



SOMALIA HUMANITARIAN FUND

2020

ANNUAL REPORT

**SHF**

Somalia  
Humanitarian  
Fund

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## CREDITS

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The latest version of this document is available on the SHF website at [www.unocha.org/Somalia/SHF](http://www.unocha.org/Somalia/SHF).

Full project details, financial updates, real-time allocation data and indicator achievements against targets are available at [gms.unocha.org/bi](http://gms.unocha.org/bi).

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Front cover: A group of women at the Halabokad IDP settlement, in Galkayo (Somalia). Photo credit: IRIN/Keisha Rukikaire

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Financial data is provisional and may vary upon financial certification

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## FOREWORD



I am pleased to share with you the 2020 Somalia Humanitarian Fund (SHF) Annual Report. This year's challenges were unprecedented for Somalia due to the triple threat of the COVID-19 pandemic, desert locust infestation and climatic shocks.

The report outlines how the SHF was at the forefront in providing life-saving response while demonstrating its ability to remain flexible and agile, especially during the first months of the COVID-19 pandemic. This was vital in the fragile and complex operating environment of Somalia. The report also provides an update on its robust management and accountability systems and a brief overview of programmatic results by cluster.

Over the years, the SHF has steadily demonstrated inclusivity and participation through its growing pool of diverse partners. In 2020, the Fund comprised 143 eligible partners, of which 99 were national partners. This broadened outreach to the most vulnerable and underserved areas. The SHF has become the most significant source of direct funding for national and local actors, reaching a record high of 53 per cent funding allocated to national front-line responders. This reflects the Fund's commitment to empower and invest in local and national responders. In this regard, the Fund has become one of the strongest supporters of the 'Localization of Aid' agenda in Somalia. Today, the SHF has transformed into one of the most effective humanitarian financing mechanisms in the Somalia aid architecture, delivering against the Grand Bargain commitments.

The SHF supported response to the highest priority needs in alignment with the Somalia Humanitarian Response Plan (HRP) through cost-effective direct implementation and integrated multi-cluster response. Prioritized SHF interventions continued to be guided by the most recent

needs analyses, assessments and response strategies. They underwent transparent processes that provided a structured and methodological way of allocating limited resources to priority needs. Through its robust accountability framework and dynamic risk-management systems, the SHF has efficiently managed risks associated with response in the complex Somalia environment, thereby building donor confidence.

The Fund's first 2020 allocation initially focused on sustaining life-saving responses as the impacts of 2019 drought and floods continued to linger, but, thanks to the SHF's flexibility, partners were able to quickly adjust to the emerging needs from the COVID-19 pandemic, with later funding helping scale up the response. In September, the SHF again demonstrated its agility, in rapidly supporting the response to renewed floods.

I want to express my sincere appreciation to the Fund's donors for their partnership and constructive engagement. Their unwavering commitment and support to the Fund reflects continued confidence and trust in the SHF. Some \$47.6 million was received in 2020 through the Fund's core support base of 11 donors. Contributions were received from Australia, Canada, Denmark, Germany, Ireland, Republic of Korea, Netherlands, Norway, Sweden, Switzerland, the United Kingdom and private donors. These contributions, both small and large, have promoted economies of scale in the response at a time when funding was limited globally.

I would also like to thank our clusters, UN and NGO partners, for their long-standing partnership and support to the Fund. The SHF continues to rely on and empower the Somalia cluster coordination system by placing cluster coordinators at the centre of prioritization and decision-making processes. Their involvement also promoted quality programming, oversight support and value for money. I also wish to express my utmost appreciation to the OCHA Somalia team and to the SHF manager, Ms. Randa Merghani in particular, for their dedication and professionalism.

The humanitarian outlook for 2021 points to unprecedented challenges. The gains made in 2020 can easily be reversed without sustained humanitarian assistance. Given the scale of humanitarian needs and the comparative advantage of the SHF, I encourage donors to renew their support to the SHF as one of the best placed mechanisms to provide assistance to the most vulnerable in Somalia.

---

**ADAM ABDELMOULA**  
Humanitarian Coordinator for Somalia



“

Over more than a decade, and as one of the oldest funds, the SHF has built trust and confidence with its donors, partners and the people it serves in Somalia.

ADAM ABDELMOULA  
HUMANITARIAN COORDINATOR FOR SOMALIA

”

Location Caadado village  
Credit: OCHA/Erich Ogoso

## SHF 2020 ANNUAL REPORT

# 2020 IN REVIEW

This Annual Report presents information on the achievements of the Somalia Humanitarian Fund during the 2020 calendar year. However, because grant allocation, project implementation and reporting processes often take place over multiple years - Country-Based Pooled Funds (CBPFs) are designed to support ongoing and evolving humanitarian responses - the achievement of CBPFs are reported in two distinct ways:

- **Information on allocations granted in 2020 (shown in blue).** This method considers intended impact of the allocations rather than achieved results as project implementation and reporting often continues into the subsequent year and results information is not immediately available at the time of publication of annual reports.
- **Results reported in 2020 attributed to allocations granted in 2020 and prior years (shown in orange).** This method provides a more complete picture of achievements during a given calendar year but includes results from allocations that were granted in previous years. This data is extracted from final narrative reports approved between 1 February 2020 - 31 January 2021.

Figures for people targeted and reached may include double counting as individuals often receive aid from multiple cluster/sectors.

Contribution recorded based on the exchange rate when the cash was received which may differ from the Certified Statement of Accounts that records contributions based on the exchange rate at the time of the pledge.

## 2020 IN REVIEW

# SOMALIA HUMANITARIAN FUND AT A GLANCE

## HUMANITARIAN CONTEXT

### Humanitarian situation in 2020

The humanitarian crisis in Somalia continues to be characterized by ongoing conflicts, climate-related shocks, communicable disease outbreaks and weak social protection mechanisms. In 2020, three additional shocks contributed to a deterioration of humanitarian conditions: extensive floods, desert locust infestations, and the COVID-19 pandemic. These compounding shocks have exacerbated humanitarian needs among a population already living under the strain of widespread poverty and decades of armed conflict and insecurity. In comparison to 2019, the number of people in need of assistance in 2020 increased by 24 per cent, from 4.2 to 5.2 million.

### Erratic weather conditions

Climate change continued to be a major contributing factor to displacement and food insecurity in Somalia. Increasingly erratic weather patterns and climatic shocks led to prolonged and severe drought conditions and floods, with devastating humanitarian consequences. There was a sharp rise in the level of the Shabelle River due to heavy rains in the country and in the Ethiopian highlands. Consequently, flooding occurred, displacing 919,000 people in 2020 and destroying essential infrastructure, property and 144,000 hectares of agricultural land. At least 27 districts were flooded, the worst-hit area being Belet Weyne in Hiraaan region, where riverine flooding displaced more than 115,000 people.

### Locust invasion

Somalia also experienced the worst desert locust invasion in 25 years, with new swarms reported in Somaliland, Puntland and Galmudug states. Tens of thousands of hectares of cropland and pasture were damaged, with severe consequences for agriculture and pastoral based livelihoods.

### Food Insecurity and malnutrition

Food insecurity and nutrition concerns remained widespread across Somalia in 2020. There were huge food and nutrition gaps among poor farming and livestock-keeping communities, as well as among the marginalized and displaced. Severe acute malnutrition rates among children

were high. At the same time, inaccessibility to clean water in many areas heightened the risk of outbreaks of waterborne diseases, adding to pre-existing vulnerabilities. The median Global Acute Malnutrition (GAM) prevalence has remained Serious (10-14.9 per cent) for the past three consecutive seasons (13.1 per cent in 2019/2020 Deyr, 13.8 per cent in 2019 Gu and 12.6 per cent in 2018/2019). High levels of acute malnutrition persisted, driven by several factors, including high morbidity, below sphere immunization and Vitamin-A supplementation, poor childcare practices, inadequate access to safe drinking water and acute food insecurity. Compared to 2019, death rates among children under age 5 in severe acute malnutrition (SAM) programmes are higher in 10 out of 16 regions in 2020.

### Internal displacements and protection risks

Internally displaced persons (IDPs) remain the most vulnerable population group in Somalia. Serious protection concerns and rights violations persisted in Somalia in 2020, forcing many to flee and exposing them to multiple risks while displaced. This impeded the effective implementation of durable solutions. Many of these protection concerns stem from negative and hazardous coping mechanisms applied by destitute and food-insecure families. Examples include early marriage, family separation, voluntary child recruitment, child labour and hazardous adult labour. Rights violations and abuses, such as gender-based violence (GBV), including sexual violence, child recruitment, attacks on civilian areas and infrastructures and forced displacement remained features of the protection crisis in Somalia. In addition to clan-based violence, the conflict between government forces, their allies and non-state armed groups continued to endanger the safety of people in need and was a key driver for displacement. Furthermore, drought-induced population displacement increased.

### Security and access constraints

Somalia remains one of the most insecure countries in the world to operate in, particularly for aid workers. This adversely affected on the humanitarian community's ability to reach those in need. Humanitarian partners faced multiple obstacles in their delivery of assistance across Somalia, including active hostilities and access challenges. Between 1 January and 31 December 2020, 255 incidents affecting humanitarian operations were recorded in which 15 humanitarian workers were killed, 12 injured, 24 abducted and 14 detained or temporarily arrested. By comparison, 151 incidents were recorded for the whole of 2019.

Despite challenges, humanitarian partners continue to reach people in need across Somalia. During 2020, 2.3 million people (87 per cent) out of a targeted 3 million were reached with assistance. Over 1.5 million people were provided with health and Water, Sanitation & Hygiene (WASH) services, 445,000 persons benefited from education services and 288,000 persons were provided with nutrition support, including 166,000 boys and girls (6-59 months) suffering from Severe Acute Malnutrition (SAM).

