVERVIEW OF CLUSTER ACHIEVEMENTS

2014 CLUSTER PROGRESS UPDATE

The CHF has supported 135 projects across nine clusters, with two additional clusters funded in 2014 inclusive of Enabling Programmes and the Multi-sector for Refugees which were not included in 2013. Given that funds for the standard allocation were disbursed from May to July, and funds for the strategic reserve have only been disbursed recently in October and November, few projects have reached the six month interim reporting stage. This section will therefore summarize the 2014 cluster objectives and allocations, with more detailed information on achievements to be presented in the CHF 2014 Annual Report, due 31 May 2015. Some results will however be reported on with respect to shorter term reserve project outcomes, particularly as relates to the CHF funded UNHAS cargo and humanitarian flights, and the multi-region measles response, funded in complement to the CERF rapid response.

The 2014 standard allocation was strategically focused on three priorities with the following critical priority regions:

1. Support to the most vulnerable Internally Displaced Persons (IDPs) and host communities through the provision of an integrated package of basic services. The priority regions for this objective were Bay (Baidoa), Gedo (Luq), Mudug (Gaalkacyo) and Lower Juba (Kismayo) due to the large number of protracted IDPs whose high malnutrition rates were exacerbated by limited livelihood options and inadequate health and WASH services. The need to ensure a protective environment was also recognized as critical in the selected regions.

2. Action to address chronic humanitarian crises/disasters: This included community led initiatives to anticipate, mitigate, cope with and overcome risks as well as ensuring longer term mitigation measures. The priority regions here were Bay (Baidoa and Diinsoor), Bakool (Ceel Barde, Rab Dhuure, Xudur and Tayeeqlow), Gedo (Luq), Hiraan (Belet Weyne and Mataban) and Lower Juba (Kismayo). The allocation aimed to:
   a) prevent people in stress from slipping into emergency and crisis by strengthening their capacity to absorb shocks;
   b) contribute towards the reduction of chronic acute malnutrition rates; and
   c) respond to the needs of people who were highly vulnerable to floods, drought, and communicable disease outbreaks such as acute watery diarrhoea (AWD).

3. Support to common services including projects under the Enabling Programmes cluster in the HRP. This included support to:
   a) UN Humanitarian Air Services (UNHAS) to ensure the continuity of the services;
   b) Cluster coordination to facilitate coordination of humanitarian action including oversight of CHF projects; and
   c) Other common services projects, and mainly FSNAU, Radio Ergo and NGO Consortium costs and the NGO Safety Program (NSP).

CHF / CERF Measles Response

Measles is one of the leading causes of death for young children in Somalia, a situation made worse by a lack of health services across the country. Between January and June 2014 around 4,000 suspected cases of measles were reported, more than double than the same period last year. Three quarters of cases were reported in children less than five years old. In response a CERF allocation of $1.5 million and a CHF allocation of $300,000 were made to kick-start a campaign to combat the outbreak. The funding is currently being used to vaccinate 520,000 children under 5 years in the worst affected areas of Banadir, Lower Juba and Puntland. The vaccination drive will help prevent the spread of the disease to other locations, particularly those inaccessible to vaccination teams.

SUMMARY OF 2014 ALLOCATIONS (as of 30 Nov 2014, source: FTS, CERF, CHF database)

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Amount Allocated (CHF) - $ Millions</th>
<th>% of HRP Funding Received (CHF)</th>
<th>Projects /Partners</th>
<th>Beneficiaries Targeted</th>
<th>CERF Allocation $ Millions</th>
<th>Total HRP Funding $ Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>2.4</td>
<td>16</td>
<td>7/6</td>
<td>26,144</td>
<td>1</td>
<td>14.6</td>
</tr>
<tr>
<td>Enabling Programmes</td>
<td>7.7</td>
<td>25</td>
<td>16/9</td>
<td>7,502,654</td>
<td>-</td>
<td>30.9</td>
</tr>
<tr>
<td>FS</td>
<td>8.6</td>
<td>5</td>
<td>19/15</td>
<td>314,399</td>
<td>8</td>
<td>161.3</td>
</tr>
<tr>
<td>Health</td>
<td>7.8</td>
<td>33</td>
<td>22/12</td>
<td>2,492,610</td>
<td>5</td>
<td>23.5</td>
</tr>
<tr>
<td>Multisector</td>
<td>0.9</td>
<td>4</td>
<td>3/3</td>
<td>14,608</td>
<td>-</td>
<td>24.1</td>
</tr>
<tr>
<td>Nutrition</td>
<td>8.4</td>
<td>16</td>
<td>24/18</td>
<td>163,490</td>
<td>3</td>
<td>51.5</td>
</tr>
<tr>
<td>Protection</td>
<td>2.6</td>
<td>34</td>
<td>8/8</td>
<td>39,769</td>
<td>1</td>
<td>7.6</td>
</tr>
<tr>
<td>Shelter / NFI</td>
<td>3.8</td>
<td>67</td>
<td>7/5</td>
<td>122,828</td>
<td>-</td>
<td>5.7</td>
</tr>
<tr>
<td>WASH</td>
<td>9.6</td>
<td>38</td>
<td>29/20</td>
<td>886,119</td>
<td>3.5</td>
<td>23.4</td>
</tr>
</tbody>
</table>
The reserve strategy meanwhile focused on four areas where gaps in response, and new needs were identified, and which find their root in the thematic areas above:

1. Improve the nutritional situation in IDP settlements and areas of high vulnerability: Projects were designed to address acute malnutrition in IDP settlements in seven urban areas (Mogadishu, Kismayo, Dobley, Doolow, Dhuusamarreeb, Garowe and Gaalkacyo) and in areas of high vulnerability where there were linkages to food insecurity and inadequate WASH and health services.

2. Improve access to food in food insecure areas: The allocation aimed to improve food security following under performance of the Gu rains through food distribution and livelihood interventions in pastoral, agro pastoral and riverine areas in affected districts in Bakool, Hiraan, Middle Shabelle, Lower Shabelle, Gedo and Galgaduud regions of south central Somalia and Nugaal, Bari, and Mudug regions. This included addressing critical food needs through emergency food assistance, wet feeding and unconditional cash transfer in areas affected by poor rains and the deterioration of market functioning.

3. Restore and improve basic services in underserved and/or newly accessible areas: Humanitarian partners targeted the provision of integrated basic services for vulnerable populations in newly accessible areas and in areas with limited humanitarian response.

4. Enhance protection services for vulnerable children and survivors of protection violations: This included improvements in the protective environment for IDPs and other vulnerable groups.

The key objectives per cluster in 2014 were as follows:

**Education**

In total, $2.4 million in CHF funds were provided to the Education cluster, to complement $1 million in CERF funds.

In line with the 2014 HRP objectives the Education cluster identified two CHF priority needs in the standard allocation of $1.5 million. These included ensuring that vulnerable children and youth have access to life-sustaining and potentially life-saving learning opportunities in a protective environment. In addition, the allocation prioritized improvements in the quality of education through the recruitment and training of teachers, as well as the provision of teacher incentives, support to child-centered learning methodologies, and building the capacity of education officials, cluster members and other education personnel.

In the next multi-sectoral allocation, per the CHF reserve strategy, two main areas of intervention for the Education cluster were supported with a total of $960,000. This funding complemented $1 million which was provided by the CERF underfunded window. The cluster prioritized support to emergency teachers’ incentives and the training of regional education officers and local authority staff to monitor education activities, as well as emergency education and preparedness.

