

In 2013, the Common Humanitarian Fund (CHF) for Somalia contributed 11 per cent of the overall funds received against the Consolidated Appeal (CAP). Allocating a total of \$36.6 million, the CHF funded 55 partners through 95 projects. The strategic emphasis of the CHF was to support integrated basic services to over 500,000 people in crisis and to strengthen resilience among 21,300 people in stress. The following overview provides a summary of important achievements in 2013.

Quick overview

US\$59.92 million received (inclusive of \$17.29 million early contributions for 2014)

US\$36.57 million allocated
(Includes fund management costs)

55 partner organisations supported

11 per cent contribution to CAP

95 allocations to projects in Somalia

28 projects remotely monitored

35 projects monitored in the field

Donor contributions

In 2013, the Somalia CHF received \$59.92 million, including \$17.29 million toward the end of the year which provided early funding to priority needs ahead of the first standard allocation for 2014.

While the number of donors remained the same in 2013, overall contributions declined by \$11 million compared to 2012 when the fund received a total of \$71 million.

Due to delays in receipt of contributions, and fewer funds contributed overall, the CHF conducted only one standard allocation that was initiated in May 2013.

2013 CHF Somalia donor contributions

Donor	US\$ million
United Kingdom	28.98
Sweden	9.81
Ireland	4.58
Finland	3.90
Australia	3.69
Denmark	3.55
African Union	2.00
Netherlands	1.56
Germany	1.32
Switzerland	0.53
Total	59.92

Allocation of funds

Altogether, some 79 per cent of CHF funds were allocated through a single standard allocation (\$28.84 million) while 21 per cent of CHF funds were allocated through the emergency reserve (\$7.73 million). A total of \$23.35 million was carried over to 2014, (\$6 million was carried over and the additional \$17.29 million represented early donor contributions meant for 2014 programming.

Standard Allocation

As noted, the strategic emphasis of the standard allocation was to provide integrated basic services to people in crisis and to strengthen resilience to people under stress. This assistance included the provision of shelter to 5,372 households, access to water and sanitation facilities to 256,000 people and treatment of acute malnutrition targeting 151,000 people. Further, four projects that promoted sustainable activities to build resilience among communities in northern Somalia were supported.

The allocation was aligned to CAP strategic priorities (2013-2015) that focused on resilience building to address the protracted nature of the humanitarian crisis. It was also aligned with the CAP operational objective to improve transparency and to enhance accountability through mechanisms that ensure quality service delivery, effective support functions and beneficiary feedback.

Emergency Reserve

Through the emergency reserve, the fund supported critical gaps after the withdrawal of Médecins sans Frontières (MSF) from Somalia. It thereby ensured support to health and nutrition services for 360,000 people, of which half were women and children. It further complemented the response to flooding in Middle Shabelle to 100,000 people and provided time critical support to vaccinations targeting almost one million children in South Central Somalia.

Allocations per cluster (US\$ million)



Allocations per region (US\$ million)



Allocations per partner type (US\$ million)

Partner	Amount	Per cent
International NGO	\$17.30*	49
Local NGO	\$ 7.54*	22
United Nations	\$10.70*	29
Total	\$35.54*	100

*Amounts indicated exclude Project Support Costs, Audit Costs and Bank Charges.

Risk Management

The Risk Management module was developed in 2013. It brings together all pillars of the Accountability Framework, and provides a holistic overview of risk levels in two practical tools hosted in the CHF online database:

Partner Risk Dashboard

The Partner Risk Dashboard is a tool that shows the scores from the capacity assessments, audit reports and monitoring combined with credible external sources. Together these scores comprise the risk level assigned to partners. The dashboard is hosted in the online database and ensures one-stop overview of all partners' risk and capacity levels.