### Humanitarian Response Plan

Needs, targets and requirements in Somalia in 2020



**5.2M** People in need



**3M** People targeted



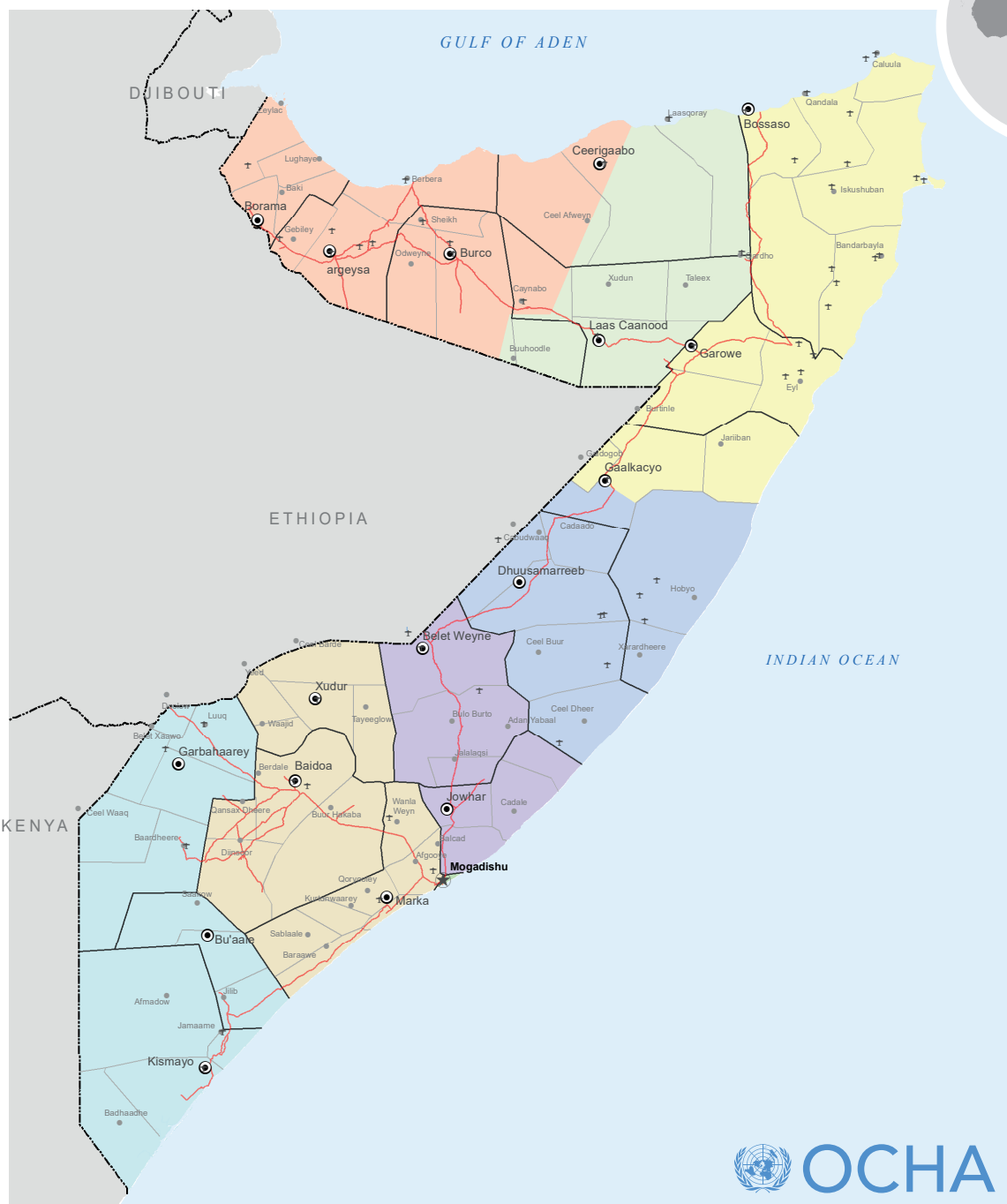
**\$1.01B** Funding requirement



2020 IN REVIEW

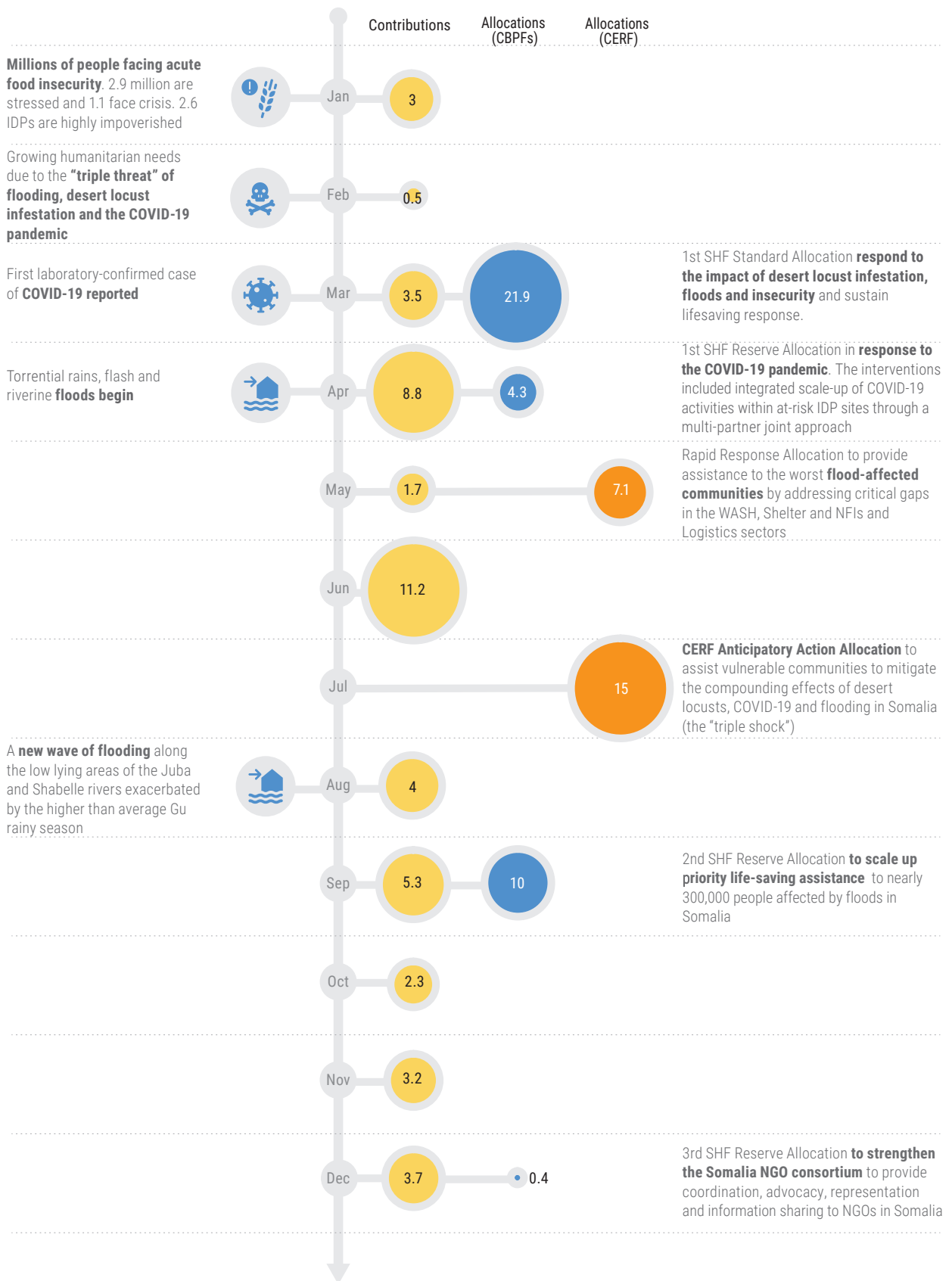
REFERENCE MAP

# SOMALIA



Map Sources: ESRI, UNCS, UNDP, UNHCR

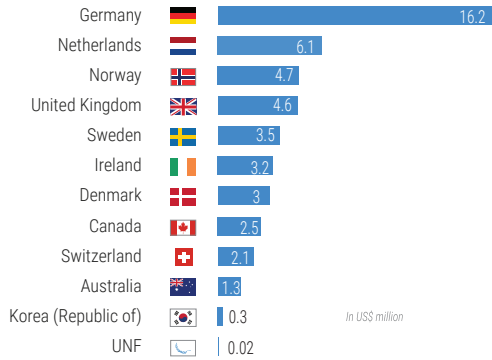
## 2020 TIMELINE



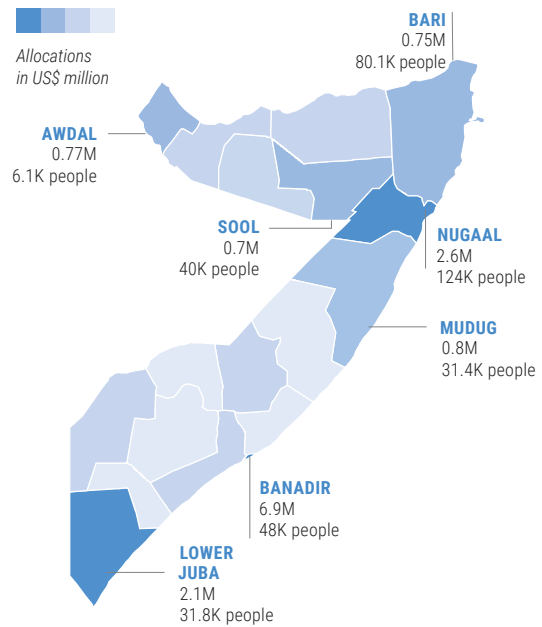
## 2020 ALLOCATION



**\$47.5M**  
CONTRIBUTIONS



**\$36.6M** ALLOCATIONS  
**700K** PEOPLE TARGETED



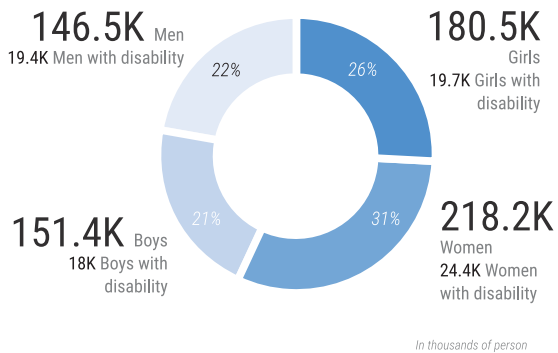
Other regions: Woqooyi Galbeed 0.25; Tagdheer 0.5; Lower Shabelle 5; Gedo 3.3; Bakool 2.3; Middle Shabelle 4.3; Glagaduud 1.2; Bay 2.6; Hiraan 2.4.



**700K**  
PEOPLE TARGETED



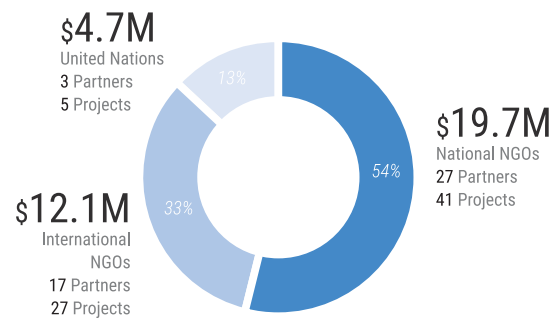
**82K**  
PEOPLE TARGETED WITH DISABILITY



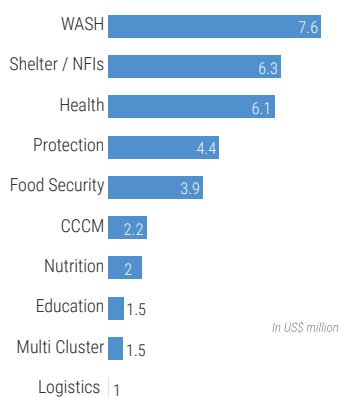
**47**  
PARTNERS

**73**  
PROJECTS

*Allocations in US\$ million*



### ALLOCATIONS BY CLUSTER



See explanatory note on p.6

# SOMALIA HUMANITARIAN FUND COVID-19 RESPONSE

Somalia was already struggling with floods and an invasion of desert locusts in the northern parts of the country when COVID-19 struck, further aggravating the situation by putting pressure on the country's fragile health system and causing a major public health crisis. Between March and December 2020, Somalia reported over 4,754 cases of COVID-19 and over 130 deaths. While the overall impact of COVID-19 has been less dire than expected, the pandemic has reduced the country's exports, revenue and remittances from abroad that millions depend on.

Somalia's informal economy was heavily affected, reflecting gender inequalities in the country—women-owned businesses were especially hard-hit, with 98 per cent reporting reduced revenue. Food prices and work opportunities were affected by COVID-19 in 2020, further aggravating conditions. Reductions in casual labour opportunities

due to COVID-19 restrictions, made it difficult for many to cope, increasing vulnerabilities of households. The COVID-19 pandemic has exacerbated mental distress, as people living in vulnerable circumstances, including the elderly and persons with disabilities, are separated from their caregivers due to quarantine and isolation requirements.

COVID-19 came on top of ongoing disease outbreaks such as cholera, measles and vaccine-derived polio-virus. Health-care providers faced increased burdens and costs, and were forced to alter the way care was provided. Restrictions also disrupted the face-to-face delivery of humanitarian assistance, affecting assessments, targeting and the quality of the response. However, partners successfully scaled up mobile money transfers and transitioned to assessments via mobile phones.



**4,754**  
CASES



**130**  
COVID-RELATED DEATHS



**\$226M**  
REQUIREMENTS



OF WHICH  
HEALTH: \$48M  
NON-HEALTH: \$178M

## SHF COVID-19 RESPONSE



**\$4.87M**  
ALLOCATIONS

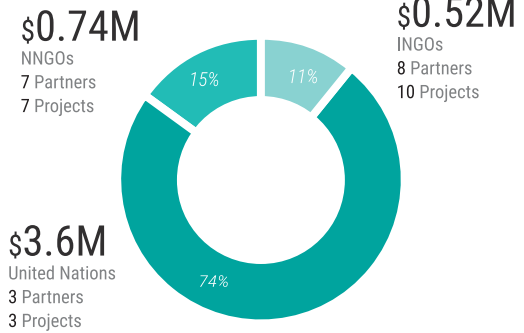
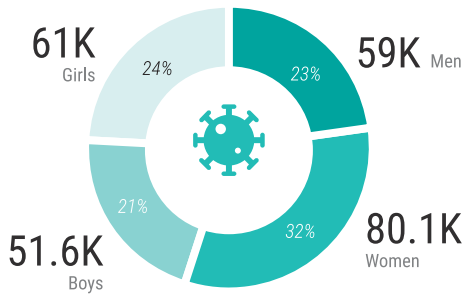


**252K**  
PEOPLE TARGETED



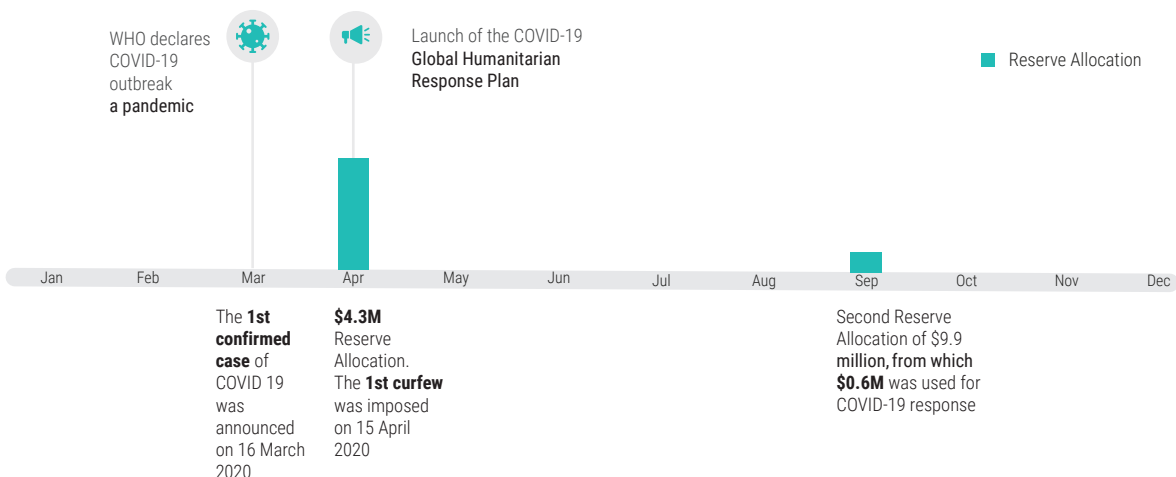
**18**  
PARTNERS

**20**  
PROJECTS



Allocations in US\$ million

## COVID-19 RESPONSE ALLOCATION TIMELINE



## KEY ACHIEVEMENTS



Provision of **life-saving primary health care and procurement of critical medical supplies** for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic



Access to **safe drinking water** and clean water for **39,000 people**



**6,000 people** received hygiene and sanitation kits



**Thousands of people** reached through **health awareness campaigns and hygiene promotion activities**



**20 ventilators and generators** received by Federal Government of Somalia (FGS) and donated by IOM to treat COVID-19 patients



Partners successfully scaled up **mobile money transfers** and transitioned to assessments **via mobile phones**



**9 out of 13 border crossings** are open in Somalia



**Passenger and cargo flights** operated in all the Country. So far **9 out 9 airports** are open



**4 seaports** in Somalia are open for cargo, established to facilitate cargo movement



**Location** IOM's media specialist tries one of the ventilators in the Intensive Care Unit.

Credit: IOM Somalia 2020

## Medical Expertise and Equipment Boost Somalia's Primary Public Hospital

*Mogadishu* - Hibo Abdirahman's first months in the emergency department of De Martino Hospital went well. However, no textbook had prepared her for the health emergency that was about to turn the world upside down.

Hibo works in De Martino Hospital, a major public health facility located in Mogadishu, Somalia's capital city. Since the first COVID-19 case was reported in the country on 16 March 2020, the Ministry of Health (MoH) designated De Martino the main referral health facility as the isolation and treatment center for COVID-19 positive cases.

Without an Intensive Care Unit (ICU) in place and with only three oxygen ventilators in the hospital, the health-care staff struggled to operate. "The measures were not well implemented.

Front-line health-care workers were at constant risk. The hospital couldn't provide enough personal protective equipment to ensure their safety when the cases started to increase. At least 30 front-line workers tested positive and one nurse died of the disease in De Martino.



**Location** IOM's Deputy Chief of Mission hands over the ventilators to the Ministry of Health in De Martino Hospital in Mogadishu.  
Credit: IOM Somalia 2020

### Ventilators to save lives

Somalia's health system has been in a severely weakened state for decades due to conflict and humanitarian crises, which have led to the displacement of more than 2.6 million Somalis. To respond to the escalating health-care needs, the International Organization for Migration (IOM) donated 20 ventilators to treat COVID-19 patients in May 2020. The ventilators, donated to the Federal Government of Somalia (FGS), and funded by the multi-donor SHF, were used to enhance the ICU at the De Martino Hospital.

With the SHF funding, IOM also brought in medical specialists and personal protective equipment, like masks, gloves, face shields, goggles and shoe covers, among other items.

"We learned a lot from the medical consultants, who helped us establish standard guidelines to protect ourselves", Dr. Ismail said, referring to the Infection, Prevention and Control (IPC) measures the specialists helped put in place in the hospital to ensure all personnel could work in a safe environment.

This new project from the MoH and supported by IOM among other humanitarian and development partners, is part of a continuing effort to address the health-care delivery shortage. It uses video cameras, screens, personal computers and digital mobile devices such as tablets to enhance diagnosis and treatment of patients. The introduction of telemedicine to Somalia's health system will help local medical professionals access a growing online, digital, and video-based reference of diagnostic expertise within Somalia and beyond its borders.



**Location** Habiba in hand washing activity as protection from COVID-19.  
Credit: SCC

## COVID-19 camp campaigners

Thousands of people in Somalia have been forced to flee their homes due to conflict. As a result, they live in IDP camps in Mogadishu and other areas. The settlements are densely populated, with minimal possibility of practicing social distancing. This is aggravated by inaccessibility of water, sanitation and basic health-care. IDPs are thus particularly susceptible to contracting and spreading the coronavirus.


Habiba Abukar Ibrahim is a 25 years old mother of four children. In 2018, her family fled to Naciim IDP settlement in Deynile district, Mogadishu after being displaced from their home in Baidoa by drought and conflicts. In the settlement, Habiba worked as a casual laborer, washing clothes for other families to earn some income. " However, at the onset of the pandemic, families became fearful and stopped allowing me into their homes." she said.

Her husband worked as a porter in the market but has had to stay at home due to scarcity of jobs as businesses

were adversely affected by COVID-19. He has thus had to stay at home. "I first heard about the Coronavirus on the radio early in 2020 but I did not understand much about it. Somali Community Concern (SCC) staff hygiene promoters came to our camp to raise awareness", he said.

Habiba participated in some awareness campaigns organized by SCC hygiene promoters in the IDP settlement. "Now I understand the risks that COVID-19 poses to our community. I know its symptoms and have learnt how to prevent its spread. I can now help my family and community to prevent COVID-19". Despite the difficulties in maintaining adequate social distancing and the inaccessibility of health care, there is hope. "I encourage my loved ones and community at large to regularly wash hands and wear face masks. SCC distributed soap, hand washing stations and free water to our IDP settlement. We are grateful to SCC and SHF", she added. Habiba now goes to work with her mask on and has gradually won the trust of her employers.

## RESULTS REPORTED IN 2020

 **\$51.3M**  
ALLOCATIONS

2017

**\$0.3M** ALLOCATIONS    **1** PROJECTS    **1** PARTNERS

2018

**\$14.8M** ALLOCATIONS    **33** PROJECTS    **24** PARTNERS

2019


**\$35.2M** ALLOCATIONS    **77** PROJECTS    **45** PARTNERS


2020


**\$0.97M** ALLOCATIONS    **3** PROJECTS    **3** PARTNERS


*In US\$ million*

 **662K** PEOPLE TARGETED    **745K** PEOPLE REACHED

WOMEN 222K TARGETED  
**224K** REACHED 

MEN 155K TARGETED  
**163K** REACHED 

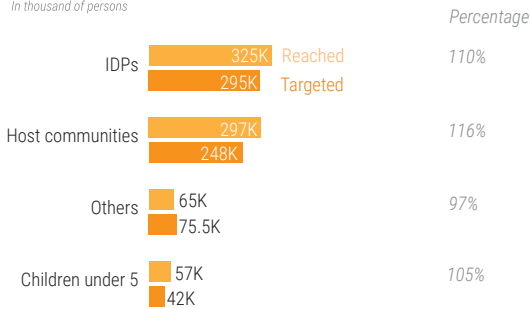
GIRLS 147K TARGETED  
**185K** REACHED 

BOYS 138K TARGETED  
**173K** REACHED 

*In thousand of persons*

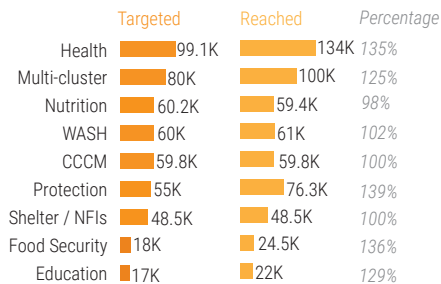
### PEOPLE TARGETED AND REACHED BY TYPE

*In thousand of persons*



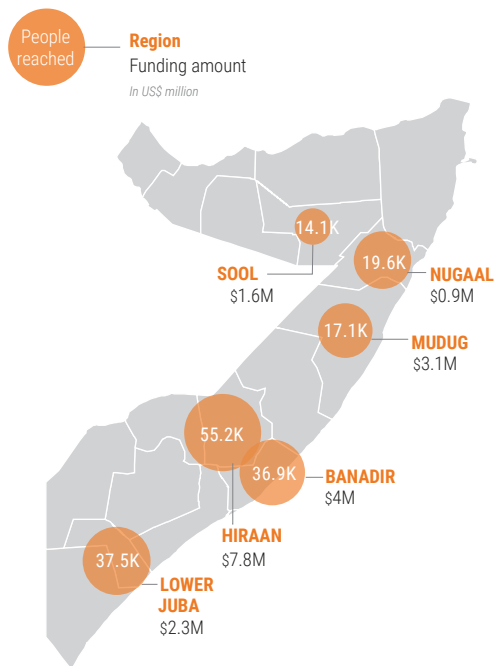
### PEOPLE TARGETED AND REACHED BY CLUSTER

*In thousand of persons*



Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year.