This support complemented the CERF UFE which funded the procurement of education supplies.

**Enabling Programmes**

In total, $7.7 million in CHF funds were provided to the Enabling Programmes cluster.

In the CHF standard allocation, the Enabling Programmes cluster prioritised a total of $2.5 million for common services enabling humanitarian programming in Somalia. This included support to the UN Humanitarian Air Services (UNHAS) with $1 million to ensure the continuity of services over the year and cluster coordination funding to facilitate coordination of humanitarian action including oversight of CHF projects. In addition, other common services projects - mainly FSNAU, Radio Ergo and NGO Consortium costs and NGO Safety Program (NSP) were also supported. Under the CHF reserve strategy and individual allocations, an additional $5.2 million was allocated. These were predominantly to support the provision of humanitarian air services (UNHAS) through the course of the year, as well as security aircraft flights in support of relief operations. There were no allocations through the CERF UFE window for the cluster.

**Food Security**

In total, $8.6 million in CHF funds were provided to the Food Security cluster, to complement $4 million in CERF funds.

For the CHF standard allocation of $4.5 million, the Food Security cluster identified priority areas focusing on livelihood support to IDPs, and livelihood activities that addressed the underlying causes of household vulnerability more broadly. These included funding to projects focusing on vocational skills and functional literacy and numeracy, as well as those providing seasonal support to vulnerable households, and supporting community participation in the construction of livelihood assets.

A reserve strategy allocation of $4.1 million complemented a CERF UFE allocation of $8.6 million, focusing on livelihood support and food security. The reserve strategy focused on the distribution of food and provision of safety nets for the most vulnerable populations. In addition, the provision of agricultural inputs and trainings to support agricultural production, as well as emergency livestock treatment and vaccination were identified as key areas of intervention to increase household food security and income. Projects engaged in the provision of fishing inputs and value addition, storage and processing, as well as support to building household assets and livelihood options were also funded.

**Health**

In total, $7.8 million in CHF funds were provided to the Health cluster, to complement $4.5 million in CERF funds.

For the standard allocation, the Health cluster prioritised $4 million in CHF funds to projects that increased access to life-saving primary and secondary health care services to
the most vulnerable populations in Somalia, including IDPs, women and children. This included emergency health and life-support services. In addition, the control of epidemic-prone communicable diseases through the expansion of surveillance and emergency preparedness and response was strengthened with life-saving interventions for IDPs, returnees, and vulnerable populations. The cluster also focused CHF funding on increasing access to high-impact reproductive health, maternal, newborn and child health services, with a focus on using community-based approaches to maximise impact.

A reserve strategy allocation of $3 million was designed to address the most critical needs of displaced populations in Somalia, with focus on women and children, as well as support to other populations in the country. The allocation complemented $3.5 million which was received through the CERF underfunded window, and focused on filling gaps in medical supplies and equipment and direct support to health facilities (including through first level referral lines). In addition, projects which focused on outbreak detection and response and on capacity building of local partners, community health workers and midwives were funded. Finally, the Health cluster received three individual reserve allocations totalling $810,000. This supported response to the measles outbreak, complemented by a CERF rapid response allocation of $1.5 million, and ensured the continuity of health care services at Belet Weyne hospital.

**Multi-Sector for Displaced People, Returnees and Refugees:**

There were three projects approved under a CHF standard allocation of $930,000 for the Multi-Sector. The allocation prioritized support for the voluntary return and reintegration of 2,100 IDP households to their areas of origin – from Banadir and Mudug to Lower Shabelle, Hiraan and Bay. There were no allocations through the reserve strategy or the CERF UFE window for the cluster.

**Nutrition**

In total, $8.4 million in CHF funds were provided to the Nutrition cluster, to complement $3 million in CERF funds.

Within the standard allocation of $4.4 million, Nutrition cluster projects funded by the CHF focused on the provision of basic nutrition services packages for 74,500 children aged 6 to 59 months and for pregnant and lactating women in all IDP and host communities across the country. In addition, projects which enhanced preparedness and contingency programming to address acute and chronic malnutrition in areas with chronic vulnerabilities were prioritized. So as to improve the effectiveness of the nutrition cluster, the CHF is supporting capacity building for coordination and more effective response planning.

Under the CHF reserve strategy, there were two main areas of intervention supported by the CHF through a total of $4 million. This complemented a $3 million allocation from the CERF underfunded window. The strategy focused on the provision of basic nutrition services packages for children aged 0-59 months and for pregnant and lactating women, and the integration of nutrition services with food security, health and WASH activities to address the underlying causes of malnutrition.

**Protection**

In total, $2.6 million in CHF funds were provided to the Protection cluster, to complement $1 million in CERF funds.

In the standard allocation, the Protection cluster prioritised a total of $1.6 million in CHF funds to projects which addressed gender based violence (GBV) and child protection. This included projects which made qualified service providers available to GBV and child protection survivors, and those which strengthened community engagement and policy makers on the prevention of GBV. The integration of protection activities with other sectors to ensure complementarity of assistance and services was also identified as a key intervention area. Three priority areas were identified for the cluster – Mudug, Bay and Lower Juba regions and more specifically Gaalkacyo, Baidoa and Kismayo towns respectively.

Under the reserve strategy, the Protection cluster allocated $1 million in CHF funding to complement $1 million received through the CERF underfunded window. The allocation focused on similar priorities to the standard allocation, with the provision of timely, effective and quality protection response services and training and capacity building of personnel working with survivors identified as key areas of intervention.

**Shelter/NFI**

In total, $3.8 million in CHF funds were provided to the Shelter/NFI cluster.

Within the CHF standard allocation of $1.7 million, Shelter and NFI cluster projects prioritized the provision of permanent shelter solutions in Gaalkacyo for local integration, as well as the provision of transitional shelter solutions in Baidoa, Luuq and Kismayo. Transitional shelter provision was strategically targeted towards enhancing the resilience of existing settlements, with a strong focus on settlement planning and improved land tenure. Preparedness and contingency planning was also prioritized by the cluster, particularly as concerned the capacity building of partners through trainings on technical matters related to shelter, as well as trainings in participatory approaches to ensuring strong community involvement and ownership.

Under the CHF reserve strategy, $2.1 million was allocated for projects distributing emergency assistance packages for displacements from the military offensive and for short-term displacements in south central Somalia, as well as those which provided transitional shelter in south Somalia. Improved land tenure for IDPs in Puntland was also prioritized by the strategy, along with interventions to map infrastructure in Baidoa, Kismayo and Belet Weyne. There were no allocations through the CERF UFE window for the cluster.
Throughout 2014, humanitarian access has been severely constrained in 28 districts in southern and central Somalia, due to insecurity, fighting along major supply routes, road blockages and the encirclement of newly recovered areas by non-state armed actors. Altogether some 2,200 conflict incidents with humanitarian implications were registered by OCHA Somalia partners, and compiled by OCHA including 107 incidents related to checkpoints.

The CHF made five allocations (one standard allocation and four reserve allocations) totaling $4.0 million to support air cargo flights and passenger flights in 2014. These included flights which enabled humanitarians and air cargo to access hard to reach areas. In August, regular emergency air cargo flights were initiated to provide urgently needed relief in hard-to-reach areas, including the Bay and Bakool regions. So far, the emergency flights have allowed humanitarians to reach over 66,000 affected people in three regions with more than 330 metric tons of aid. Cargo included nutrition supplies, supplementary food, vaccinations and education material. CHF funding to airlifting is not financially feasible in the long run as cargo flights are an extremely expensive way to deliver supplies necessary to mount a full response to the needs. For aid to reach those most affected in 2015, regaining access by road to communities isolated by conflict will be a top priority.