Project Prioritisation Dashboard

To inform the clusters to manage project prioritisation during the allocation period, the prioritisation dashboard was added to the CHF online database. This dynamic tool brings together three variables: partner risk, location risk and activity risk. The combination of these three variables results in an overall project-based recommendation on the maximum funding level and the monitoring modalities to be applied to a project.

Due Diligence

Detailed information on partners has been collected since the inception of the CHF in 2010, comprising of contact information, bank information, copy of Director's passport relevant declarations, and list of assets. This component of the framework is hosted in the CHF online database and is continuously updated.

Capacity Assessment

CHF Somalia assessed a total of 111 partners on four capacities; institutional, management, financial and technical. CHF Somalia was able to identify a total of 72 partners considered as eligible for future funding, 39 were not. The partners risk levels were further classified as high, medium or low.

Partner eligibility/ risk rating



Audit

By the end of 2013, 77 per cent of the project audits were completed, eight per cent still ongoing, while the remaining 15 per cent were delayed. Delays were mainly due to late approvals of the final project reports.

It is worth noting that slightly over a third of all projects audited had some financial findings, signalling the need for follow up by CHF fund management. The main reasons cited for these findings included expenditures outside the contractual period, unbudgeted expenses and costs claimed without adequate supporting documentation.

Reporting

In 2013, 85 per cent of all final project reports due were submitted. Over 60 per cent of the final reports were submitted within the set timelines. The remaining reports had varying delay times, only two per cent of the reports were delayed by over six months.

Monitoring

2013 saw the roll-out of improved monitoring modalities – including monitoring in the field by third party monitors and remote monitoring undertaken by a call-centre.

The two monitoring modalities were applied according to a monitoring plan in which a wide range of different projects were identified for monitoring, based on the location of the project and the activities planned for implementation. As the monitoring exercises were pilots a wide sample was used. In 2014 monitoring will subsequently be applied based on the risk levels of the partners, the locations and the activity types

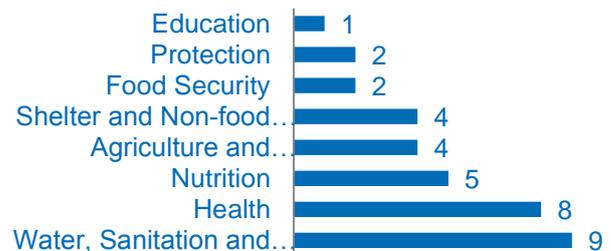
Third Party Monitoring (TPM)

In 2013, a total of 35 projects were monitored using third party monitors as part of a pilot.

The monitoring exercise showed that 32 projects were implemented according to the proposal and the level of achievement was rated “high” against targets. Three projects showed “modest progress” due to poor quality of project implementation and in some cases, lack of partner-based project monitoring and evaluation frameworks was identified. The findings from these projects were further verified through call centre monitoring. The results of the monitoring exercise were shared with partners to enhance transparency and point out areas where the partner could build its capacity.

The pilot showed that third party monitoring can successfully provide substantial verification of the implementation of project activities, as well as to identify shortcomings. These methods demonstrated the potential to strengthen the accountability of the Somalia CHF. Consequently it was decided to continue third party monitoring of CHF funded projects in 2014.

Monitored Projects by Cluster (TPM)



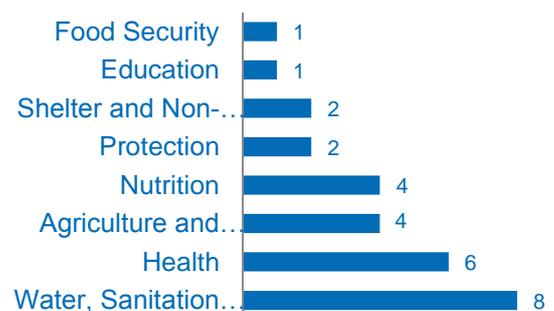
Remote Monitoring

Remote call monitoring was conducted for 28 projects funded in 2012 as part of a pilot. A total of 3,772 calls were attempted and of the 1,997 answered calls, 1,542 or 77 per cent were answered by a person with the expected name. Additionally, the key informants were able to confirm project implementation and mention the name of the NGO.