### PEOPLE REACHED AND FUNDING BY REGION



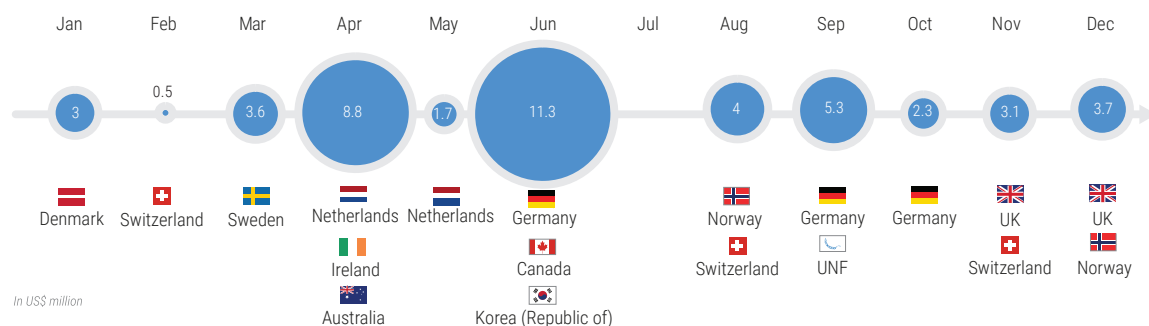
Other regions: Awdal \$1.6M; Bakool \$2.1M; Bari \$4.2M; Bay \$7.3M; Galgaduud \$3.1M; Gedo \$1.5M; Lower Shabelle \$3.4M; Middle Juba \$0.06M; Middle Shabelle \$4M; Sanaag \$2.5M; Tagdheer \$0.8M; Woqooyi Galbeed \$0.8M.



## 2020 IN REVIEW

# DONOR CONTRIBUTIONS

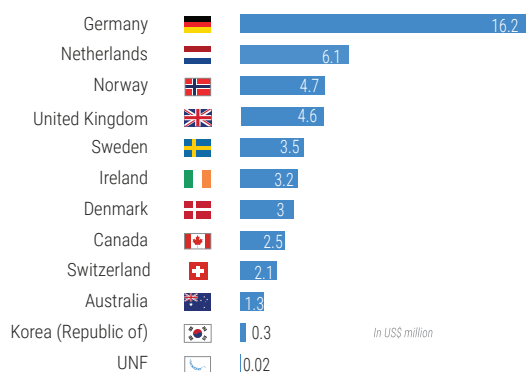
### CONTRIBUTIONS TIMELINE



### DONOR CONTRIBUTIONS



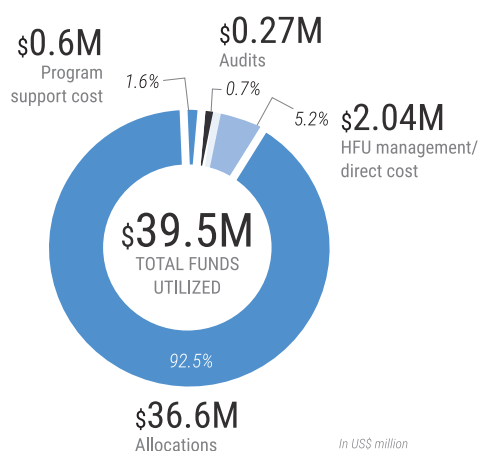
**\$47.5M**  
CONTRIBUTIONS



Donors continued providing support for the SHF in 2020. Funding for the SHF decreased from \$59 million in 2019 to \$48 million in 2020 – amid global shocks caused by the COVID-19 pandemic – though overall humanitarian funding in Somalia increased slightly, from \$1.01 billion in 2019 to \$1.07 billion in 2020. The decrease in contributions to the SHF led to a decline in allocations from \$53 million to \$37 million. Similarly, there was a decline in the proportion of SHF funding as a percentage of overall humanitarian funding from 6.7 per cent in 2019 to 5.75 per cent in 2020. For the third year in a row, the number of donors remained at 11.

Germany was the top donor for the fourth year in a row, followed by the Netherlands, Norway, the United Kingdom, Sweden, Ireland, Denmark, Canada, Switzerland, Australia, the Republic of Korea and the United Nations Foundation. 61 per cent of funds (\$28.9 million) were received in the first half of the year, mostly in June 2020, as compared to 63 per cent in 2019. Early contributions by Denmark, Switzerland and Sweden in the first quarter of the year facilitated the rolling out of a first Standard Allocation of \$22 million in March 2020 and towards the COVID-19 response. Early and predictable contributions are crucial as they provide enough time to prioritize funds strategically and in complementarity with other available funding. Funds received in the second half of the year responded to floods and COVID-19.

### UTILIZATION OF FUNDS



The availability of funds continued to determine SHF allocation modalities in response to the most pressing humanitarian needs and seasonal requirements, with Fund management ensuring that deposited contributions were programmed and disbursed to partners in a timely and efficient manner. The Fund’s ability to adjust its allocation process to donor contributions or funds as they became available remains one of the SHF’s comparative advantages.

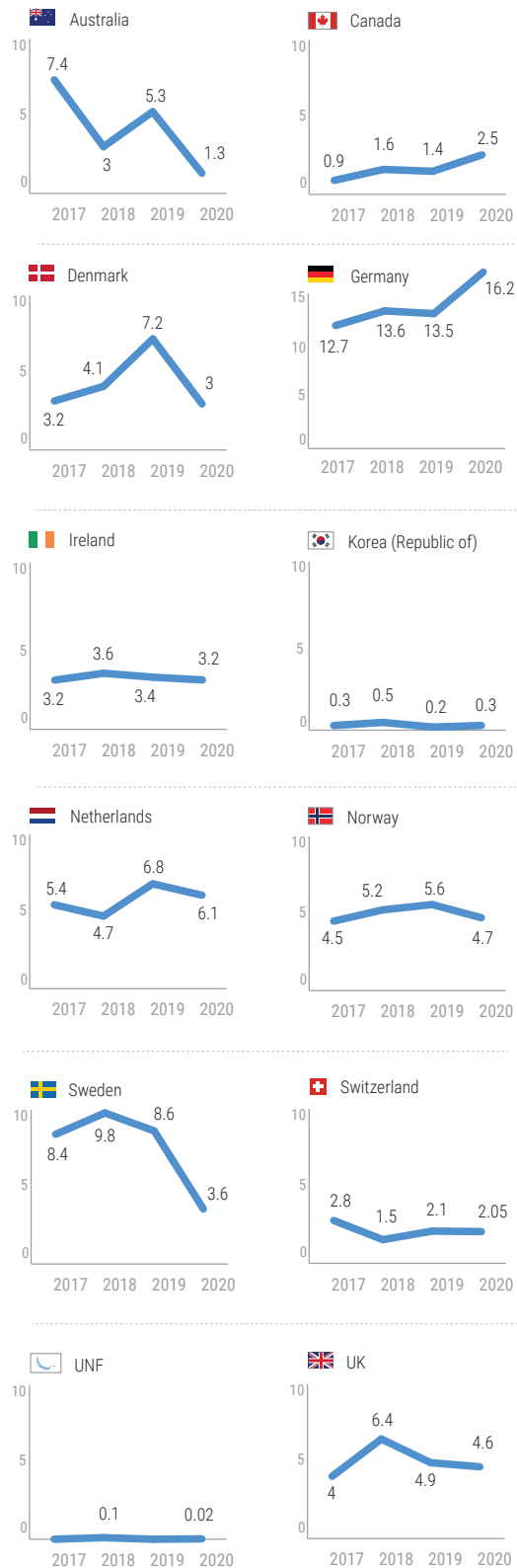
**Donor trends**

Funding declined between 2011 and 2015, but then increased steadily, from \$30 million in 2016 to \$59 million in 2019, before dropping again, to \$48 million, in 2020. The United Kingdom has been the largest donor since the Fund’s inception, with a cumulative contribution of \$138 million, followed by Sweden (\$83 million), Germany (\$68 million), the Netherlands (\$63 million), Denmark (\$61 million), Australia (\$42 million), Norway (\$41 million), Ireland (\$38 million), Switzerland (\$20 million) and Finland (\$15 million). The rest of the donors have cumulatively contributed \$13 million.

The United Kingdom was also the top annual contributor between 2011-2015, providing up to half the annual contributions (in 2013) to the Fund, but was overtaken by Sweden in 2016, and Germany from 2017 to 2020. The number of donors increased from eight in 2016 to 11 in 2020. Canada and the Republic of Korea, who became new donors in 2017, maintained their membership in 2020.

**DONOR TRENDS**

*In US\$ million*



**DONOR WITH MULTI-YEAR FUNDING**

- Germany** **\$12M** 2019 - 2021
- Switzerland** **\$4.7M** 2018 - 2021

## 2020 IN REVIEW

## ALLOCATION OVERVIEW

**Life-saving, coordinated and effective response**

In 2020, the SHF played a pivotal role in responding to the critical needs of communities most affected by the “triple threat” of floods, locust infestation and COVID-19. Combining agility and strategic focus, it helped ensure timely life-saving response.

The 2020 SHF Allocation Principles laid the foundation for all allocations. These Principles include centrality of protection in all SHF-funded activities, channeling of at least 80 per cent of funding directly to NGOs with 40 per cent going to local and national actors, and provision of a maximum of 20 per cent annually to support rapid and effective delivery of aid through pipeline and enabling programmes.

**Standard Allocation: Mitigating the impact of desert locust and floods**

At the beginning of the year, the **desert locust infestation and the lingering effects of floods** brought some 4 million vulnerable Somalis **to the brink of famine**. In March 2020, **at a time of scarce funding availability**, the SHF completed an allocation of \$22 million to **scale up operations**. By **funding local and national actors, and ensuring integrated programmes**, the SHF leveraged its impact in improving the **reach and the quality of the response in under-served and remote areas**.

**First Reserve Allocation: Strengthening the national diagnostic capacity of COVID-19**

Following the **detection of first COVID-19 cases**, the SHF released \$4.3 million in April 2020 for **immediate procurement of vital medical supplies** including ventilators, strengthening diagnostic capacity of the national laboratory, installing generators in hospitals to ensure power stability, and recruiting specialized medical staff. Funding was also used to **improve information and awareness about COVID-19 in most at-risk IDP sites**.

**Second Reserve Allocation: Scaling up the flood response in hardest-hit regions**

In response to the **devastating impacts of floods** in September 2020, the SHF completed an allocation of \$9.9 million to **assist the hardest-hit regions** in southern Somalia. The Fund promoted **an innovative area-based response to provide an integrated package** of emergency shelter and hygiene kits, cash for food, and protection for highly vulnerable households.

**Third Reserve Allocation: Boosting coordination of NGOs working in Somalia**

The SHF promotes **effective programming and improvements in the quality of aid through enhanced coordination** across humanitarian partners. The \$0.4 million allocation in December 2020 **supported the Somalia NGO Consortium to develop a strategy for inclusion of the most vulnerable people** in humanitarian action, **facilitating dialogue with local authorities** to expand humanitarian access, and **developing capacities of NGOs**.

**Enhancing coordination**

The SHF is deeply rooted in the Somalia humanitarian coordination system. It continues to offer comparative advantage in response to underlying causes of crises in Somalia and operationalizing the principles of collective responsibility.

With the strategic and operational prioritization of SHF allocations nested within the inter-cluster system, funding recommendations throughout the year continued to be made on a collective basis through the Inter Cluster Coordination Group (ICCG). This ensured joint planning and prioritization across clusters hence boosting coordination and cross fertilization of solutions to address critical needs. Cluster Coordinators defined the most suitable inter-cluster integration packages and interventions in response to the needs of the specific setting, rendering the Fund one of the most inclusive funding mechanisms in Somalia response.

**2020 ALLOCATIONS**

	<b>Category</b>	<b>Timeline</b>
\$22M	Standard Allocation	March 2020
\$4.3M	Reserve Allocation	April 2020
\$9.9M	Reserve Allocation	September 2020
\$0.4M	Reserve Allocation	December 2020

### Driving localization

In 2020, the Fund far exceeded its localization targets. The Fund strengthened its focus on prioritizing partners best placed to respond directly, which was made possible by the strategic direction of the Advisory Board and the Fund's continued efforts in increasing its pool of partners.

In addition to UN agencies, 143 NGOs, of whom 69 per cent are national actors, feature on the SHF eligibility list. The capacity assessment of 21 partners prioritized through the cluster system commenced in 2020. Most of the partners were national partners, giving a further boost to the Fund's operational reach and ability to support front-line response, particularly in harder to access locations. By end 2020, 19 full capacity assessments were conducted and finalized. The SHF continued to actively promote localization in its prioritization process by engaging with national cluster focal points at the regional level. The identification of priority needs and geographic locations for the SHF funding is a collective activity and includes national and international actors.

### Alignment with the HRP – Allocations by strategic focus

The SHF remained aligned with the strategic objectives and cluster priorities of the 2020 Somalia HRP – a planning tool that articulates and provides strategic guidance for humanitarian response in Somalia. Funds channeled through the SHF contributed 5.74 per cent of the overall funding received against the 2020 Somalia HRP. All 2020 projects were directly linked to one or more of the following HRP strategic objectives.

### Complementarity with CERF

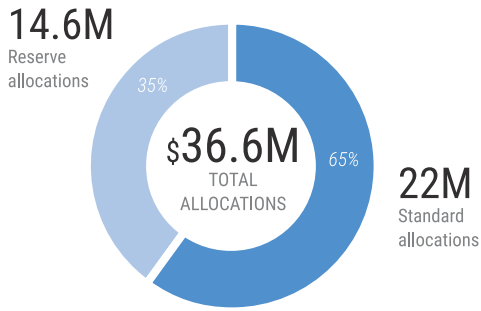
In 2020, the SHF and CERF jointly provided about \$59 million for life-saving assistance in Somalia. Complementarity between the two funds was sought to boost emergency response. SHF or CERF come on top of each other, targeting different phases of the emergency and geographical areas. Of the US\$17 million floods response, CERF's \$7 million in May was used in Phase I of the response to target lifesaving logistics, Shelter and WASH assistance in flood affected regions in Northern and Southern Somalia. SHF's \$10 million in September continued onto the second phase with repair of damaged infrastructure in schools, health centers and WASH facilities. **The SHF allocation also provided a lifeline to communities affected by the second wave of floods in hot spot locations** in the southern parts of Somalia.

**To ensure best value for money and benefit from supply pipeline by lead UN agencies, the comparative advantage of each fund was considered.** CERF funding was primarily used to cover UN direct operational costs, procurement of bulk emergency shelter kits, sanitation packages and provision of logistical support, among other lifesaving response while the SHF channeled funds directly to best placed NGOs.

The SHF allocation of \$22 million in March and the anticipatory action grant of \$15 million in July both mitigated the compounded impact on food security caused by locust infestation and flooding. Given that the ICCG/clusters prioritized the two funds, complementarity was achieved and duplication avoided.

ALLOCATIONS BY TYPE

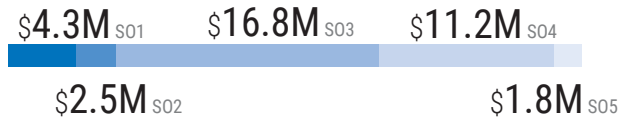
In US\$ million



ALLOCATIONS BY STRATEGIC FOCUS

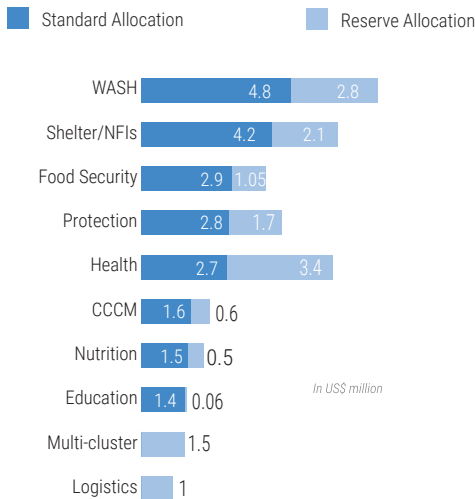
In US\$ million

- S01** Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.
- S02** Prevalence of acute malnutrition and health needs affecting more than 1.8 million people reduced by the end of 2020.
- S03** Enable 3 million people, including 2.1 million non-IDPs and 1.4 million IDPs in 74 districts, to meet their basic needs by end 2020.
- S04** Strengthen the protection of the right to safety and dignity of 3 million people, including 540,000 women, 900,000 girls, 520,000 men and 1.05 million boys affected by conflict and climatic shocks.
- S05** Enhance the capacity of 1.3 million people in 74 districts to cope with significant shocks through the construction of transitional and permanent shelters, rehabilitation and restoration of productive assets; enhance livelihood strategies and disaster preparedness.