Water, Sanitation and Hygiene (WASH)

In total, $9.6 million in CHF funds were provided to the WASH cluster, to complement $3.5 million in CERF funds.

In the standard allocation, the WASH cluster prioritised a total of $3.8 million in CHF funds to projects which focused on access to safe water, and sanitation and hygiene promotion activities. The main interventions to enable these goals were the provision of reliable and sustained access to safe water based on identified strategic water points, the establishment of sustainable water management structures and the development of household water treatment systems. In addition, reliable and sustainable access to environmental sanitation was prioritized, particularly where it was coupled with hygiene promotion for targeted people. Finally support to emergency preparedness and early response to humanitarian emergencies was prioritized by the cluster.

Under the reserve strategy, the WASH cluster allocated $4.1 million in CHF funding which complemented $3.5 million received through the CERF underfunded window. The allocation looked to address critical gaps in water supply and sanitation in big cities for existing IDPs camps, and floods and cholera affected areas. This would be carried out through full water, hygiene and sanitation packaging, the replenishment of WASH emergency supply hubs, and the provision of temporary access to safe water, including through work for water vouchers. Finally, the WASH cluster funded $1.5 million through seven individual reserve allocations for projects ensuring WASH services in ten districts, across six regions in Somalia. The allocations were in response to drought and flooding, as well as WASH support to IDPs in Mogadishu.

Emergency Air Cargo and Humanitarian Passenger Flights

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Resilience

Among the 2013-2015 CAP strategic priorities is a focus on resilience building programming to address the protracted nature of the humanitarian crisis. In 2013, an improvement in the humanitarian context allowed humanitarian actors to shift their focus to supporting activities which increase the resilience of vulnerable populations to shocks and stresses.

Given this emphasis three projects were funded by the CHF with $3.8 million aimed at building resilience in affected communities. These projects fell under the umbrella of the Somalia Resilience Consortium (SOMReP) and focused on Somaliland with two projects in Woqooyi Galbeed region and another in Togdheer region.

So far, a total of 9,500 individuals from pastoralist and agro-pastoralist communities have benefited from these projects. Project interventions ranged from the provision of livelihoods trainings to undertaking disaster risk management activities. The projects have increased crop production through the provision of inputs, supported farming cooperatives, and scaled up water harvesting and flood protection activities in farms. The projects have also supported fodder production, as well as rangeland management and animal health.

The three projects have faced various challenges which delayed the implementation of some project activities. These have included the need to incorporate findings from baseline assessments into project design, as well as delays in getting permissions for project implementation from line ministries and governors.

* Most results for cluster achievement sections are based on final reports received for partners for activities completed however the CHF Secretariat was still waiting for the submission of several reports from partners. For these projects interim results were used instead.
2013 - 2014 CLUSTER ACHIEVEMENTS

This interim report will cover achievements funded in 2013, given the projects funded in the 2013 standard allocation process were implemented through 2014. Hence the section below reports on the results of projects funded in 2013 in the third and fourth quarter, and primarily implemented during the course of 2014. More specifically, the results reported below reflect all projects that were completed between 1 March and 25 October 2014. The summary data in cluster sections includes:

1. Cluster objectives from the 2013 Standard Allocation, and support to partners in the standard and reserve allocations in 2013;
2. Achievements and challenges for projects funded in 2013 and implemented over the course of 2014;
3. Indicator and target summaries of projects funded by the CHF which were completed between March and October 2014.

EDUCATION

ACHIEVEMENTS 2013 - 2014

Lead Agencies: UNICEF and Save the Children

Objectives: CHF-funded projects in 2013 responded to two of the Education cluster’s 2013 HRP objectives. These were:

1. To ensure vulnerable children and youth have access to life-sustaining and potentially life-saving learning opportunities in a protective environment; and
2. To improve quality of education by recruiting and training teachers, providing incentives, supporting child-centred learning methodologies, building capacity of CEC members, education officials and personnel.

Allocation: In 2013, the CHF disbursed US$1.9 million to 14 education projects through the standard allocation window. CHF funding comprised eight per cent of the cluster’s 2013 HRP funding receipts of $23.9m.

Achievements and Challenges: In line with the cluster’s objectives to provide access to safe, protective learning spaces and schools to vulnerable children, CHF funded projects provided temporary learning spaces with gender sensitive WASH facilities, learning materials, recreational facilities and teacher incentives to foster retention. To sustain the quality of education, the provision of teacher training and inclusion of life skills in the curriculum were carried out, as well as trainings of Community Education Committees (CECs) comprising education officials and parents to manage the schools.

Recognizing the importance of providing a protective environment for children, the education allocations were linked to the shelter and protection clusters – especially for IDP communities - and advocated for complementarity in activities and common locations.

To offer a semblance of normalcy to children of conflict-affected communities, the majority of CHF-funded education projects supported schools where children from displaced families would have access to education. Thus an estimated 18,000 children in 245 schools and learning centres were reached. More specifically, learning facilities in IDP camps helped to cater for children who had previously walked long distances to host community schools. A total of 1,019 teachers (including head teachers) benefitted from training to improve the quality of education. In an initiative to encourage female participation in education, 36 female in-service teachers underwent a nine-month training at the East African University (EAU) in Bossaso and Puntland University of Science and Technology (PUST) in Gaalkacyo. The CHF also provided crucial complementary funding with bilateral sources particularly for international NGOs and contributed to the provision of holistic education that included life skills. Over 2013 and 2014 eight education projects were remotely monitored through call center monitoring.

Like other clusters, Education projects were affected by insecurity that led not only to delays in project start-up but also a request for a no cost extensions and a request for a change in location. All projects cited the challenge of timing project cycles with the Somali school calendar. When CHF allocations did not coincide with the school calendar, innovative measures were instituted so schools could run to the end of term. These included organizing school seminars during holidays, while some CHF partners used their own funds to ensure continuity. Community and local authority involvement at each project stage including teacher recruitment to project success was also cited as important.

The Education cluster is chronically underfunded hampering the attainment of most of its medium term objectives as spelt out in the three year 2013-2015 CAP. Of particular concern are efforts to sustain teacher incentives and thus keep children in school. It has been difficult to sustain teacher incentives without external (community and donor) support. Moreover, CHF funding does not guarantee year to year funding, since priority locations can change depending on the prevailing humanitarian situation. In addition, obtaining community support for teacher incentives, particularly among IDP families, has been hampered by their own difficulties in meeting other needs. Children’s retention in schools is also affected by drought induced displacement which forces families to migrate to new areas.
FOOD SECURITY

ACHIEVEMENTS 2013 - 2014

Lead Agencies: WFP and FAO

Objectives: CHF funded projects responded to four Food Security cluster 2013 HRP objectives:

1. Improve household access to food for populations in emergency throughout the year and crisis during the livelihood lean seasons;
2. Provide reliable, predictable and appropriate support to prevent vulnerable people and households from falling in to a state of acute food insecurity (‘Crisis’ level) through existing public services or community mechanisms;
3. Provide seasonally appropriate and livelihood specific inputs to increase the productive capacity of rural livelihoods; invest in the construction of rural livelihood assets to prevent further deterioration and/or restoring households and community productive assets to build resilience to withstand future shocks; and develop alternative livelihood strategies for vulnerable urban populations allowing them to enter into the formal and informal economy; and
4. Contribute to the development of the capacity of Food Security NGO community, national, regional and local authorities and the exchange of food security analysis and response information.