The findings of the remote monitoring exercise were varied and gave a good picture of how projects were implemented on the ground. Some contacted people were hesitant to acknowledge their identities especially in insecure areas, but overall the people contacted through the call-centre were positive and appreciated the fact that the CHF contacted them and valued their opinion on the planned projects.

It was assessed that remote monitoring is a solid tool to determine potential irregularities in project implementation and will therefore be used as a monitoring methodology in 2014 as well.

Monitored projects by Cluster (Remote)



ANNEX I: STANDARD CLUSTER ACHIEVEMENTS¹

	TARGET	ACHIEVEMENT	%
 Agriculture and Livelihoods	29,000	38,168	132%
# of people in crisis and IDPs receiving unconditional support to improve access to food	25,966	25,967	100%
# of people that benefited from conditional transfers to improve access to food and protection of livelihood assets	3,034	12,201	402%
 Education	21,442	18,049	84%
# of children enrolled in school	17,816	17,035	96%
# of children provided with learning supplies	3,600	988	27%
# of learning spaces rehabilitated/constructed that meet INEE minimum standards for facilities (particularly space)	26	26	100%
 Food Security	127,689	85,439	67%
# of people in crisis and IDPs receiving unconditional support to improve access to food	38,804	37,482	97%
# of people receiving food assistance	500	500	100%
# of people that benefited from conditional transfers to improve access to food and protection of livelihood assets	88,385	47,457	54%
 Health	41,397	11,682	28%
At least 1 health facility with functional comprehensive emergency obstetric care (CEmoC) per region	2	2	100%

¹ All data on the Standard Cluster Indicators is subject to change and data for UN Agencies currently not available. The Agriculture and Livelihoods Cluster has been absorbed by the Food Security Cluster, and projects registered under the Agriculture and Livelihoods Cluster are reported on accordingly.

# of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).	41,194	11,524	28%
# of consultations per clinician per day by administrative unit	46	39	85%
# of consultations per clinician per day by Health facility	85	51	60%
# of health facilities supported	45	41	91%
# of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.	25	25	100%



Nutrition

191,964 **241,402** **126%**

% Coverage of the estimated caseload disaggregated by type of malnutrition (SAM / MAM) and vulnerable group (children / PLW)	950	492	52%
# of children (6-59months) and pregnant and lactating women admitted in treatment programmes	188,390	238,494	127%
# of IYCF promotion sessions held	60	0	0%
# of Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition	496	464	94%
SAM treatment programs achieve > 75% cured rates, default rate	300	184	61%



Protection

111,681 **93,873** **84%**

# of community-driven coping mechanisms supported and capacitated	16	16	100%
# of health facilities supported	13	13	100%
# of individuals having experienced fundamental human rights violations accessing specialised services	3,600	474	13%
# of people facing specific protection risks accessing specialised services	108,052	93,370	86%



Shelter and Non-food Items

41,256 **34,217** **83%**

# of households assisted with NFIs and emergency shelter items	29,444	25,481	87%
# of households provided with temporary and transitional shelter	5,062	3,036	60%
# of people assisted with NFIs and emergency shelter items	6,500	5,550	85%
# of people provided with temporary and transitional shelter	250	150	60%



WASH

529,488 **446,546** **84%**

# of beneficiaries, disaggregated by sex, with access to rehabilitated or newly constructed water facilities	68,138	21,145	31%
# of people with increased access to appropriate sanitation facilities	2,000	1,400	70%
# of people with sustained access to safe water	364,279	340,432	93%
# of people with temporary access to safe water	59,159	68,929	117%
# of people, disaggregated by gender, benefited from constructed and rehabilitated strategic water systems	33,224	14,400	43%
# of people who have participated in interactive hygiene promotion activities	320	240	75%