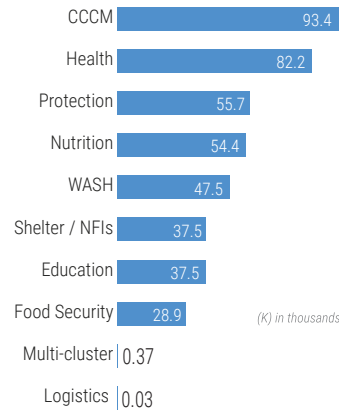
ALLOCATIONS BY CLUSTER

In US\$ million

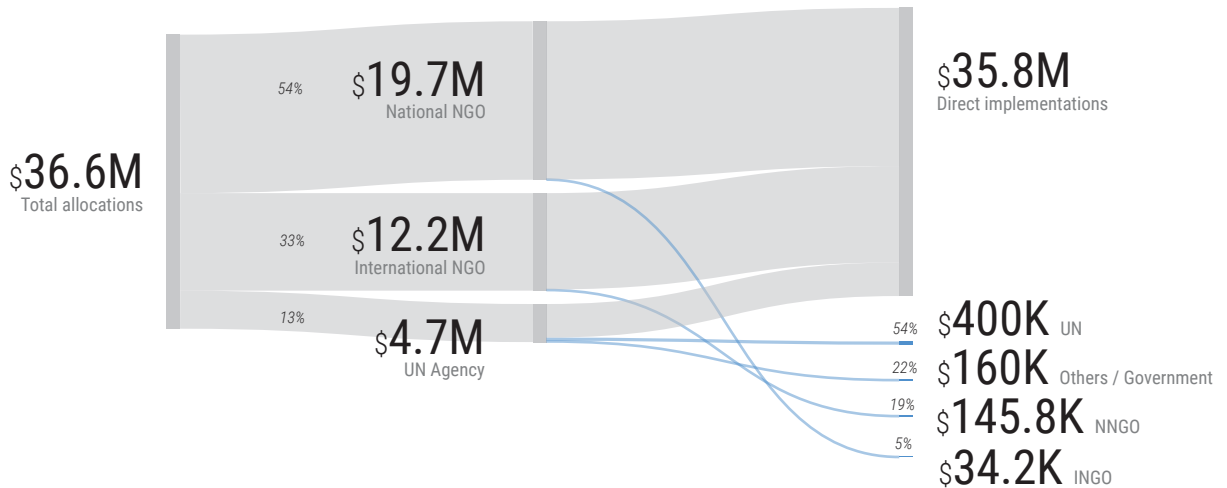


PEOPLE TARGETED BY CLUSTER

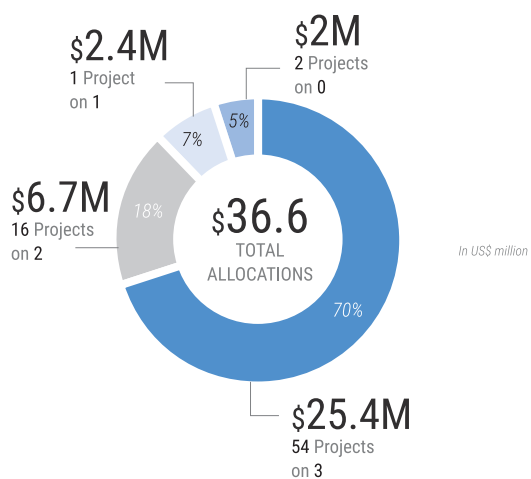
In thousand of persons



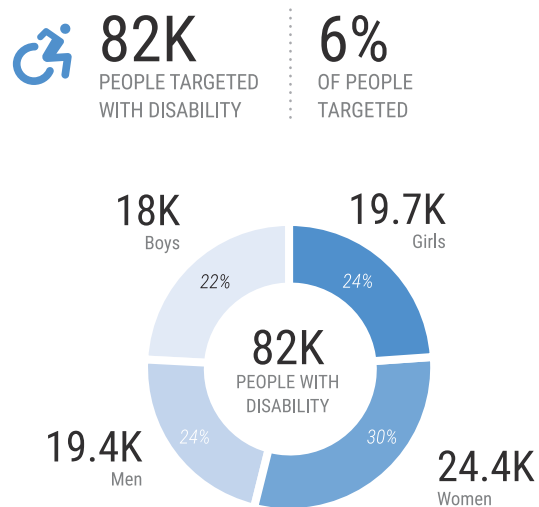
ALLOCATION FLOW BY PARTNER TYPE



GENDER WITH AGE MARKER



TARGETED PEOPLE WITH DISABILITY



- 0 - Does not systematically link programming actions
- 1 - Unlikely to contribute to gender equality (no gender equality measure and no age consideration)
- 2 - Likely to contribute to gender equality, but without attention to age groups
- 3 - Likely to contribute to gender equality, including across age groups



Location CEDA  
Nutrition Center  
Credit: OCHA /RMaingi

# UNDERFUNDED PRIORITIES

In 2020, the Emergency Relief Coordinator (ERC) Mark Lowcock identified four priority areas that are often underfunded and lack the desirable and appropriate consideration in the allocation of humanitarian funding.

These four priority areas were duly considered when prioritizing life-saving needs in the allocation processes.



Support for **women and girls**, including tackling **gender-based violence, reproductive health and empowerment**



Programmes targeting **disabled people**



**Education** in protracted crises



Other aspects of **protection**



SHF continued championing support to women and girls and addressing **Gender based violence**

**5** projects addressing **GBV**

**\$25.4M** or **70%**

of projects funded by the Fund contributed to **Gender equality**



SHF ensures that the assessment of needs and response by partners are inclusive and consider the needs of **people with disabilities**.

The **Somalia Humanitarian Fund** prioritized programmes targeting **disabled people**,

**82K** beneficiaries

**6%** of total 2020 beneficiaries



Despite the challenges caused by COVID-19, SHF enabled partners to innovate and deliver **Education** services.

**\$1.5M** allocated in education sector, supporting

**5** projects, targeting over

**37K** beneficiaries

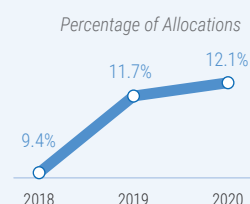


SHF puts **Protection** at the center of its response and allocations.

**\$4.4M** allocated

**16** projects

**40K** beneficiaries in 2020



### System-wide transformations

The success in implementation of the underfunded priorities in Somalia comes from an understanding that a wider set of measures must be in place before cross-cutting issues can be successfully addressed. Under the leadership of the HC, this was implemented through a three-tiered approach:

**1. System-wide:** By building commitments at the highest levels, Somalia has built a strong gender component in the Humanitarian Country Team (HCT) itself. The HC decided to include UNWOMEN as a member to the HCT with the intent of applying a gender lens to every humanitarian activity in the country. This included gender audits of all humanitarian activities in Somalia by all partners. On AAP, through an innovative and unique coordination structure, called the 'Enablers Project', a unit was created in the HC office to focus on operationalization of the AAP and have it under the auspices of the HC, to ensure its neutrality and assess partners adherence to the humanitarian principles. It also achieves transparency by reporting publicly to donors as well as affected populations.

**2. At the SHF governance level:** The SHF included on its Advisory Board a women-led national organization – SSWC – that for years has highlighted the plight of women, including GBV survivors, and championed their rights. Also, as integration of response is central to delivering on the underfunded priorities, the SHF has allocated 40 per cent of 2020 funds to integrated projects. The SHF Principles that guide the strategic direction and funding allocation decisions every year also put these priorities front and centre of the response.

**3. At programmatic/delivery level:** This included promulgated guidance and trainings for partners and reconfiguring all SHF project selection and monitoring tools to better capture disability inclusion, female participation and protection mainstreaming.

### Support for women and girls

The SHF supported partners in adopting additional measures to increase participation of women, including women with disabilities, in their projects. Guidance for partners on gender and protection mainstreaming was integrated in SHF allocation strategies. The Somalia-specific protection mainstreaming tip sheet is shared in every allocation to guide partners during proposal submission, and the score card has been revised. In addition, monitoring tools have been amended to better capture data on women's participation. The SHF has also embarked on an exercise to identify women-led organisations among its list of newly eligible partners.

One of the organizations that sits on the SHF Advisory Board is Save Somali Women and Children (SSWC). It is a women-led organization specializing in protection and has for years championed the plight of women, including empowering GBV survivors through skill development.

### Programmes targeting disabled people

An estimated 15 per cent of the population are at heightened risk of violence and abuse, a situation that is worsened by social stigma associated with intellectual and psychosocial disabilities. Through the SHF projects, 6 per cent of the beneficiaries targeted were people with disabilities. The Programme Manual introduced this year was designed with support from the Disability Inclusion Advisor as a guiding document for partners to raise awareness and improve project design. Monitoring tools have all been updated to better capture how disability will be considered during implementation of activities. Further efforts are being made in 2021 to reach higher targets such as the creation of a system-wide disability working group under the supervision of the RC Integrated Office.

### Education in protracted crises

Recognizing the strong link between education and the wider protection needs, the SHF over the last three years has ensured funding to integrated Education and Protection projects. This initiative ensures that schools remain a safe space to provide psychosocial and material support. The projects aimed at increasing enrolment of IDP children in school, establishing community-based child protection mechanisms, and supporting children at risk, particularly girls. The COVID-19 pandemic negatively affected education in 2020, this year with multiple school closures and lack of resources to continue long distance/online education.

### Protection

All allocations advocated for a protection-driven approach and capitalized on integration to empower women and girls. 40 per cent of the Standard Allocation (\$8.8 million) targeted integrated projects, such as health and GBV interventions that created referral pathways for GBV survivors, and case management, including distribution of dignity kits to GBV survivors, mostly vulnerable women and girls. Stand-alone projects also ensured integration of gender and protection mainstreaming.

**“We don't have to make choices between life-saving and cross cutting issues. The implementation of the underfunded priorities aligns with the SHF objectives to provide life-saving humanitarian response.”**

**Adam Abdelmoula, Humanitarian Coordinator for Somalia**



**Location** Qodah Camp-Bossaso.

Credit: Hawa Paralegal, July 2020, NRC-Bossaso office



## A safe home, new hope

Haweyo Abdi Weheliye, is a 35 year old IDP. Her family fled from Mogadishu in the year 2000 because of conflict. She has five children and is now the head of her household. They have been moving from one camp to another in Bossaso for the last 21 years. The family lived in shelters made of plastic or wood, or in tents, which was vulnerable to fire outbreaks, rain, floods and other hazards. Haweyo narrated “during our stay in Bossaso IDP settlements, we have experienced three evictions from different camps, this has lead to loss of our livelihood as we had small shops and the movement meant that we lost them altogether”.

The camp leader of Bullo Qodax camp where Haweyo was, explained that the settlements had no formal tenure agreement and were owned by different landlords. As a result people could be evicted randomly when landlords needed to develop land or sell their property. Haweyo’s family was among 15 households evicted from the settlement in July 2020 without a sufficient notice period. Due to this, it was difficult for them to get vacant space within the camp, as it was fully occupied. She was desperate and worried that she would lose everything she had worked for.

NRC field paralegals identified eviction incidents and followed up the trend of poor tenure in the Bullo Qodox settlement. NRC’s Information, counselling and legal assistance (ICLA) team approached the camp property owner and tried to negotiate for a longer notice period to facilitate the dignified relocation of families. However, the camp landlord refused. The NRC ICLA team consulted with Bossaso Housing, Land and Property (HLP) stakeholders, including the local municipality and the eviction task force, to enhance support for evicted households. Based on the quarter eviction risk assessments conducted by the ICLA team, they learnt that Bari Bossaso IDP settlement had a formal tenure agreement of 10 years and space was available there. The NRC ICLA team followed up and negotiated on behalf of Bullo Qodax displaced families with Bari Bossaso camp leaders and the landlord to obtain land from there. The outcome was favourable and Haweyo managed to get a new home. She also received \$150 post-eviction cash assistance for the relocation process. Haweyo was elated as she finally had land as well as some cash to help transport her family and buy durable construction materials.

The Bari camp does not require her to pay rent and has a good tenure agreement of 10 years. As a result, Haweyo’s family has opened a small shop next to their newly built house. Haweyo is now able to pay school fees and take care of daily family expenses without depending on her neighbours.



**Location** Bari, Bossaso

Credit: Paralegal Hawa and Paralegal Abdalla in Bossaso

**SHF 2020 ANNUAL REPORT**

# FUND PERFORMANCE

The SHF measures its performance against a management tool that provides a set of indicators to assess how well a Fund performs in relation to the policy objectives and operational standards set out in the CBPF Global Guidelines. This common methodology enables management and stakeholders involved in the governance of the Funds to identify, analyze and address challenges in reaching and maintaining a well-performing CBPF.

CBPFs embody the fundamental humanitarian principles of humanity, impartiality, neutrality and independence, and function according to a set of specific principles: Inclusiveness, Flexibility, Timeliness, Efficiency, Accountability and Risk Management.

**PRINCIPLE 1**

**INCLUSIVENESS**

A broad range of humanitarian partner organizations (UN agencies and NGOs) participate in CBPF processes and receive funding to implement projects addressing identified priority needs.

**1 Inclusive governance**

The Advisory Board has a manageable size and a balanced representation of CBPF stakeholders.

**Target**

As per 2020 SHF Operational Manual, the SHF Advisory Board (AB) should be composed of the HC; four UN Agency Focal Points; four NGO representatives; four donor representatives; and OCHA Somalia Head of Office (OCHA HoO).

**Results**

In 2020, the AB was composed of the Humanitarian Coordinator, four UN Agency Focal Points (WFP, FAO, UNHCR & UNICEF), four NGOs (ACTED, IRC, SSWC & NGO consortium), four donor representatives (Netherlands, Ireland, Norway and ECHO as an observer) and the OCHA Somalia Head of Office.

**COMPOSITION OF ADVISORY BOARD**



**Analysis**

The AB composition was as required in the SHF Operational Manual for 2020. The composition is revised regularly for NGOs and donor representatives, but less so for UN. NGO and donor representatives usually serve two years, with at least half of their membership changing annually to ensure diversity of representation as well as maintain operational continuity. The meetings were well-attended and the interest among stakeholders to serve on the Board remains high.

**Follow up actions**

The SHF will continue to ensure proper representation and rotation in the AB. The Observer role will also be used to engage new potential donors to learn about the fund in hope of becoming contributing donors. For NNGO representation, the SHF will engage with these representatives to broaden their engagement and information sharing with local SHF partners.

**2 Inclusive programming**

The review committees of the Fund have the appropriate size and a balanced representation of different partner constituencies and cluster representatives

**Target**

Size and composition of strategic and technical review committees is between 6 members (1 LNGO, 1 INGO, 1 UN, cluster coordinator, co-chair, HFU) and 11 members (3 LNGO, 3 INGO, 3 UN, cluster coordinator, co-chair), and is determined by cluster coordinator.

**Results**

The size of the Strategic Review Committee (SRC) remained within the required size of between 6 and 11 members in 2020. The cluster coordinators determined the size and composition of the SRCs. OCHA Somalia HFU actively participated in all meetings of the SRCs. The SRCs were gender-balanced. Adequate representation of the various clusters was ensured in the technical review of integrated projects.

**Analysis**

The selection of SRC members for the review of integrated projects worked well and fostered complementarity and coordination through to the joint review process. Moreover, selected cluster members had the necessary technical expertise to conduct reviews. The crosschecking of multi-cluster SRC members by HFU ensured fair representation. Importantly, SRC representatives reviewed their components with cluster coordinators prior to the plenary meetings to ensure cluster concerns were included. SRC reviews for clusters such as Protection that has the gender and child protection areas of responsibility (AOR), and Food Security which has coordinators for both Livelihoods and Food Assistance, the numbers of cluster coordinators in the review process was increased to ensure proper technical review as was that of the UN AOR leads.

## PRINCIPLE 1

# INCLUSIVENESS

### Follow up actions

SHF will continue to encourage this practice of multi-cluster integrated SRCs and improve it where necessary when highlighted in after action reviews (AAR) conducted after every allocation.