Allocation: The CHF disbursed US$4.8 million to 14 food security projects implemented by 13 partners through both its standard allocation ($4.5m) and its reserve ($300,000) windows. CHF funding comprised 3 per cent of the cluster’s 2013 HRP funding receipts of $218m.

Achievements and Challenges: The allocation to the Food Security cluster mainly contributed to meeting the two objectives outlined in the 2013 CHF allocation strategy. These included support to people in stressed food security situation to prevent them from falling back into crisis by strengthening their livelihoods; and also to reduce the malnutrition caseload through complementing nutrition, health and WASH projects. Over the course of 2013 and 2014, a total of 19 food security projects were remotely monitored through call center monitoring.

The activities implemented through the 14 CHF funded projects included targeted distribution of food, provision of seasonal livelihood inputs (mainly seeds to farmers), rehabilitation of community livelihood assets using the cash for work modality, treatment of livestock targeting pastoral and agro-pastoral communities, fodder production and support to land preparation. Through these activities the projects were able to reach 153,000 people in south central Somalia. About 6,045 households benefited through cash for work interventions which saw the rehabilitation of over 10 water catchments, strengthening of river embankments ranging in length between 10 km to 22 km, de-silting of irrigation canals and clearing of about 20 feeder roads in order to provide access to markets. The cash for work activities increased the purchasing power of households to meet the rising cost of essential food items. Additionally, 3,000 small ruminants were treated and provided to 227 women headed households through restocking activities and about 6,500 farmers were provided with agricultural inputs including seeds and tools. To further strengthen the livelihoods of pastoral and agro-pastoral communities, close to 300,000 livestock belonging to 8,478 households were treated and vaccinated.

The challenges encountered during the project implementation mirrors the challenges faced by the cluster and is a reflection of various factors including access constraints, flooding, localized political and clan conflict and limited funding. Access constraints were particularly noted in Bakool and Lower Juba; flooding during the first quarter of 2013 partly slowed down the implementation of projects in Middle and Lower Shabelle and political and clan conflicts impeded operations particularly in parts of southern Somalia.

*This section highlights the indicator’s and target’s of projects funded by the CHF in 2012 and 2013 which were completed between 1 March and 25 October 2014.
Lead Agencies: UNCHR and DRC

Objectives: CHF-funded projects responded to the four Protection cluster 2013 HRP objectives, including:

1. Ensuring women, men, girls and boys affected by conflict and humanitarian emergencies have equal access to timely, effective, and quality protection response services;
2. Strengthening the capacity of women, men, girls, and boys to reduce exposure to protection risks;
3. Strengthening the capacity of communities, civil society, and formal and informal authorities to prevent and address the specific protection needs of women, men, girls, and boys; and
4. Enabling a protection response through strengthened coordination, protection monitoring and analysis, and building the capacity of humanitarian actors.

Allocation: The CHF disbursed US$ 2.3 million to nine protection projects which were implemented by eight partners. The entire allocation was through the standard allocation window. CHF funding comprised 5 per cent of the cluster’s 2013 HRP funding receipts of $ 43.1m.

Achievements and Challenges: The allocations supported activities to prevent and respond to protection violations against vulnerable populations including support to survivors of gender based violence (GBV) and children. CHF funded specialized services for GBV survivors including case management, medical response, psychosocial support and referral services. For child protection, maternal and paediatric health services were provided in emergency areas. GBV and child protection activities were carried out in hospitals, maternal and child health clinics (MCH) and safe space centres. In all, 11,225 individuals were able to access specialized services. Trainings and awareness raising sessions to increase knowledge and capacity to address and prevent GBV, and to improve child protection were carried out with community members and formal and informal authorities in vulnerable areas, as well as protection mainstreaming trainings for UN agencies and NGOs working in Somalia. Over the course of 2013 and 2014 eight protection projects were remotely monitored through call center monitoring.

CHF funding enabled the INGO Save the Children to set up one of the very first child protection projects in Belet Weyne, Hiraan when access to the location became available. CHF support also facilitated the return of IDPs from Mogadishu. Altogether 1,100 families were supported to return to their villages of origin in Baidoa, Bay. These people were supported with incentives, transportation by convoys and were provided with assistance packages upon arrival. Another CHF funded project supported the return of 57 families from Mogadishu to Belet Weyne.

The main challenge to protection activities in 2013 and 2014 was related to insecurity and lack of access. A CHF funded project in Marka was delayed by several months when the main hospital in the town was besieged by militia in November 2013. Along with stifling planned activities, inter-clan violence in the town increased the number of individuals at risk of violence and sexual assault. Reporting from several projects also noted that in insecure locations survivors of violence often do not file reports due to fear of retaliation.
NUTRITION

ACHIEVEMENTS 2013 - 2014

Lead Agencies: UNICEF

Objectives: CHF funded projects responded to the following Nutrition cluster 2013 HRP objectives: To

1. Contribute to the reduction of malnutrition related sickness and mortality among vulnerable boys, girls, pregnant and lactating women (PLW);
2. Improve women, boys and girl’s access to evidence-based and feasible nutrition and nutrition related resilience activities;
3. Contribute to the availability of nutrition information, programme coverage and operational research (OR) into responses to the causes of malnutrition and related problems; and
4. Strengthen the coordination and capacity of all nutrition partners.

Allocation: The CHF allocated a total of $6.4 million to 16 partners for 17 projects. 15 allocations amounting to $6m were made through the standard allocation with the remaining two allocations of $400,000 made through its reserve window. CHF contributed 8 per cent of total receipts of $82.3 million to the cluster.

Achievements and Challenges: The cluster’s response strategies centred on the delivery of the Basic Nutrition Services Package (BNSP), a holistic preventative and curative package of nutrition services including treatment of acute malnutrition. Its primary beneficiaries, children under five years of age and pregnant and lactating women, were reached through a combination of mobile and fixed service sites.

CHF funds enabled the cluster to allocate $3.2 million to two pipeline projects by UNICEF and WFP to procure essential nutrition supplies for the treatment of acute and moderate malnutrition for NGO partners. The proposal and disbursement processes for these projects were fast tracked with the whole process taking 15 to 20 days respectively to ensure timely delivery. In line with its HRP objectives, the CHF funds enabled the cluster to successfully conduct two nutrition causal analysis studies in two IDP settlements in North Somalia on the core determinants of acute malnutrition on IDPs. The study findings were part of the cluster’s objective to improve nutrition service delivery and complemented its capacity building initiatives. Following the withdrawal of MSF from Somalia, the CHF allocated $500,000 to the cluster to ensure continuity in nutrition services at two health facilities targeting 5,300 children below five years of age and pregnant and lactating women. The OXFAM project was however withdrawn due to security challenges. The remaining project was able to achieve 85 per cent of its target. Over the course of 2013 and 2014 19 Nutrition projects were remotely monitored through call center monitoring.

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CHF’s partnership with the cluster facilitated the clusters implementation of its Rationalization Plan² and supported its approach to holistic management of malnutrition, particularly in areas where it was chronic.