### REPRESENTATIVES IN THE REVIEW COMMITTEES

# of representatives that participated in average in Strategic Review Committee

2 UN 3 INGOs 3 NNGOs 1 OCHA 1 Cluster



# of representatives that participated in average in Technical Review Committee

2 OCHA 2 Cluster Coordinator  
Cluster support officer



### 3 Inclusive implementation

CBPF funding is allocated to the best-positioned actors, leveraging the diversity and comparative advantage of eligible organizations.

#### Target

At least 80 per cent of available funding channeled to national and international NGOs to prioritize direct implementation. At least 40 per cent of available funding channelled through NNGOs, if and when possible.

Support integration across clusters and complementarity with other funding sources in support of a stronger collective response.

#### Results

Eighty-seven per cent of the SHF's 2020 allocations went to NGOs – 27 of them international and 41 national – for direct implementation, and 5 per cent to UN organizations. Fifty-three per cent of the allocations went to local and national NGOs, well above the 40 per cent target. The Fund has significantly increased the proportion of funds allocated to national partners from 16 per cent in 2016 to 53 per cent in 2020, in line with the Grand Bargain commitments.

#### Analysis

The Fund surpassed the targets set in the 2020 SHF Allocation Principles and the Grand Bargain commitment. This is aligned with its strategic repositioning since 2017 and has been positively received by all stakeholders who appreciate the SHF focus to support local and national partners, who are often best-placed to deliver assistance in the challenging Somalia environment. As a resulting challenge, the Fund continues to be perceived as the primary funding mechanism for national partners. This has inflated expectations from multiple national partners that seek grants but may not be best-placed to manage funding or implement humanitarian programmes.

#### Follow up actions

Increase the number of partners to increase funding. The SHF will step up training of partners prior to allocations. This will improve the capacity of partners to submit quality proposals. The Fund will also conduct a thorough review of partner presence in all areas, particularly the hard to reach areas. This will provide useful information required to encourage more partners to submit proposals.

## PRINCIPLE 1

## INCLUSIVENESS

## 4 Inclusive engagement

Resources are invested by OCHA's Humanitarian Financing Unit (HFU) in supporting the capacity of local and national NGO partners within the scope of CBPF strategic objectives.

## Target

Six training rounds (with multiple sessions and locations) for partners, focused on building their capacity to manage and implement SHF projects. Dedicated training sessions for newly eligible partners (minimum two). Individual partner sessions (on-demand, 10 partners/month).

## Results

In 2020, SHF staff conducted trainings on new SHF policies, guidelines, accountability, compliance, COVID 19 flexibility guidelines, changes in operational modalities, monitoring and reporting requirements and roles of OCHA Somalia field staff. The trainings were attended by a total of 430 participants from 61 SHF partner organizations, 38 UN agencies and 20 non-SHF partners invited by cluster coordinators.

In addition, the SHF continues to engage its stakeholders to obtain insightful and actionable information related to the effectiveness of allocations, implementation of the CBPF principles, relevance and level of support by HFU, as well as feedback on good practices and areas of improvement. Pertinently, in September 2020 SHF launched a Stakeholder Satisfaction survey to assess SHF stakeholder's satisfaction with the management and processes related to the first Standard Allocation 2020.

## Analysis

The number of trainings and participants exceeded the targets. The SHF continues to place high importance on information-sharing and regular engagement with its partners. Also, NGO staff turnover makes training particularly important to ensure the quality of proposal submissions, implementation, and reporting. The SHF focuses on activities which will support the enhancement of successful applications, better reporting and engagement with clusters; and ultimately the improvement of partner performance and accountability to the fund and the people served.

## Follow up actions

The Fund will continue to provide targeted trainings for its partners on both thematic issues and SHF specific topics.

## TRAININGS

 7 trainings

 43 NNGOs trained  
18 INGOs trained

 430 total people trained

Cluster/HFU	Training Date	Topic	# of participants
HFU led	17-20 Feb 2020	Training of new SHF partners on GMS allocation and accountability processes	45
WASH	11 Aug 2020	Water Sanitation Hygiene training on accountability to affected population	87
Health	17 Aug 2020	Health & Protection (GBV) with a focus on integration within projects	39
Food Security	18 Aug 2020	Food Security training on assessment, needs determination and cluster specific indicators	62
Shelter	26 Aug 2020	Emergency shelter & NFI that includes protection mainstreaming and accountability to affected populations (AAP)	35
Protection	8 Sept 2020	Protection mainstreaming	91
HFU led training on the HFU	21 Sept 2020	Training on SHF policies and guidelines, COVID 19 flexibility guidelines, changes in operational modalities monitoring and reporting requirements	109

**PRINCIPLE 2**

**FLEXIBILITY**

The programmatic focus and funding priorities of CBPFs are set at the country-level and may shift rapidly, especially in volatile humanitarian contexts. CBPFs are able to adapt rapidly to changing priorities and allow humanitarian partners to identify appropriate solutions to address humanitarian needs in the most effective way.

**5 Flexible assistance**

CBPF funding is allocated for cash assistance.

**Target**

Cash as a response modality will be strategically prioritized and operationally considered, where appropriate, as per CBPF cash guidance note.

**Results**

Seven per cent of the 2020 allocation (\$2.5 million) was channelled as cash assistance to empower affected populations with choice and address essential needs in local markets.

Cash assistance increased immediate access to food, facilitated access to safe water where there were severe water shortages and allowed beneficiaries to purchase emergency shelter and NFI kits. 40 per cent of the cash was conditional while 60 per cent was unconditional.

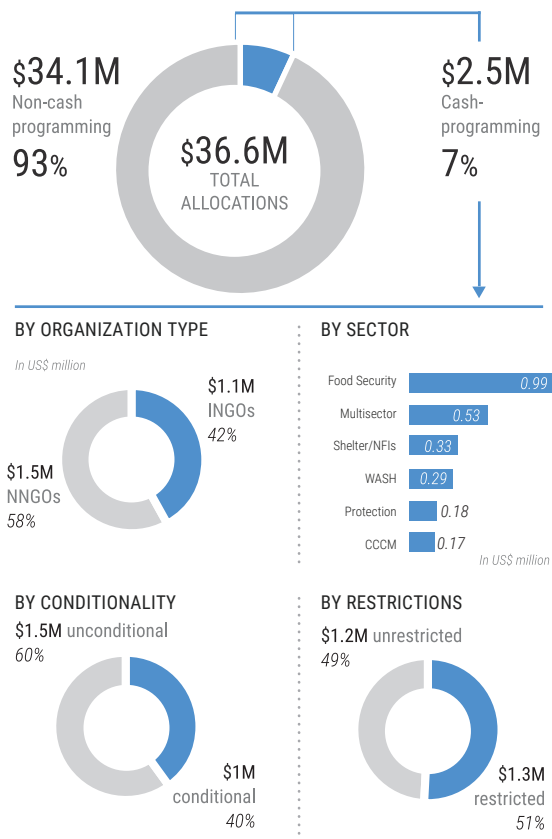
**Analysis**

The choice of the cash transfer modality was guided by the local context analysis of the affected population, the depth of the crisis, market analysis and as per harmonized cash transfer values by the Cash Working Group (CWG). Cash modality was used in each allocation round in 2020 and was instrumental in responding to the critical needs of vulnerable populations. Sixty per cent of the cash transfers were unconditional, acknowledging the vulnerability of the communities targeted for assistance. In response to the flood crisis in central Somalia, cash transfers through vouchers was the most preferred modality to ensure targeted beneficiaries had access to sufficient potable water, shelter and non-food items. In addition, cash assistance was provided to GBV survivors as part of the Protection Cluster's response. Under livelihoods, cash transfers were also packaged together with the provision of agricultural inputs to reduce the opportunity cost of farmers looking for food and meeting other needs during the planting season.

**Follow up actions**

Further improve the systematic tracking of cash-based assistance by the SHF through the use of Somalia cash 3Ws and the cash marker in the Grant Management System (GMS).

**CASH TRANSFER PROGRAMMING**



**PRINCIPLE 2**

**FLEXIBILITY**

**6 Flexible operation**

CBPF Funding supports projects that improve the common ability of actors to deliver a more effective response.

**Target**

Support funding for pipelines, enabling programmes and other support services provided by UN agencies, funds and programmes, but also NGOs, up to a maximum of 20 per cent of annually available funds.

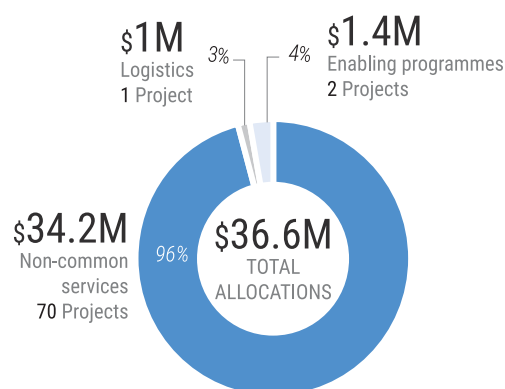
**Results**

The SHF provided \$2.4 million, or 7 per cent of the total 2020 allocation, to support common services. Of this amount, 16 per cent was allocated to the NGO Consortium (Somali National Consortium, SNC), 42 per cent went to Logistics Cluster activities during the inter-agency flood response and 42 per cent went to the COVID-19 response. This was particularly useful and strategic in procurement of life-saving equipment and medical supplies.

**Analysis**

SHF funding for support services was reflective of the focus on direct implementation and support for service delivery. It demonstrates the Fund's flexibility as a stand-by funding mechanism that can provide support for common services when urgent needs arise, yet it does not serve as the principle source of funding for these sectors.

**ALLOCATION THROUGH COMMON SERVICES**



**Follow up actions**

Ensure the availability of stand-by funding for common services (Reserve) or prioritization during the Standard Allocation rounds. This has been reflected in the maximum cap remaining unchanged for 2021 in the SHF Allocation Principles.

**PRINCIPLE 2**

**FLEXIBILITY**

**7 Flexible allocation process**

CBPF funding supports strategic planning and response to needs identified in the HRP and sudden onset emergencies through the most appropriate modalities.

**Target**

At least 75 per cent of funds allocated through Standard modality and up to 25 per cent kept in Reserve in response to changes in humanitarian context, as well as funding availability.

**Results**

The SHF allocated 60 per cent of funds (\$22 million) in one Standard Allocation and 40 per cent (\$15 million) through three Reserve Allocations in 2020. The Reserve Allocations went towards the COVID-19 and flood responses. The Standard Allocation focused on sustaining life-saving responses as the impacts of 2019 drought and floods continued to linger.

**Analysis**

The unforeseen COVID-19 pandemic has raised the proportion of funding allocated through the Reserve window, thereby surpassing the planned 25 per cent target. This positively reflects on the flexibility of the Fund to respond to unforeseen circumstances in a timely manner. Through both modalities the SHF remained an early source of funding, both, early in the year before most donor funding kicked in, and towards the end of the year, ensuring the continuity in programming. The reserve allocations funded in 2020 reflect the agility and comparative advantage of the SHF.

**Follow up actions**

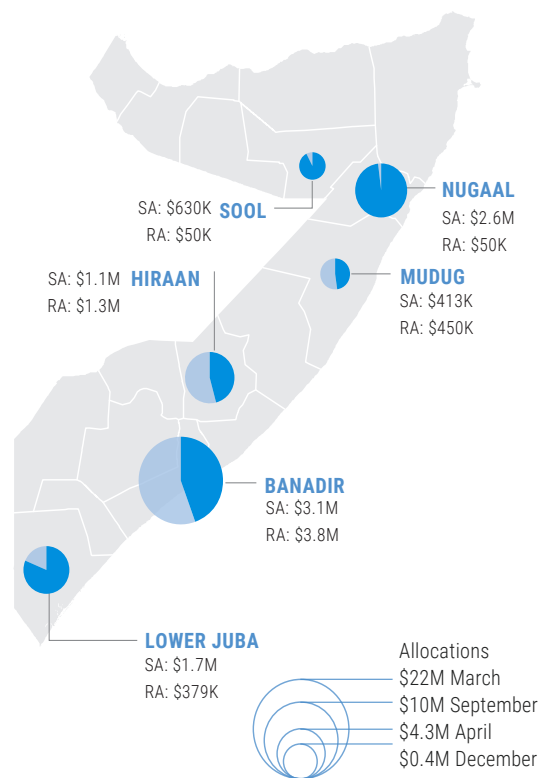
The unexpected reduction in SHF funding in 2020 made it difficult to plan allocations and therefore the SHF will continue to advocate for predictable and early contributions from donors to optimize planning the size and timing of allocations. Yet, the Fund will remain flexible to support emerging needs and critical funding gaps. In addition, the results of 2020 reflect a need to discuss the strategic advantages and differences between Standard and Reserve allocation windows and the targets set out at the beginning of each year.

**ALLOCATION TYPE BY REGION**

● Standard allocations (SA) ● Reserve allocations (RA)

**\$22M**  
Standard allocations

**\$14.6M**  
Reserve allocations



Other regions: Awdal SA: \$777K; Bakool SA: \$2.3M; Bari SA: \$543K; RA: \$200K; Bay SA: \$2.5M; RA: \$100K; Galgaduud SA: \$1.2M; Gedo SA: \$3.2M; RA: 150K; Lower Shabelle SA: \$1.4M; RA: \$3.6M; Middle Shabelle RA: \$4.3M; Togdheer SA: \$500K; Woqooyi Galbeed RA: \$245K.



## PRINCIPLE 2

# FLEXIBILITY

### 8 Flexible implementation

CBPF funding is successfully reprogrammed at the right time to address operational and contextual changes.

#### Target

Project revision requests processed to address operational and contextual changes within 10 working days.

#### Results

The HFU processed 56 revision requests affecting 49 projects. Revision types were used a total of 98 times. It took an average of 21 days to complete revision requests, similar to 2019 results. The pandemic increased the number of revisions compared to 2019, amid issues of reprogramming requirements, eligibility of costs and unexpected delays.

#### Analysis

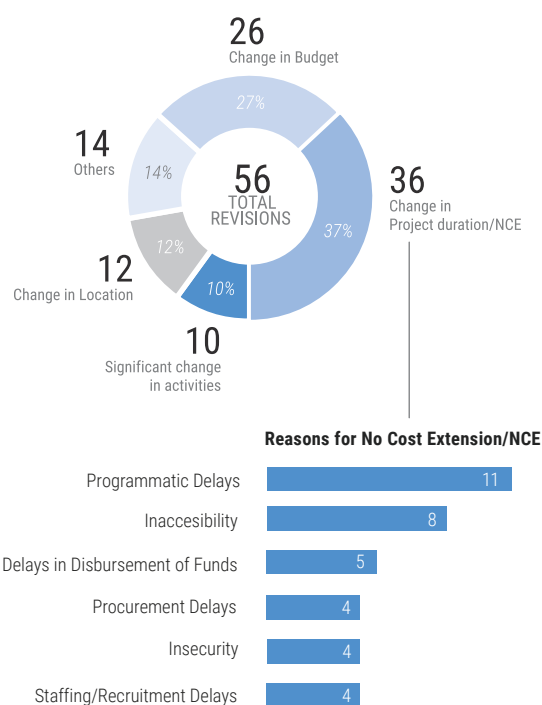
Flexibility was demonstrated through a supportive application of project modification. However, delays in completion of revision process in some cases were due to signature delays from partners' headquarters and partners not effectively responding to the comments raised by clusters and HFU. The highest number of project modification requests came from submissions for no cost extension (36) due to programmatic delays, followed by budget related changes (26). The challenges posed by the COVID-19 pandemic including travel restrictions that interrupted project implementation was cited by 13 partners, who requested both no cost extensions and budgetary amendments totalling \$75,124. These budgetary amendments were in response to savings on travel and in-person meetings and were mostly used on COVID-19 prevention and response, including RCCE activities and equipping staff with protective gear. All COVID-19 related requests were reviewed in line with the Somalia -specific Flexibility Guidance in the Context of the COVID-19 pandemic.

Other modifications were due to security-related access constraints, essential supply bottlenecks, delays in recruitment of technical staff, delays in receipt of funds and programmatic delays following the onset of the floods.

#### Follow up actions

Ensure partners' submissions of revision requests are initiated at least one month before the project ends, clusters respond in a timely manner, and that HFU manages and processes revision requests within the timelines set in the SHF Operational Manual.

#### NUMBER OF REVISIONS IN 2020



## PRINCIPLE 3

# TIMELINESS

CBPFs allocate funds and save lives as humanitarian needs emerge or escalate.

### 9 Timely allocation

CBPFs allocation processes have an appropriate duration.

#### Target

The average duration of all launched standard allocations is 50 days. The average duration of all launched reserve allocations is 30 days.

#### Results

The average duration of the allocation process from proposal submission deadline to approval by the HC was 56 days for the Standard Allocation and 24 days for Reserve Allocation.