Security challenges hampered the implementation of the OXFAM project in Lower Juba and delayed the completion of several CHF funded nutrition projects in 2013 through 2014. The start-up of some projects were also delayed over community and local authority sensitivities regarding recruitment of local staff which led to prolonged negotiations with local partners and authorities. This underscored the importance of closely coordinating with local authorities including religious leaders. Additional challenges encountered related to ensuring functional feeding programmes in some projects arising from lack of qualified staff, admission criteria and stock outs that compromised the continuum of care for acutely malnourished children and PLWs. The Nutrition cluster still faces challenges to obtain adequate funding levels needed to successfully implement resilience activities to combat malnutrition and address chronic malnutrition in areas where it continues to be pervasive. The cluster’s use of a holistic approach with the health and WASH clusters is also expected to help address the underlying drivers of malnutrition.

1 BNSP is a holistic community based programme package whose components include Infant and Young Child feeding (IYCF), integrated management of acute malnutrition (IMAM), micronutrient supplementation, immunizations, deworming, prevention and management of common illnesses, promotion and support for optimal maternal nutrition and care and Nutrition, Health and Hygiene Promotion (NHHP).

2 In 2013, the Nutrition cluster led strategic rationalisation exercises in order to ensure that geographic coverage was such that nutrition services were available within 15 kilometres of a large number of population centres and 25 kilometres for up to 95 per cent of population centres. This strategic reduction and repositioning of nutrition centres resulted in a minimum fixed site service plan that ensured optimal geographic coverage while minimizing overlap in services. This allowed for the delivery of consolidated services that economize available resources, while improving the effectiveness of a holistic BNSP in line with the changing nutrition situation.
**HEALTH**

**ACHIEVEMENTS 2013 - 2014**

**Lead Agencies: WHO**

**Objectives:** CHF funded projects responded to the following three Health cluster objectives per the 2013 HRP:

1. To ensure equal and integrated life-saving assistance to malnourished children and people living in humanitarian emergency and crisis to reduce mortality and destitution;
2. To increase access to high-impact emergency obstetric and routine reproductive, maternal and newborn and child health services as per national priority packages (MISP, EPHS) to harness stability, resilience and facilitate progress towards health related MDGs; and
3. To facilitate health systems early recovery and transition through enhanced coordination with humanitarian and development partners and provision of technical support and capacity-building of partners as per privileges and immunities outlined in the humanitarian partnership principles.

**Allocation:** The CHF disbursed a total of US$7.6 million to 19 health projects and implemented by 14 partners through both its standard allocation with $3.7 million and its reserve with $3.9 million. CHF funding comprised 22 per cent of the $34.3 million received by the Health cluster against requirements in the 2013 HRP.

**Achievements and Challenges:** The allocations supported the provision of primary and secondary health care services including disease surveillance, maternal and child health care with emphasis on reproductive health and immunization, and capacity building of health staff. CHF funded health projects were able to reach almost a million people largely through support to hospital facilities with large caseloads. In addition, the Fund supported an emergency vaccination campaign targeting almost a million children due to a measles outbreak at the end of 2013. The CHF also supported pipeline projects providing essential primary health care supplies including vaccines and emergency kits for reproductive health. Funding of pipelines also ensured that partners’ costs were limited to operating costs, staff recruitment and training, and purchase of essential medicines and supplies. Over the course of 2013 and 2014, a total of 14 health projects were remotely monitored through call center monitoring.

Following Medecins Sans Frontieres (MSF) withdrawal from Somalia in August 2013 the CHF stepped in with an emergency allocation of $2.5 million to ensure program continuity for six months. All five MSF chapters had managed 21 hospitals and health centres with a collective caseload of over 730,000 people, and immediate intervention was required to prevent a health service crisis. The CHF funded six prioritised projects targeting formerly MSF supported facilities, including four regional hospitals and two health facilities that benefited close to 230,000 people (60 per cent children) out of a targeted 330,000. Impediments to full achievement included the inability to implement one project that would have benefited 50,000 people, due to militant occupancy of a health facility in Middle Juba, and unsuccessful negotiations with local authorities for permission to operate facilities.

Along with insecurity and bureaucratic obstacles, challenges to recruit qualified technical health workers also led to programmatic delays across several CHF funded projects. Further, given the inadequate capacity of health workers refresher trainings were necessary, as was additional oversight to maintain a minimum standard of service. Although 250,000 children and women of child bearing age (WCBA) were targeted for vaccination, only 110,000 were reached. This was due to operational constraints such as the lack of a functional cold chain in Kismayo Hospital in Lower Juba and delays in the delivery of vaccines.

More broadly, medium and long term strategic funding for secondary health facilities remains a huge challenge for the cluster. CHF was only in a position to provide emergency funding to hospitals as a stop gap measure when MSF pulled out. These funds served only to keep essential departments running, and cannot replace dedicated funding for hospital functioning.
Lead Agencies: UNHCR

Objectives: CHF funded projects responded to three Shelter and NFI cluster 2013 HRP objectives:

1. Provision of emergency shelter kits and non-food items (NFIs) to people displaced by disasters such as floods and conflict;
2. Provision of transitional shelters to displaced people in stable settlements taking into consideration land tenure issues and involvement of local authorities; and,
3. Supporting durable solutions through mainstreaming of the housing land and property issues in Somalia to ensure that shelter support remains sustainable.

Allocation: In 2013, the CHF allocated $2.2 million to eight shelter and NFI projects, which were implemented by eight humanitarian partners. CHF funding constituted nine per cent of the Shelter and NFI cluster total receipts of $25.8 million.

Achievements and Challenges: CHF funding allocations supported humanitarian partners to provide shelter and non-food items for internally displaced persons in Somalia. Non-food items (NFIs) were distributed to nearly 11,000 displaced people in Lower Juba, Bari, Middle Shabelle, and Banadir, while about 7,000 people were provided with protection from life-threatening hazards through the construction of transitional shelter units. The Shelter and NFI cluster adopted an integrated approach in the provision of transitional shelters which incorporated capacity building in site planning; the promotion of sustainability in shelter construction by mainstreaming housing, land and property considerations; and the inclusion of hygiene promotion and sanitation facilities.

CHF funding promoted sustainable shelter solutions for internally displaced persons by supporting the establishment of secure land tenure for displaced persons, and by integrating water, hygiene and sanitation (WASH) services in shelter construction activities. This included facilitating negotiations for proper documentation of land donated by private individuals and local authorities, as well as building wide stakeholder consensus between local authorities, host communities and local individuals to ensure permanent land tenure for people settling or being integrated. In total close to 1,500 households gained access to shelter units with improved land tenure. This has contributed to a reduction in evictions by ensuring that humanitarian partners make well informed decisions during project implementation. Over the course of 2013 and 2014 eight shelter and NFI projects were remotely monitored through call center monitoring.

The lack of a secure land tenure system for internally displaced persons, recurrent evictions by local authorities and private land owners and insecurity affected the implementation of some project activities. For example, a government directive suspending the construction of transitional shelters in Mogadishu, and delays in identifying alternative land for IDPs relocation precluded the construction of appropriate shelter units. Humanitarian partners in the affected location had to reprogramme their activities from transitional shelters to emergency shelter kits distribution. In addition, insecurity in Kismayo and other locations in south central Somalia restricted humanitarian access, limiting project preparation and planning to accessible urban areas.
WASH
ACHIEVEMENTS 2013 - 2014

Lead Agencies: UNICEF

Objectives: CHF funded projects responded to three WASH cluster 2013 HRP objectives:

1. Provide reliable and sustained access to safe water based on identified strategic water points, establishment of sustainable management structures and development of household water treatment systems;
2. Provide reliable and sustainable access to environmental sanitation where all sanitation access programmes are coupled with sustained hygiene promotion for the targeted people; and
3. Support to emergency preparedness and early response to humanitarian emergencies.