#### Analysis

The allocation process timeline was relatively long especially for the Standard Allocation, as restrictions in face-to-face meetings by strategic and technical review committees led to more time taken in finalizing reviews. Remote reviews and alternative working arrangements also stretched the timeline and therefore feedback on proposals was slow. On the other hand, it took more time for partners to respond to comments, hence requiring more follow-up by HFU.

Worth noting is that the four allocation rounds promoted integrated or multi-cluster response to strengthen coordination and ensure value for money, using limited funds. The integrated projects particularly the mobile joint health and nutrition projects, had far-reaching benefits to vulnerable drought- and flood-affected communities that did not have access to fixed health facilities.

Despite the advantages of integrated response, its design and planning phase is time-consuming, requiring lengthy consultations during conceptualization stage, including convening several meetings with the ICCG both at the national and regional level. Online multi-cluster meetings were challenging and delayed the design and review of the integrated projects. The allocations were appropriate, strategic and responded to the evolving humanitarian situation as identified by contextual analyses and inter-cluster prioritization exercises and endorsed by the HC and SHF Advisory Board. Partners were consulted through national and regional cluster structures, guided during the application cycle and supported throughout the approval process.

#### Follow up actions

The SHF will ensure that allocation processes are closely monitored and expedited through continuous development trainings to contribute to timely and efficient allocation processes, while taking into consideration the quality of the approved projects.

Milestones	Category	2018	2019	2020
From allocation closing date to HC signature of the grant agreement	Standard	35	26	56
	Reserve	23	18	24

**PRINCIPLE 3**

**TIMELINESS**

**10 Timely disbursements**

Payments are processed without delay.

**Target**

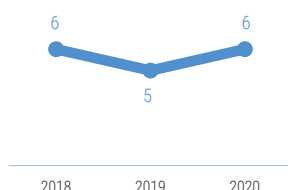
Payments are processed within 10 calendar days of clearance by the HC (or executive officer in the case of UN agencies, funds and programmes) of grant agreement and disbursement of funds.

**Results**

Payments were processed within an average of six days.

**AVERAGE WORKING DAYS OF PAYMENT PROCESSING**

Average working days from EO signature of a proposal to first payment



**Analysis**

The funds disbursement time was within the required period of 10 days.

**Follow up actions**

The SHF will continue working to ensure that funds are disbursed as quickly as possible once grant agreements are approved.

**11 Timely contributions**

Pledging and payment of contributions to CBPFs are timely and predictable.

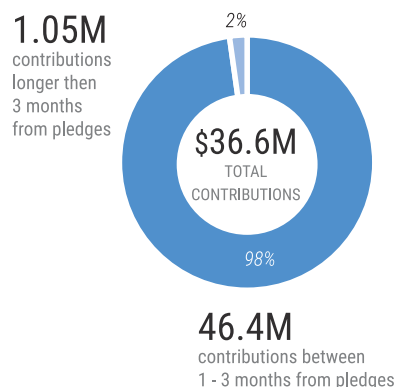
**Target**

Two thirds (67 per cent) of annual contributions are committed before the end of the first half of the year.

**Results**

61 per cent (US\$ 29 million) of donor contributions were received within the first half of 2020. 98 per cent of contributions were received within one month of pledging by donors.

**CONTRIBUTIONS TIMELINESS**



**Analysis**

Whereas funding received was slightly below two thirds of total contributions by the end of the first half of the year, the Fund was able to optimize allocations in relation to the wider humanitarian programme cycle and seasonal requirements. Total contributions to the SHF decreased drastically in 2020 by some \$10 million in comparison to 2019. This unexpected drop in funding affected allocations planning during the year and skewed Standard/Reserve Allocation proportions. Although donors have confirmed their commitment and confidence in the SHF and in 2020 the same strong donor base has been maintained, the pandemic caused funds to be diverted to more pressing and unforeseen needs.

**Follow up actions**

Continued advocacy, at global and country levels, for early and predictable funding and the encouragement of multi-year commitments by existing donors. Attracting new donors, approaching donors that had previously contributed to the Fund, as well as reaching out to potential new donors.

**PRINCIPLE 4**

**EFFICIENCY**

Management of all processes related to CBPFs enables timely and strategic responses to identified humanitarian needs. CBPFs seek to employ effective disbursement mechanisms, minimizing transaction costs while operating in a transparent and accountable manner.

**12 Efficient scale**

CBPFs have a significant funding level to support the delivery of the HRPs.

**Target**

SHF allocations amount to 5.3 per cent of the received HRP funding.

**Results**

The SHF funding in 2020 amounted to 4.7 per cent of the requirements in the HRP that was revised in July 2020 (\$1.01 billion). This also represents 5.7 per cent of funding received towards the HRP in 2020 (\$829.8 million), compared to 6.7 per cent in 2019 and 6 per cent in 2018.

**Analysis**

The HRP has been well funded for 2020 and consistent with 2019 levels, while the SHF suffered a 19 percent year-on-year decrease in funding. Nevertheless, the Fund recorded its highest-ever level of funding to national and local partners, demonstrating the key role that the SHF played in supporting front-line response during the pandemic.

**Follow up actions**

Within the challenging economic situation globally, the SHF will continue to enhance advocacy and bilateral and collective engagements with donors, in line with the Fund’s 2020 - 2022 Resource Mobilization Approach. It will also enhance visibility of the Fund through various channels and seek the support of donors themselves as ambassadors to the Fund. Regular engagement and outreach will be stepped up, including building on the success of the informal SHF donor meetings. This will be further supplemented by promotion of the Fund’s results and success stories and regular production and wide dissemination of information products.

**13 Efficient prioritization**

CBPF funding is prioritized in alignment with the HRP.

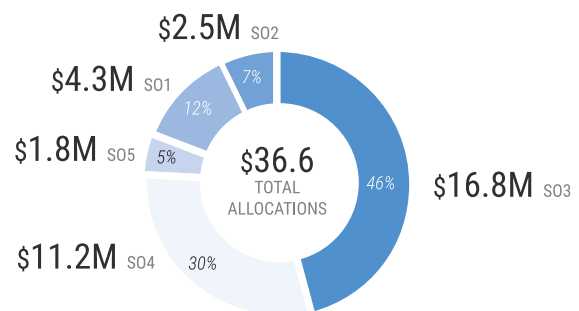
**Target**

All funded projects address HRP strategic priorities. At least 80 per cent of value of funded projects is linked to HRP projects.

**Results**

100 percent of SHF funding was strategically aligned to priorities in the 2020 Humanitarian Response Plan.

**ALLOCATION BY HRP STRATEGIC OBJECTIVES**



- S01** Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.
- S02** Prevalence of acute malnutrition and health needs affecting more than 1.8 million people reduced by the end of 2020.
- S03** Enable 3 million people, including 2.1 million non-IDPs and 1.4 million IDPs in 74 districts to meet their basic needs by end 2020.
- S04** Strengthen the protection of the right to safety and dignity of 3 million people, including 540,000 women, 900,000 girls, 520,000 men and 1.05 million boys affected by conflict and climatic shocks.
- S05** Enhance the capacity of 1.3 million people in 74 districts to cope with significant shocks through the construction of transitional and permanent shelters, rehabilitation and restoration of productive assets; enhance livelihood strategies and disaster preparedness.

**PRINCIPLE 4**

**EFFICIENCY**

HFU operations costs (execution of cost-plan) account for less than 5% of overall utilization of funds.

**Analysis**

The SHF aligned its allocations with the strategic objectives of the HRP thereby ensuring 100 per cent of projects were aligned to one or more objectives. This was achieved through inclusive and consultative prioritization processes. Allocation rounds were accompanied by a prioritization framework that reflected inputs from individual clusters and the ICCG collectively. Using various needs assessments tools and severity mapping at the cluster level, clusters discussed and agreed on the broader focus of the allocations and priority geographical targeting. The clusters' central role in allocation processes continued to enhance coordination, ensured targeted response to identified needs and promoted efficiency in response through supporting integrated programming.

**Follow up actions**

Continue to ensure SHF response is closely aligned with the HRP priorities and encourage partners to take an active part in the HRP process and importantly in the cluster-coordination forums at national and sub-national levels.

**14 Efficient coverage**

CBPF funding reaches people in need.

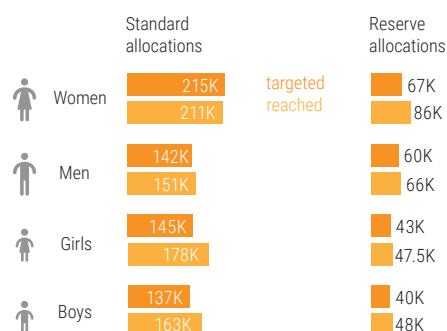
**Target**

100 per cent of targeted people in need have reportedly been reached.

**Results**

118 per cent of targeted people in need have reportedly been reached through the Standard Allocation. 110 per cent of targeted people in need have reportedly been reached through the Reserve Allocations (using data from project reports submitted during the period covered by this report).

**PEOPLE TARGETED AND REACHED BY GENDER AND AGE**



**Analysis**

Projects with reported results in 2020 exceeded the anticipated figures. 950, 579 people were reached, compared with a target of 848,357, with more woman and girls reached. This confirms that SHF-funded projects gave due consideration to the underfunded priorities when implementing their response. Regions with the greatest number of people reached include Awdal, Bay, Bakool and Woqooyi Galbeed.

**Follow up actions**

Ensure stakeholders strategically target and reach the worst-affected areas with the SHF funding.

## PRINCIPLE 4

# EFFICIENCY

### 15 Efficient management

CBPF management is cost-efficient and context-appropriate.

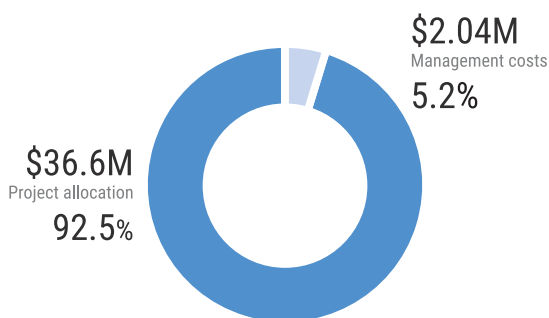
#### Target

HFU operations costs (execution of cost-plan) account for less than 5 per cent of overall utilization of funds (allocations + PSC + audit costs + MA charges + HFU budget execution).

#### Results

The HFU management costs for 2020 amounted to \$2.04 million. The cost plan was 87 per cent spent due to savings on travel, equipment and furniture and other office consumables. The HFU management costs amounted to 5.2 per cent of the overall utilization of funds (management costs and project allocations).

#### HFU DIRECT COSTS AGAINST TOTAL ALLOCATION



#### Analysis

HFU management costs were within the threshold of 5 per cent of utilization of funds for 2020. There was an increase in proportion relative to 2019 due to a reduction in allocations (from \$53.4 million in 2019 to \$36.6 million in 2020) while management costs increased slightly from \$1.9 million in 2019 to \$2.04 million in 2020.

#### Follow up actions

The SHF will continue to ensure the most efficient administration of the management cost, as well as continued advocacy for sustained funding.

### 16 Efficient management

CBPF management is compliant with management and operational standards required by the CBPF Global Guidelines.

#### Target

SHF Operational Manual updated based on the latest version of global CBPF guidelines by end Quarter 1. Annual report and allocation papers compliant with global guidance documents.

#### Results

The SHF operational manual revised in quarter one of 2020 and endorsed by the SHF Advisory Board. It was compliant with the operational handbook for OCHA CBPFs and allocation strategy papers were published as per global guidance documents.

#### Analysis

The SHF operational manual was compliant with the operational handbook for OCHA CBPFs. Changes to the operational manuals are shared with the Advisory Board at least annually for consideration and approval. In addition, the COVID flexibility guidelines became an annex to the operational Manual.

#### Follow up actions

The SHF will ensure that guidelines in the SHF operational manual are compliant with global guidelines contained operational handbook for OCHA CBPFs.

**PRINCIPLE 5**

# ACCOUNTABILITY AND RISK MANAGEMENT

CBPFs manage risk and effectively monitor partner capacity and performance. CBPFs utilize a full range of accountability tools and measures.

**17 Accountability to affected people**

CBPF-funded projects have a clear strategy to promote the participation of affected people.

**Target**

All proposals will indicate the plan on accountability to affected populations (AAP). All monitoring instances include consultation with the beneficiary component.

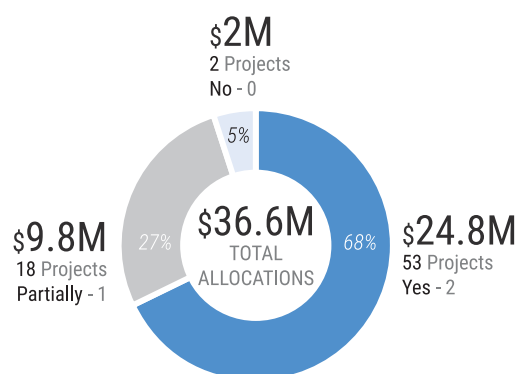
**Results**

AAP was considered throughout all SHF processes. During project selection, the scorecard (a ranking tool for project selection) rewarded partners that demonstrated people-centric approaches in their response. Project proposals required partners to demonstrate that they have been inclusive in defining the needs and have built trust and acceptance of vulnerable communities particularly in hard to reach areas. This was followed by thematic trainings for partners. To monitor AAP implementation, monitoring instances included assessment of community engagement and involvement in decision making during project implementation.

**Follow up actions**

HFU will strengthen its advocacy with partners to support marginalized groups and encourage their inclusion at every stage of a project life-cycle through regular trainings and improved guidance in the allocation strategies. HFU will also continue to promote best practices to strengthen AAP with the assistance of all SHF stakeholders and explore future partner outreach opportunities to mainstream and enhance AAP in all SHF-funded projects.

**ACCOUNTABILITY TO AFFECTED PEOPLE**



- 2** The project **includes** the provision of accessible and functioning feedback and/or complaint mechanisms for beneficiaries.
- 1** The project **partially includes** the provision of accessible and functioning feedback and/or complaint mechanisms for beneficiaries.
- 0** The project **does not include** the provision of accessible and functioning feedback and/or complaint mechanisms for beneficiary.

## PRINCIPLE 5

# ACCOUNTABILITY AND RISK MANAGEMENT

CBPFs manage risk and effectively monitor partner capacity and performance. CBPFs utilize a full range of accountability tools and measures.

### 18 Accountability and risk management for projects

CBPF funding is appropriately monitored, reported and audited.

#### Target

16 financial spot-checks, 131 audits and 130 final financial reports to be submitted by partners as per Operational Modalities; 94 projects required to be monitored.

#### Results

94 (100 per cent) projects required to be monitored were assessed in 2020. An additional 10 projects were monitored beyond the requirements of the operational modalities. Financial spot-checks were conducted for 16 (100 percent) projects that required to be checked. An additional 25 projects were checked beyond the requirements of the operational modalities. 104 out of 131 audits required to be conducted in 2020 were completed. Audits were ongoing for 12 projects. Out of the 131 required audits, 8 projects were undergoing forensic audits or investigations which required longer timelines to complete. Therefore, 85 per cent (104 out of 123) of audits required were completed on time in 2020.

126 out of 130 final financial reports required in 2020 were approved on time while 125 out of 130 final narrative reports due were approved on time.

104 projects were monitored through remote call monitoring, third party monitoring or SHF/OCHA staff project visits and desk reviews in line with COVID-19 flexibility CBPF guidelines.

#### Analysis

The completed monitoring activities accounted for 100 per cent of the target, sustaining the same full compliance achieved in the previous year. The monitoring was conducted for 17 high-risk, 72 medium-risk and 15 low-risk partners across different locations and clusters 85 per cent (104 out of 123) of audits required were completed on time in 2020. This is a significant improvement from last year results at 69 per cent.

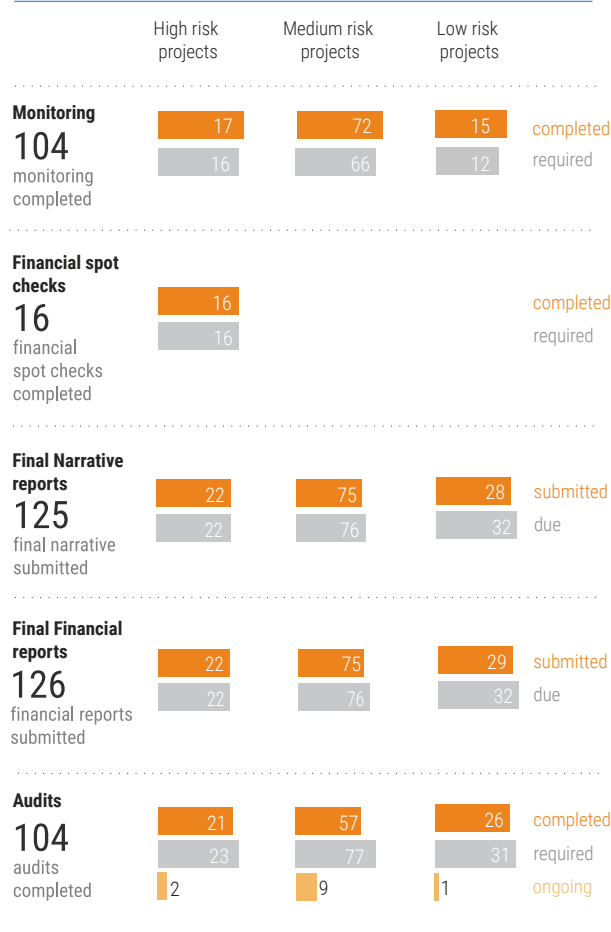
The SHF applied flexibility in its assurance mechanisms to deal with COVID-19 measures that restricted physical presence in partner offices and project sites. Monitoring was conducted through a combination of third-party contractors,

desktop reviews and site visits. Financial spot checks and audits were conducted remotely. Where there was need for verification, additional third-party verifications, such as field visits and call monitoring, were conducted. Towards the end of 2020, field visits were gradually increased, with missions to selected sites of implementation.

#### Follow up actions

Fund management will continue following up on assurance measures to sustain the high compliance rates achieved in 2020. In this regard a mix of monitoring modalities, both remote and field based, will be applied especially in view of the restrictions occasioned by COVID-19 pandemic which continues to limit presence and mobility.

### PROGRESS ON RISK MANAGEMENT ACTIVITIES





**PRINCIPLE 5**

**ACCOUNTABILITY AND RISK MANAGEMENT**

**19 Accountability and risk management of implementing partners**

CBPF Funding is allocated to partners as per the identified capacity and risk level.

**Target**

New partners are assessed to ensure a portfolio of capable eligible partners able to address geographical coverage and attrition gaps.

**Results**

Twenty new partners were assessed and became eligible SHF partners in 2020. The capacity of partners was rigorously tested in several areas, including on governance, programme management, funding, coordination and partnerships, financial management, human resources management, logistics, and monitoring & evaluation. These partners have been trained on several thematic areas that are necessary for implementation including programme management, financial management, accountability, fraud awareness and presentation, use of the grants management system and other cross-cutting issues. Whereas partners are assigned risk ratings because of capacity assessment exercises, the ratings are continually adjusted based on several performance indicators during implementation. Funds were allocated for 73 projects to be implemented by 47 partners in 2020. Five of these partners were rated high-risk, 34 were rated medium-risk and 8 were rated low-risk. 155 partners had continuing projects in 2020. Risk ratings were adjusted for 22 out of 39 partners. Risk ratings did not require adjustment for 116 partners.

**Analysis**

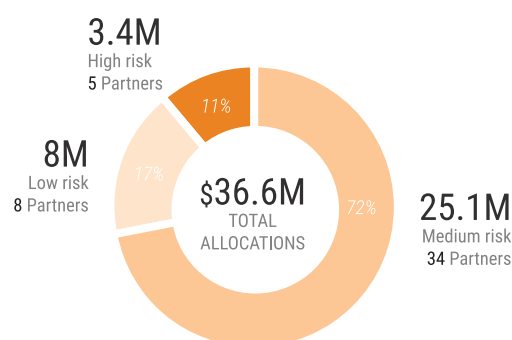
In 2020, low-risk partners accounted for 17 per cent of implemented projects, medium-risk partners for 72 per cent and high-risk partners for 11 per cent of implemented projects demonstrating good risk distribution.

**Follow up actions**

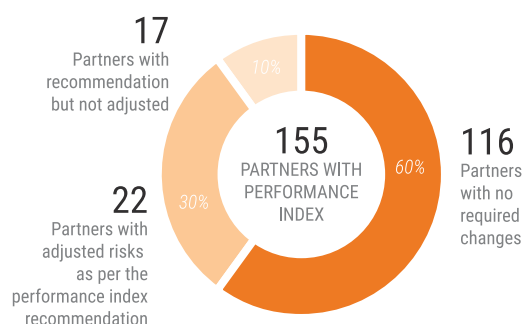
SHF will continue working towards expanding the pool of its eligible partners as determined appropriate by the context. Using analysis of the current partners' portfolio, mainly their geographic and cluster coverage, and incorporating cluster inputs for prioritization of new partners will inform decisions on selecting new partners. This will allow for an informed and adaptive implementation of future partner capacity assessments, ensuring that the Fund has enough partners with the necessary capacity to support an effective humanitarian response across Somalia.

**IMPLEMENTATION BY PARTNER RISK LEVEL TYPE**

IMPLEMENTATION BY PARTNER RISK LEVEL TYPE

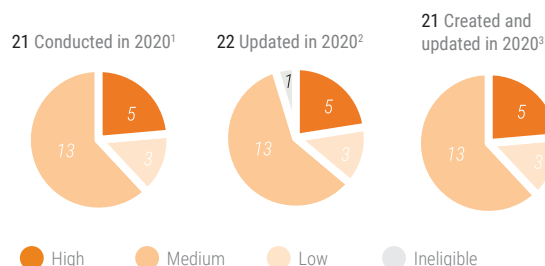


**UPDATED RISK LEVEL BASED ON PERFORMANCE INDEX**



**NUMBER OF CAPACITY ASSESSMENT CONDUCTED**

**21** New capacity assessments conducted during the year



<sup>1</sup> Capacity assessment is created and conducted in 2020  
<sup>2</sup> Capacity assessment is only revised in 2020, regardless of what year it was created  
<sup>3</sup> Capacity assessment is created, conducted and revised in 2020

## PRINCIPLE 5

# ACCOUNTABILITY AND RISK MANAGEMENT

### 20 Accountability and risk management of funding

Appropriate oversight and assurances of funding are administered through CBPFs.

#### Target

Full compliance with CBPFs standard operating procedures (SOPs) on Response to Concerns of Fraud or Misuse of Funds by Partners.

#### Results

New cases involving 5 partners of the SHF were opened in 2020. Cases involving 22 partners were ongoing at the end of 2020. Assurance measures (audits and investigations) were ongoing for 9 partners and final reports were under review for 4 of these partners.

The SHF remained transparent to its donors in sharing information on compliance cases. Overviews of cases of fraud and non-compliance were shared with SHF donors semi-annually at country level in 2020.

#### Analysis

There has been a gradual decline in the number of new cases opened between 2018 and 2020 due to increased awareness on fraud prevention and detection measures as a result of capacity building work by the SHF. Whereas this is the case, SHF accountability mechanisms continue to be vigilant in uncovering and addressing new schemes of fraud including double-billing, falsification of documents (on a reducing scale), collusions, conflicts of interest and bid-rigging among other forms of fraud.

Providing consistent levels of assurance was especially challenging due to the combined effects of the outbreak of the COVID-19 pandemic and a deteriorating security environment in Somalia in 2020. Monitoring was conducted through a combination of third-party visits, call monitoring, desktop reviews and site visits. Financial spot checks and audits were conducted remotely with limited on-site activity. Where there was need for verification, additional third-party verifications such as field visits and call monitoring were conducted. Towards the end of 2020, on-site field visits were gradually increased with missions to selected sites of implementation.

#### Follow up actions

The SHF will continue improving accountability through lessons learnt to ensure that all instances of potential diversion or fraud are prevented and responded to in line with CBPFs standard operating procedures (SOPs) on Response to Concerns of Fraud or Misuse of Funds by Partners.



**Reported cases:** # of incidents (allegation, suspected fraud, confirmed fraud, theft, diversion, looting, destruction, etc.) in 2020, either open or closed.

**On going cases:** # of incidents for which measures (inquiry, assurance, measures, settlement etc.) were still on going.

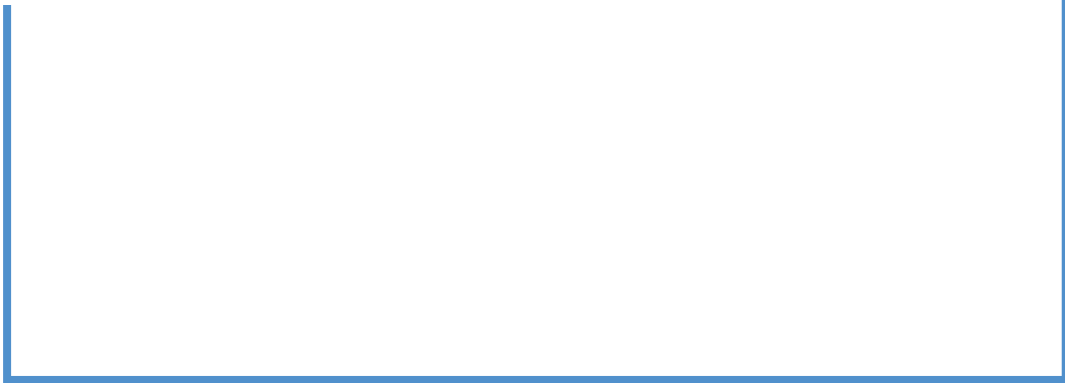


**SHF 2020 ANNUAL REPORT**

# **ACHIEVEMENTS BY CLUSTER**

This section of the Annual Report provides a brief overview of the SHF allocations per cluster, targets and reported results, as well as lessons learned from 2020.

The cluster level reports highlight indicator achievements against planned targets based on narrative reports submitted by partners within the reporting period, 1 February 2020 to 31 January 2021. The achievements indicated include reported achievements against targets from projects funded in 2018, 2019 and/or 2020, but whose reports were submitted between 1 February 2020 and 31 January 2020. The bulk of the projects funded in 2020 are still under implementation and the respective achievements against targets will be reported in the subsequent SHF reports.



## ACHIEVEMENTS BY CLUSTER

## EDUCATION



## CLUSTER OBJECTIVES

**Objective 1:** Ensure emergency and crisis-affected children and youth have access to safe and protective learning environment.

**Objective 2:** Ensure vulnerable children and youth are engaged in life-saving learning that promotes personal well-being and social cohesion

**Objective 3:** Strengthened capacity to deliver effective and coordinated education in emergencies preparedness and response within the education system.

## LEAD ORGANIZATIONS

UNICEF, Save the Children

## Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$1.5M</b>	<b>5</b>	<b>5</b>

TARGETED PEOPLE <sup>1</sup>	WOMEN	MEN
<b>37,481</b>	<b>10,996</b>	<b>16,485</b>
	GIRLS	BOYS
	<b>5,000</b>	<b>5,000</b>

## Results reported in 2018-2019

	ALLOCATIONS <sup>1</sup>	PROJECTS	PARTNERS
2018	<b>\$1.5M</b>	<b>4</b>	<b>4</b>
2019	<b>\$3.4M</b>	<b>9</b>	<b>9</b>

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Children provided with learning supplies	48,016	43,893	91
No of children with access to safe drinking water, latrines and school feeding.	71,681	69,909	98
Children enrolled in protected learning spaces.	11,252	9,787	87
Teachers benefitting from emergency monthly incentives.	870	824	95

The Education Cluster received funds to improve the quality and access to education for both IDP and host community children in South Central Somalia. The Cluster partnered with both the Protection and WASH Clusters to ensure a holistic protective and enabling environment for retention was created. This was also strengthened by the provision of teacher incentives to reduce the cost of education to families, and the establishment or restoration of temporary spaces and learning supplies. The provision of child protection training for teachers and community education committee members (CECs) further solidified safe learning environments, with referral pathways being established for children who needed them.

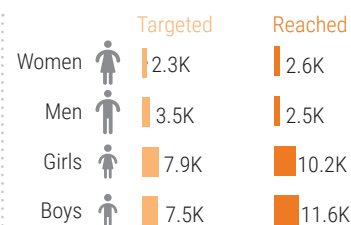
In 2020, flooding affected access to many schools, hampering school attendance as many children's families lost their shelters and were temporarily displaced. School infrastructure was also destroyed-necessitating urgent repairs. These challenges were compounded by COVID-19 restrictions placed by the Federal Government that resulted in temporary closures.

## PEOPLE TARGETED

**21,249**

## PEOPLE REACHED

**26,915**



<sup>1</sup> Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.



**Location** Bardhere,  
Gedo region.  
Credit: HIRDA

## Community Prioritizes Education

Isaack Jama is an average middle-income resident in Bardhere, Gedo region. He is the head teacher of Kurman Primary school, located in a region supported by HIRDA organization.

Most of the population in the region are IDPs who depend on livestock as a source of income. Due to adverse climatic conditions, such as the drought in 2017, many in the community lost their livestock and their livelihood. Loss of income affected parents' ability to pay fees, and schools could no longer pay their teachers' salaries. Children dropped out of school to work and support their families. Isaack explains that this was a sad period because the whole community regressed in many ways.

In 2019-2020, HIRDA organization launched and implemented the Education response for drought-affected school-aged children project funded by SHF. The situation greatly improved. Teachers received an incentive of \$150 each, and training was provided to community education

committees, teachers and child protection focal points to build their capacity. Moreover, the children were provided with learning materials and meals at school, which motivated them to remain in school. Child clubs were introduced and children were kept engaged with diverse activities.

The parents are supportive of the school's new club activities and feeding programs. The project reflects the community's needs, as most of its activities were identified and selected by the community.

*"I was among the project beneficiaries as I received training and incentives from the project. My children have also benefited from the project as they were provided with learning materials, they benefitted from the feeding programs and engaged in club activities organized by the children's' clubs. I am also a member of the community education committee."* said Isaack Jama.

## ACHIEVEMENTS BY CLUSTER

## FOOD SECURITY &amp; LIVELIHOODS



## Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$3.9M</b>	<b>10</b>	<b>9</b>

TARGETED PEOPLE <sup>1</sup>	WOMEN	MEN
<b>28,885</b>	<b>8,376</b>	<b>8,092</b>
	GIRLS	BOYS
	<b>6,337</b>	<b>6,080</b>

## Results reported in 2020

	ALLOCATIONS <sup>1</sup>	PROJECTS	PARTNERS
<b>2018</b>	<b>\$0.4M</b>	<b>1</b>	<b>1</b>
<b>2019</b>	<b>\$6.1M</b>	<b>16</b>	<b>16</b>
<b>2020<sup>1</sup></b>	<b>\$0.7M</b>	<b>2</b>	<b>2</b>

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of households supported with livelihood inputs (agriculture, livestock and fishers)	3,480	3,694	106
Number of people in crisis and IDPs receiving unconditional support to improve access to food	65,938	67,918	103
Number of households with improved food consumption score and access to other social services due to participation in cash for work activities.	700	700	100

## CLUSTER OBJECTIVES

**Objective 1:** To improve immediate access to food. Priority activities include both unconditional and conditional transfers to people facing severe levels of food insecurity (IPC 3 and above).

**Objective 2:** To protect and restore livelihoods related to food and income sources of acutely food-insecure people, including rural IDPs (IPC 2 and above).

**Objective 3:** To enhance the resilience of vulnerable populations against shocks through capacity-building of local communities and authorities to prepare for, mitigate and respond to new and recurrent food security threats.

## LEAD ORGANIZATIONS





## FAO, WFP

The support provided by the SHF improved access to food for drought- and flood-affected vulnerable and underserved communities, mainly through the provision of unconditional and conditional cash transfers. The Cluster further enhanced the livelihoods of vulnerable farmers through the provision of seasonal agricultural support packages (seeds, tools and ploughing support) and emergency livestock protection (fodder and vaccinations). These activities were complemented with training sessions in kitchen garden farming and the rehabilitation of key livelihood assets through cash-for-work in strategically selected locations. These complementary livelihood activities aimed to provide immediate food access and financial security by preserving the livelihoods of agropastoral and non-agropastoral vulnerable communities.

Some challenges faced included COVID-19, which brought about restrictions that affected the supply chain and increased food prices; the second wave of the locust infestation, which further devastated crops; and flooding, which caused damage to property, destruction of crops and loss of livestock. The SHF supported the Cluster to respond to these shocks, which included the integration of COVID-19 messaging and the provision of PPE. Additionally, mobile cash transfers were identified as an effective and efficient way of distributing support considering the COVID-19 restrictions.

## PEOPLE TARGETED

25,545

	Targeted	Reached
Women 	6.7K	6.6K
Men 	7.8K	8.1K
Girls 	5.6K	9.1K
Boys 	5.5K	9.7K

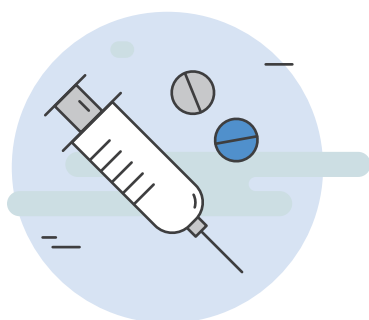
## PEOPLE REACHED

33,611

<sup>1</sup> Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

## ACHIEVEMENTS BY CLUSTER

## HEALTH



## CLUSTER OBJECTIVES

**Objective 1:** Improve access to essential lifesaving health services for crisis-affected populations aimed at reducing avoidable morbidity and mortality.