Allocation: The CHF total allocation of $4.5 million to 14 WASH projects implemented by 13 partners was provided through the standard allocation with $3.9 million and through one reserve allocation of $630,000. CHF funding comprised 8 per cent of the cluster’s 2013 HRP funding receipts of $43.3 million.

Achievements and Challenges: The main WASH cluster activities for CHF projects supported in 2013 included the construction of new and/or rehabilitation of shallow wells and boreholes; the provision of fuel subsidies and spare parts for strategic boreholes; the rehabilitation of surface water sources (berkards); the provision of temporary water access through water trucking; supporting household water safety through distribution of water filters and water purifiers; and support to community based water management structures through water user committee capacity building. In line with the 2013 – 2015 CAP strategy, the WASH cluster focused more on sustainable approaches with stronger linkages to institutions and communities.

CHF funding supported access to safe water and the provision of sanitation and hygiene services to 320,000 disaster affected people across Somalia with varying needs. Projects targeted drought affected populations in Garowe, internally displaced persons in Kismayo, and people affected by floods in Jowhar. Through the reserve allocation, 19,200 people affected by floods in Johwar attained sustainable access to safe water through the rehabilitation of damaged shallow wells, rehabilitation of latrines, hygiene promotion campaigns and distribution of hygiene kits. A further 153,589 people were reached with appropriate hygiene promotion messages through community trained volunteers in flood affected regions of Middle Shabelle and Lower Juba. In addition the CHF supported improved access to safe water, the construction of latrines and hygiene promotion for 12,000 internally displaced persons in Kismayo, Lower Juba. Over the course of 2013 and 2014, 16 WASH projects were remotely monitored through call center monitoring.

Insecurity in Al-Shabaab controlled areas of south and central Somalia, inter-clan conflicts and floods intermittently restricted the transportation of humanitarian supplies to project locations. For example, clan conflicts in Jowhar in September 2013 forced humanitarian partners to temporarily suspend the rehabilitation of latrines and distribution of hygiene kits to flood affected people in the town. At the same time, clan conflicts resulted in the secondary displacement of already flood affected people. In the same month, floods in Middle Shabelle reduced access to the region, badly affecting the transportation system. This in turn contributed to increased costs of local material prices requiring some budget revisions and some reprogramming of planned activities.

2013 Allocation Summary

<table>
<thead>
<tr>
<th>CHF Funding Received</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,500,000 USD Amount Allocated</td>
<td>8</td>
</tr>
<tr>
<td>8 % of HRP Funding Received</td>
<td></td>
</tr>
</tbody>
</table>

2013 Pooled Fund Contributions

<table>
<thead>
<tr>
<th>Pooled Fund Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CERF – 3.4 million</td>
</tr>
<tr>
<td>CHF – 4.5 million</td>
</tr>
<tr>
<td>Others – 35.4 million</td>
</tr>
</tbody>
</table>

2013 Output Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Planned</th>
<th>Achieved</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of community committees trained in effective hygiene communication</td>
<td>16</td>
<td>16</td>
<td>100</td>
</tr>
<tr>
<td>Number of people who have participated in hygiene promotion activities</td>
<td>201,948</td>
<td>153,589</td>
<td>76</td>
</tr>
<tr>
<td>Number of people with increased access to appropriate sanitation facilities</td>
<td>90,296</td>
<td>77,004</td>
<td>85</td>
</tr>
<tr>
<td>Number of people with access to safe water</td>
<td>276,079</td>
<td>322,795</td>
<td>117</td>
</tr>
</tbody>
</table>

*This section highlights the indicator’s and target’s of projects funded by the CHF in 2012 and 2013 which were completed between 1 March and 25 October 2014.
Accountability Framework

In late 2013 an improved and consolidated Accountability Framework was rolled out to increase the accountability of the Somalia CHF, mitigate risks arising from the management of funds, and monitor and report on project activities and outputs. The Framework has four pillars including partner capacity assessments, field and remote monitoring, reporting and project audits. The development and use of this framework has continued over the course of 2014.

Accountability Framework 2014 summary

**Capacity Assessment**

In 2013, 112 NGO partners were assessed on four capacities: institutional, management, financial and technical. From these 72 partners that passed the requirements for funding were identified. The partners risk levels were further classified as high, medium or low. The capacity assessment was shared with all assessed partners and has created a baseline for improvement. The CHF strives to improve local NGO capacities to deliver, and increase humanitarian coverage. In 2015, a new capacity assessment will assess or re-assess 35 NGOs to increase the number of eligible partners in key locations around Somalia.

Detailed due diligence information on all CHF partners was updated during the 2014 standard allocation and again during the reserve strategy allocation. This information is hosted on the CHF online database.

**Audit**

By November 2014, 116 projects had audits due, of which 75 had been completed. The remaining projects were either in the process of being completed (32 projects) or are delayed (9 projects) until final certified financial reports are received, after which audits can take place.

Financial findings or ineligible amounts were identified in about 30% of the projects. The main reasons cited for these findings included expenditures outside the contractual period, unbudgeted expenses and costs claimed without adequate supporting documentation. These findings were subsequently followed up and disallowed by CHF fund management.

**Monitoring**

In 2014 remote call monitoring was used to contact 6070 beneficiaries of 94 CHF funded projects. The monitoring covered 16 regions in Somalia. More detail is provided in the monitoring section overleaf.

**Reporting**

At the time of writing 145 interim reports and 102 final reports were due. Of these 138 interim and 92 final reports have been submitted. The overall percentage of reporting on time is 93 per cent. Of the reports not yet submitted the main reason for delay cited by partners is the need to get clearance by their respective headquarters. These are being followed up on to ensure 100 per cent compliance.
Risk Management Module:

A major accomplishment in 2014 was the implementation of a risk management module which enabled data emerging from the Accountability Framework to be used to inform the choice of partners during the standard and reserve allocations in 2014. The module provides a holistic overview of risk levels in two practical tools hosted on the CHF online database – including the partner risk dashboard, and the project prioritisation dashboard. The partner risk dashboard identifies and aggregates the scores from the capacity assessment, audit reports and monitoring results, as well as credible external sources, thereby assigning an aggregate risk level for each partner (high, medium or low).

The project prioritisation dashboard enables clusters to understand a range of risk components when prioritising projects during allocations. The dashboard brings together three variables: partner risk, location risk and activity risk to provide an overall project-based recommendation on the maximum funding level and the monitoring modalities (for example increased and more thorough monitoring for high risk projects) to be applied to a project. An example of this is shown below.

In the first scenario, a medium risk activity (capacity building) proposed by a medium risk partner for implementation in a high risk area (Baardheere District) would be considered for funding. Given the higher risk associated with the location the funding would be for a limited amount with recommendations for different monitoring modalities. The second scenario shows that even with a low location risk level location (Doolow District), a partner with a high risk level will have limitations on the amounts that can be granted, and will be subject to stricter monitoring follow up. This will include increased third party monitoring, several phases of remote call monitoring, and follow up by OCHA field offices in Somalia.

Where partner, project activity, and location risk levels are all high a project would not automatically be considered for funding, but would require cluster consultation with the CHF secretariat and subsequent Advisory Board approval.

In using the prioritization dashboard the clusters are thus able to determine beforehand the potential funding level and applied monitoring modalities of projects proposed for CHF funding and subsequently manage the allocation process more efficiently by adjusting the proposals accordingly.

Monitoring:

In 2014 monitoring was carried out through remote monitoring undertaken by an external call-centre. The projects to be monitored were identified based on the risk level of the partner, the location and the activity. Three phases of the call-centre monitoring were carried out between October 2013 and October 2014, with a focus on improving data relevance and collection. In total 6,070 individuals were interviewed across 96 projects which were funded by CHF Somalia in 2012 (24 projects) and 2013 (72 projects).

This monitoring approach has resulted in the collection of highly useful data, providing a good picture of how projects were implemented on the ground. In some instances, contacted people were hesitant to acknowledge their identities especially in insecure areas. But overall the respondents were positive and appreciated the fact that the CHF had contacted them and valued their opinion on the projects that were meant to address their humanitarian needs.

The monitoring was able to reach 16 regions in Somalia - including in the highly insecure south and central areas of the country - and enabled data to be gathered on project implementation which would otherwise have been difficult to collect through conventional monitoring means.

The monitoring system automatically integrates the results into the risk management module. Priority projects for call center monitoring are identified by the module, while the results of the monitoring also help identify projects where CHF follow up action is required. The table on the following page show that an overwhelming number of the 4,065 persons who responded to questions on project satisfaction, staff satisfaction and concerns over possible diversion were happy with project implementation. The concerns of the remaining 4-5 per cent of persons interviewed were triangulated with other callers to discern whether there was wide beneficiary consensus about a project. This enables CHF to identify projects facing performance challenges and to follow up. The reasons provided for the complaints included delays in making payments and non-presence of NGO staff among others. CHF follows up on the projects identified by the call center monitoring directly with the NGO representatives relating to remedial action, and third party monitoring may be scheduled in 2015 to verify call center findings.

---

**Excerpt from project prioritisation dashboard**

<table>
<thead>
<tr>
<th>Partner Risk Level</th>
<th>Cluster Activities</th>
<th>Activity Risk Level</th>
<th>Region</th>
<th>District</th>
<th>Location Risk Level</th>
<th>Eligible for Funding?</th>
<th>CHF Funding and Monitoring modalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium</td>
<td>Capacity Building</td>
<td>Medium</td>
<td>Gedo</td>
<td>Baardheere - Urban</td>
<td>High</td>
<td>Yes</td>
<td>Max Grant 300,000 USD. 3rd party monitoring at mid-term of the project (may be recommended). Two call campaigns at mid and end term of the project OCHA field office follow up</td>
</tr>
<tr>
<td>High</td>
<td>School Feeding</td>
<td>Medium</td>
<td>Gedo</td>
<td>Doolow - Urban</td>
<td>Low</td>
<td>Yes</td>
<td>Max Grant 150,000 USD. 3rd party monitoring at mid-term of the project (may be recommended). Two call campaigns at mid and end term of the project OCHA field office follow up</td>
</tr>
</tbody>
</table>
A verification exercise was commissioned by Sweden in May 2014 to assess the adequacy of the CHF risk management and monitoring systems. It concluded that the systems are adequate to ensure accountable and effective management of funds. As a result of the Swedish assessment, and wider recognition of the strength of the risk management framework donors have bolstered their funding to the CHF since July, providing an additional $22 million and enabling a $20 million CHF reserve strategy endorsed end of August.

The Somalia CHF is committed to continue strengthening risk mitigation measures to further improve accountability to donors and to people in need. Three areas of improvement will be pursued in 2015 as part of the roll-out of the global guidelines for country-based pooled funds.

First, a risk-based approach to fund disbursement will be implemented, which means that the release of funds to partners will be sub-divided into tranches according to the assessed risk level of the partner. For example a high-risk partner could receive an initial payment of 40 per cent and release of subsequent tranches would be dependent on monitoring and reporting results. This approach will enable the CHF to allocate funds to high-risk partners, with less financial exposure, consequently managing risk more effectively. Second, the Memorandum of Understanding (MoU), which is the project agreement that governs the relationship between OCHA and its partners, will undergo a comprehensive revision to ensure a higher level of accountability. Third, a shift to risk-based partner audits will be implemented, whereby more frequent audits for higher risk partners will be conducted, while low risk partners may be audited less frequently, offsetting any increases in audit costs. This risk-based approach will be more targeted to mitigate risk, while also ensuring a more cost effective approach.

Gender

The IASC Gender Marker was used to score all projects submitted under the 2014 HRP process. The CHF used these scores for all projects funded under the standard and reserve allocations. Although not all projects funded by the CHF scored a 2a or 2b (65.2%), it is worth noting that none of the projects were gender blind (Gender Marker 0).

It should be noted however that while clusters consistently apply the gender marker at the project selection and prioritization stage of the HRP, there is opportunity to systematically embed gender into the humanitarian programme cycle and needs assessments. This would improve the quality of sex and age disaggregated data, thereby enabling humanitarian projects to respond better to the distinct needs and interests of women, girls, boys, and men.

The mainstreaming of gender concerns across the UN system in Somalia is being strengthened with the establishment of an Integrated Gender Office (IGO) within the Office of the Special Representative of the Secretary General (O/SRSG) of Somalia. This office will coordinate the mainstreaming of key gender concerns across the humanitarian, development and peacekeeping arms of UN operations in Somalia.

In 2015, CHF Somalia will work closely with the IGO and with national and international partners to improve gender mainstreaming across project proposals and reporting. Efforts to bolster the current monitoring of CHF projects will include a review of the gender component in the coming year.
No Cost Extensions and Revisions

For projects funded in 2012 and 2013, and finalized in 2014, a total of 35 no cost extensions (NCE) were requested. The majority of reasons cited for the NCE requests related to insecurity – either due to the loss of access to project locations or because of a threat to project operations. For example, a critical six-month health project in Middle Juba could not be implemented due to prolonged negotiations, ultimately unsuccessful, with local militia who had occupied the health facility. Other examples in 2013 included several shelter and WASH projects supporting IDPs in Mogadishu that had to be extended or revised after the Somali Government decided to relocate IDP populations who were living in the city.

Project revisions were requested over the reporting period for several reasons. These included budget revisions, which were often requested to reallocate funds from underspent budget lines to support project delays and NCE’s (so as to ensure continuing activities). In addition, several projects requested changes to location due to increased insecurity and inaccessibility. Indicatively, a food security project focusing on veterinary services and fodder provision, could not base its fodder sites in Tuulo Barwaaqo, Gedo given its proximity to Al-Shabaab camps in the area. As such project activities were refocused on beneficiaries in El–Adde, Gedo who were identified as having similar needs. In some cases, revisions were required to respond to changes in priorities or due to material changes in the humanitarian context. For example, on the recommendation of the Health cluster, a project which was to have received funding to support a hospital in Afgooye, received approval to instead support a hospital in Baidoa due to the more critical situation in that location.

Looking forward to 2015

In 2015, the CHF calendar is aligned to the Humanitarian Response Plan (HRP) process, with a first allocation strategy endorsed in early December leading to funding decisions in January, followed by disbursements in February and March. This approach is meant to ensure that early predictable funding can be made available to partners to initiate activities as outlined in the HRP in the first quarter of 2015. It also leverages contributions made early in the year by donors, and at $30 million represents a sufficiently robust allocation to support a strategic response at the outset of the year.

With the first standard allocation decided in January, CHF partners can get on with the business of response with assurance that funding is forthcoming to jump-start implementation. After the first allocation, sudden onset emergency needs as well as critical gaps as they emerge, can be dealt with through the CHF reserve. By the mid-year, when funding trends are revealed and when new or remaining critical gaps are taken into account, the Humanitarian Coordinator will have the option to utilise the CHF again, potentially in the form of a strategic reserve using a multi-sectoral approach, as was done this year.
ANNEX 1: CHF 2013 DASHBOARD

Key facts and figures for the Somalia Common Humanitarian Fund in 2013

2013 CHF SNAPSHOT

36.6 million
US$ allocated in 2013

42.6 million
US$ received in 2013

11%
of Somalia 2013 HRP funding received

55 partners
supported directly through CHF in 2013

95
projects funded in Somalia in 2013

28 projects remotely monitored
25 projects monitored in the field

2013 CHF Allocations By Type

<table>
<thead>
<tr>
<th>Allocation Type</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserve</td>
<td>6,498,530</td>
<td>21</td>
</tr>
<tr>
<td>Standard Allocation</td>
<td>28,851,945</td>
<td>79</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36,586,311</td>
<td>100</td>
</tr>
</tbody>
</table>

2013 Allocations by Organization Type

<table>
<thead>
<tr>
<th>Organization</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>International NGO</td>
<td>17,949,763</td>
<td>49</td>
</tr>
<tr>
<td>Local NGO</td>
<td>7,938,610</td>
<td>22</td>
</tr>
<tr>
<td>UN Agency</td>
<td>10,697,938</td>
<td>29</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36,586,311</td>
<td>100</td>
</tr>
</tbody>
</table>

2013 ALLOCATIONS (in US$ million) per cent of 2013 HRP funding*

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>FUNDING</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH</td>
<td>7.8</td>
<td>21%</td>
</tr>
<tr>
<td>NUTRITION</td>
<td>6.5</td>
<td>18%</td>
</tr>
<tr>
<td>EP</td>
<td>6</td>
<td>16%</td>
</tr>
<tr>
<td>FOOD SEC</td>
<td>4.9</td>
<td>13%</td>
</tr>
<tr>
<td>WASH</td>
<td>4.7</td>
<td>13%</td>
</tr>
<tr>
<td>PROTECTION</td>
<td>2.4</td>
<td>7%</td>
</tr>
<tr>
<td>S &amp; NFI</td>
<td>2.3</td>
<td>6%</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>2</td>
<td>5%</td>
</tr>
</tbody>
</table>

$36.6 million
* As of 30 Nov 2014
CHF SOMALIA 2014 DASHBOARD
Key facts and figures for the Somalia Common Humanitarian Fund in 2014

2014 CHF SNAPSHOT

CHF $51.9 million
US$ allocated in 2014

$53.8 million
US$ received in 2014 (including 2013 carry-over)

14% of Somalia 2014 SRP funding
received

51 partners
supported directly through CHF in 2014

135 projects funded in Somalia in 2014

94 projects monitored, through
6,070 calls to beneficiaries

2014 CHF Allocations By Type (in US$, 30 November 2014)

<table>
<thead>
<tr>
<th>Allocation Type</th>
<th>Amount</th>
<th>% of SRP Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Reserve Allocations</td>
<td>6,498,530</td>
<td>13%</td>
</tr>
<tr>
<td>Reserve Strategy</td>
<td>20,305,610</td>
<td>39%</td>
</tr>
<tr>
<td>Total</td>
<td>51,879,461</td>
<td>100%</td>
</tr>
</tbody>
</table>

2014 Allocations by Organization Type (in US$, 30 November 2014)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Amount</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>51,879,461</td>
<td>100%</td>
</tr>
<tr>
<td>NNGO</td>
<td>6,431,308</td>
<td>12%</td>
</tr>
<tr>
<td>UO</td>
<td>23,088,198</td>
<td>45%</td>
</tr>
<tr>
<td>UN</td>
<td>22,359,955</td>
<td>43%</td>
</tr>
</tbody>
</table>

2014 Allocations By Cluster (in US$, 30 November 2014)

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Amount (in US$)</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>9,504,109</td>
<td>18%</td>
</tr>
<tr>
<td>Food Security</td>
<td>6,572,201</td>
<td>13%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>8,379,520</td>
<td>16%</td>
</tr>
<tr>
<td>Health</td>
<td>7,804,130</td>
<td>15%</td>
</tr>
<tr>
<td>Shelter and NFI</td>
<td>7,675,247</td>
<td>15%</td>
</tr>
<tr>
<td>Protection</td>
<td>2,806,261</td>
<td>6%</td>
</tr>
<tr>
<td>Education</td>
<td>2,661,891</td>
<td>5%</td>
</tr>
<tr>
<td>Multi-Sector for Refugees</td>
<td>931,110</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>51,879,461</td>
<td>100%</td>
</tr>
</tbody>
</table>

Top 10 Recipients of CHF Funding in 2014 (Received 58% of total CHF)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Allocated Amount</th>
<th>% of CHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>WFP (World Food Programme)</td>
<td>7,451,299</td>
<td>14%</td>
</tr>
<tr>
<td>UNICEF (United Nations Children’s Fund)</td>
<td>4,346,893</td>
<td>8%</td>
</tr>
<tr>
<td>NRC (Norwegian Refugee Council)</td>
<td>3,886,918</td>
<td>7%</td>
</tr>
<tr>
<td>DRC (Danish Refugee Council)</td>
<td>2,841,162</td>
<td>5%</td>
</tr>
<tr>
<td>FAO (Food &amp; Agriculture Organization of the United Nations)</td>
<td>2,450,000</td>
<td>5%</td>
</tr>
<tr>
<td>UNHCR (United Nations High Commissioner for Refugees)</td>
<td>2,224,517</td>
<td>4%</td>
</tr>
<tr>
<td>IOM (International Organization for Migration)</td>
<td>2,178,340</td>
<td>4%</td>
</tr>
<tr>
<td>IOM (International Organization for Migration)</td>
<td>2,178,340</td>
<td>4%</td>
</tr>
<tr>
<td>OCHA Somalia (Office for the Coordination of Humanitarian Affairs)</td>
<td>1,486,552</td>
<td>3%</td>
</tr>
<tr>
<td>OCHA Somalia (Office for the Coordination of Humanitarian Affairs)</td>
<td>1,353,070</td>
<td>3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30,120,664</td>
<td>58%</td>
</tr>
</tbody>
</table>

The OCHA Somalia Humanitarian Financing Unit wishes to acknowledge the contributions made in the preparation of this document, particularly by cluster leads, United Nations humanitarian agencies and other Somalia Humanitarian Response Plan partners.

The latest version of this document is available on http://unocha.org/somalia. Full project details and financial updates, can be viewed, downloaded and printed from http://fts.unocha.org.

Cover photo: IDP’s sheltered at Dhobley, Gedo, August 2011. (Frank Nyakairu/FAO)

For additional information, please contact John Ndiku, ndiku@un.org or see http://www.unocha.org/somalia

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