**Objective 2:** Contribute to the reduction of maternal and child morbidity and mortality among crisis-affected and host populations.

**Objective 3:** Strengthen emergency preparedness and response capacity at all levels in order to mitigate and respond to communicable disease outbreaks in an efficient, coordinated and timely manner.

## LEAD ORGANIZATION

## WHO

SHF early funding to the COVID-19 response at the De Martino Hospital reinforced case management and prevention activities, by engaging qualified medical staff and providing life-saving mechanical ventilators. SHF funding also aided the continuation of essential health services during the COVID-19 response. Partners also scaled up and enhanced the quality of integrated services of GBV (CMR), mental health and psychosocial support in both IDP camps and host communities. This was achieved through timely, life-saving services including clinical care for sexual assault survivors (CCSAS), case management and psychosocial support services which are integrated with health care. SHF projects also furthered the mitigation of acute watery diarrhoea (AWD) and cholera outbreaks through the scale-up of early warning systems (EWARs), case management, and filling critical health gaps.

## Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$6.1M</b>	<b>14</b>	<b>14</b>

TARGETED PEOPLE <sup>1</sup>	WOMEN	MEN
<b>82,238</b>	<b>20,010</b>	<b>15,916</b>
	GIRLS	BOYS
	<b>23,157</b>	<b>23,155</b>

## Results reported in 2017-2018-2019

	ALLOCATIONS <sup>1</sup>	PROJECTS	PARTNERS
2017	<b>\$0.3M</b>	<b>1</b>	<b>1</b>
2018	<b>\$1.8M</b>	<b>7</b>	<b>6</b>
2019	<b>\$4.3M</b>	<b>12</b>	<b>11</b>

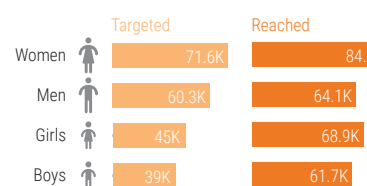
OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of health facilities supplied with drugs and medical equipment during the project period.	8	8	100
Number of children under age 5 and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).	149,834	178,857	119
Number of outpatient consultations per person per year (attendance rate or consultation rate).	73,610	106,970	145

## PEOPLE TARGETED

**215,950**

## PEOPLE REACHED

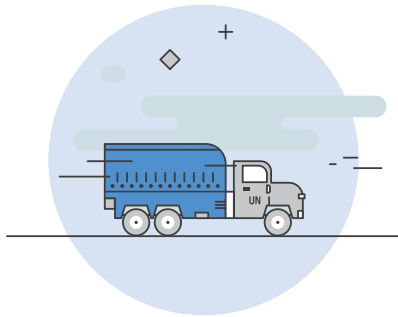
**278,896**



<sup>1</sup> Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

**ACHIEVEMENTS BY CLUSTER**

**LOGISTICS**



**CLUSTER OBJECTIVES**

**Objective 1:** Preserve the ability of the most vulnerable and affected people to meet the additional food consumption and other basic needs caused by the pandemic, through their productive activities and access to social safety nets.

**Objective 2:** Ensure essential health services and systems, secure the continuity of essential health services and related supply chain for the direct public health responses to the pandemic, as well as other essential health services.

**Objective 3:** Prepare and be ready: prepare populations for measures to decrease risks and protect vulnerable groups, including older people and those with underlying health conditions as well as health services and systems.

**LEAD ORGANIZATION**

**WFP**

**Allocations in 2020**

<b>TARGETED PEOPLE<sup>1</sup></b>	<b>WOMEN</b>	<b>MEN</b>
	<b>0</b>	<b>30</b>
<b>30</b>	<b>GIRLS</b>	<b>BOYS</b>
	<b>0</b>	<b>0</b>

The Logistics Cluster was revived in April 2020 after the HRP had been published. Thus, projects funded were placed under the Enabling Programmes Cluster as they provided a common service.

In 2020, UNHAS received \$2 million to provide critical airlifting and passenger services during the COVID-19 pandemic and in response to the floods in south central Somalia within a restricted access environment. The project conducted air cargo flights to carry essential commodities to flooded areas whose road networks had been destroyed or inundated but required essential commodities to respond to flood affected communities.

<sup>1</sup> Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.



## ACHIEVEMENTS BY CLUSTER

# CAMP COORDINATION AND CAMP MANAGEMENT



## CLUSTER OBJECTIVES

**Objective 1:** Improve living conditions of displaced people through site development, care and maintenance.

**Objective 2:** Strengthen community self-management and access to information for displaced populations.

**Objective 3:** Support opportunities for displaced people to achieve durable solutions.

## LEAD ORGANIZATION

IOM

### Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$2.2M</b>	<b>8</b>	<b>6</b>

TARGETED PEOPLE <sup>1</sup>	WOMEN	MEN
<b>93,429</b>	<b>26,223</b>	<b>17,868</b>
	GIRLS	BOYS
	<b>34,889</b>	<b>14,449</b>

### Results reported in 2018-2019

	ALLOCATIONS <sup>1</sup>	PROJECTS	PARTNERS
<b>2018</b>	<b>\$1.2M</b>	<b>5</b>	<b>4</b>
<b>2019</b>	<b>\$2M</b>	<b>8</b>	<b>5</b>

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Establishment/reinforcement of community mechanisms for communication channels (centres of information/centres of communication/centres of coordination.	95	225	237
Number of committees trained in site planning and maintenance.	10	11	110
Number of camp management committee members trained on CCCM principles.	538	570	106

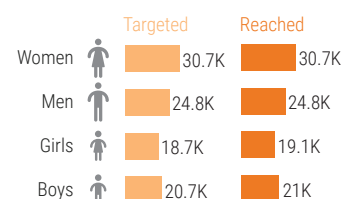
The SHF funding for CCCM Cluster partners supported displaced populations through multiple channels. These were: 1. strengthening safe access to multisectoral services at the site level through improved site management and coordination; 2. ensuring community participation empowerment through consistent engagement. Partners strengthened complaint and feedback mechanisms and encouraged all actors to prioritize communication with communities (CwC). This served to mitigate exclusion based on ethnicity, age, disability and gender, while ensuring the participation of all groups in decision-making processes. Additionally, projects aimed at spreading COVID-19 awareness and disseminated information. This ensured that IDPs were aware of the risks, symptoms and modes of transmissions of COVID-19 and understood the appropriate mitigation measures to reduce the risks.

## PEOPLE TARGETED

**94,975**

## PEOPLE REACHED

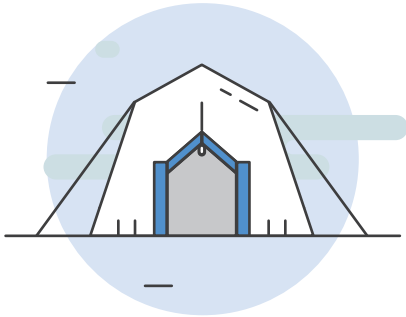
**95,551**



<sup>1</sup> Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

## ACHIEVEMENTS BY CLUSTER

## SHELTER &amp; NON-FOOD ITEMS



## Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$6.3M</b>	<b>9</b>	<b>7</b>

TARGETED PEOPLE <sup>1</sup>	WOMEN	MEN
<b>37,541</b>	<b>13,560</b>	<b>10,170</b>
	GIRLS	BOYS
	<b>7,111</b>	<b>6,700</b>

## Results reported in 2018-2019

	ALLOCATIONS <sup>1</sup>	PROJECTS	PARTNERS
<b>2018</b>	<b>\$1.1M</b>	<b>3</b>	<b>3</b>
<b>2019</b>	<b>\$4.3M</b>	<b>7</b>	<b>5</b>

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of newly displaced people in need receiving ESKs.	10,148	11,900	117
Number of those in need receiving NFIs through direct distributions.	31,800	31,800	100
Number of Households receiving solar lamps.	2,450	2,450	100

## CLUSTER OBJECTIVES

**Objective 1:** Ensure that 1,300,000 persons affected by conflict and natural disasters have protection from the weather and privacy through provision of emergency shelter and NFIs.

**Objective 2:** Contribute to resilience and improve the living conditions of 400,000 affected population through improved housing and related community infrastructure.

**Objective 3:** Improve the quality of shelter and NFI assistance and ensure accountability through effective complaint and feedback mechanisms.

## LEAD ORGANIZATION

UNHCR

The Shelter/NFI support focused on assisting and improving the living conditions of IDPs affected by both floods and political conflicts, providing them with emergency shelter kits and NFIs. The SHF fund supported expansion of existing sites where additional land was available, by rearranging shelters where feasible. Construction of emergency shelters and provision of NFI kits help to decongest sites and shelters, thus reducing the risk of disease transmission. In 2020, the SHF funds supported IDPs through alternative modalities, such as cash/voucher systems where market systems were functional, and technical support to develop their own shelter. Accountability was improved through post-distribution monitoring (PDM).

Complementarity and integration with other clusters was important, particular for the Protection Cluster to strengthen the HLP (Housing Land and Property) approach, including tenure security and gender mainstreaming, as well as disability inclusion in both the response and its monitoring. The Shelter Cluster worked with the CCCM Cluster and WASH Cluster to plan IDP sites and the provision of community infrastructure.

## PEOPLE TARGETED

**58,830**

	Targeted	Reached
Women	14.5K	14.7K
Men	11.3K	11.5K
Girls	16.4K	16.6K
Boys	16.6K	17.4K

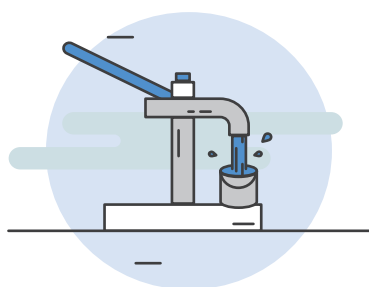
## PEOPLE REACHED

**60,178**

<sup>1</sup> Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

## ACHIEVEMENTS BY CLUSTER

## WATER, SANITATION &amp; HYGIENE



## CLUSTER OBJECTIVES

**Objective 1:** Deliver life-saving WASH assistance to reduce acute needs among the most vulnerable settlements and communities.

**Objective 2:** Provide or restore sustainable access to safe water services in targeted settlements and communities.

**Objective 3:** Reduce risks of violence against women, children and other vulnerable groups when accessing WASH services.

## LEAD ORGANIZATION

UNICEF

## Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$7.6M</b>	<b>17</b>	<b>17</b>

TARGETED PEOPLE <sup>1</sup>	WOMEN	MEN
<b>47,457</b>	<b>18,650</b>	<b>11,371</b>
	GIRLS	BOYS
	<b>9,710</b>	<b>7,726</b>

## Results reported in 2018-2019

	ALLOCATIONS <sup>1</sup>	PROJECTS	PARTNERS
<b>2018</b>	<b>\$5.6M</b>	<b>15</b>	<b>12</b>
<b>2019</b>	<b>\$9.2M</b>	<b>16</b>	<b>15</b>

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of people with access to emergency sanitation facilities.	17,104	18,832	110
Number of newly community Borehole drilled, fully equipped and newly constructed/installed water supply structures.	24,000	24,000	100
Number of people benefiting from water treatment	13,600	13,600	100

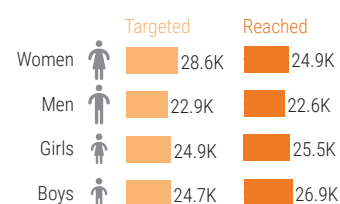
The SHF funding for the WASH Cluster focused on sustaining WASH by providing access to safe water, hygiene and sanitation for vulnerable communities through construction of the water pans, drilling and equipping of major boreholes, repair and rehabilitation of existing strategic water points and construction of new water sources, desludging of latrines and scaling up of hygiene promotion activities in IDP settlements to reduce the risks of WASH-related mortality and morbidity.

To broaden the impact of response, the WASH Cluster integrated some of its projects, installing and rehabilitating WASH infrastructure in health and nutrition facilities and delivering basic WASH services that included provision of hand washing facilities at health centres to enhance hygiene practises and reduce the risk of AWD/cholera. With the Education Cluster, WASH partners addressed infrastructure gaps in schools, contributing to school retention by identifying and targeting communities and settlements with high incidences of diarrhoeal diseases, where children must walk long distances to fetch water and/or where they're at risk when they access communal facilities. With the Food Security Cluster, partners ensured that safe water is provided to the beneficiaries of food programmes. They also ensured that water supply systems are well-designed to prevent contamination and deliver sufficient quantities of safe water for human consumption where infrastructures are also used for animal consumption and agriculture.

## PEOPLE TARGETED

**101,043**

## PEOPLE REACHED

**99,946**

<sup>1</sup> Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

Location Jowhar  
Credit: Axiom ME



## Impacts of integrated projects CfW and WASH

Ilyas Muse, a father of seven, was among the beneficiaries of a SHF-funded PAH project that provided assistance to flood-affected communities in Jowhar, including WASH support in Bulobisharo village, complemented by Cash for Work (CfW) to offer livelihood support.

Ilyas works as casual laborer in farms and at construction sites. Due to his casual employment status, he usually goes to Jowhar town in search of work to support his family,

Ilyas explains that in addition to lack of steady livelihood, the village suffered from poor sanitation due to lack of facilities. As a CfW beneficiary of the PAH project, Ilyas and his seven co-workers were tasked to construct 4 out of the 8 latrines marked for construction. The task was accomplished in two days and Ilyas and his co-workers received \$48 as compensation.

Although the money was not a lot, it was useful as Ilyas explains.

*"The received cash was not much, it was appreciated as it filled a financial gap. I spent it to cover my family's needs at that time"*

Over and above the financial benefits from CfW, Ilyas says the overall objectives of the project responded to the actual needs that existed in the community. According to Ilyas, the project was instrumental in addressing WASH-related challenges. It rehabilitated 4 shallow wells, constructed 8 latrines and 3 more special latrines for people with disability in Bulobisharo, thus greatly improving sanitation in the village.

Ilyas admits that the project helped improve water and sanitation access for the community and invested in training of WASH committee members.

## ACHIEVEMENTS BY CLUSTER

## NUTRITION



## Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$2M</b>	<b>8</b>	<b>8</b>

TARGETED PEOPLE <sup>1</sup>	WOMEN	MEN
<b>54,532</b>	<b>16,718</b>	<b>6,538</b>
	GIRLS	BOYS
	<b>15,638</b>	<b>15,638</b>

## Results reported in 2018-2019

ALLOCATIONS <sup>1</sup>	PROJECTS	PARTNERS
2018 <b>\$1.3M</b>	<b>7</b>	<b>7</b>
2019 <b>\$0.4M</b>	<b>2</b>	<b>2</b>

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of boys and girls admitted into OTP (outpatient therapeutic programme).	2,887	3,895	135
Number of caregivers of IMAM beneficiaries receiving messages on IMAM programming at health facility and community outreach sites.	20,145	30,738	153
Number of pregnant and lactating women (PLW) receiving micronutrients.	20,935	21,742	104

## CLUSTER OBJECTIVES

**Objective 1:** Strengthen life-saving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.

**Objective 2:** Improve equitable access to quality life-saving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases.

**Objective 3:** Strengthen robust evidence-based system for nutrition with capacity in decision-making to inform needs-based programme.

**Objective 4:** Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming, including nutrition sensitive actions.

## LEAD ORGANIZATIONS

UNICEF, WFP

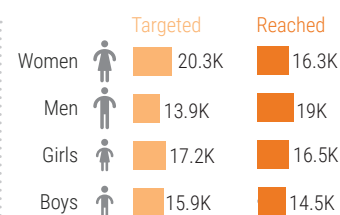
The year saw a continued high national malnutrition caseload among children under age 5 and moderately malnourished pregnant and lactating mothers (PLWs). The SHF fund supported recovery among acutely malnourished children and PLWs (GAM>15%) with provision of Outpatient Therapeutic Programmes/Supplementary Feeding Programmes (OTP/SFP), appropriate referral for care and treatment. The cluster addressed high morbidity, low immunization and micronutrient support for vulnerable groups (children U5 & PLW) with vitamin A and Multiple Micronutrient (MMN) supplementation. Health and Nutrition clusters in the Integrated Emergency Response Team (IERT) package directed SHF funding to mobile medical services for hard-to-reach displaced populations. Partners scaled up outbreak warnings through Early Warning Alert and Response (EWAR) and case management of epidemic-prone diseases. Treatment of children U5 (SAM) without medical complications through outpatient centres while stabilization centres treated children (6-59 months) with SAM + Medical complications.

## PEOPLE TARGETED

**67,307**

## PEOPLE REACHED

**66,366**



<sup>1</sup> Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.



## Mother Groups improving nutrition outcomes

**Hawo Hassan<sup>1</sup>** is a 30-year-old mother of four girls and two boys, and a lead member of the Mothers' Group in Jimale camp in Hargeisa district. The group was established in late 2019 as part of SHF-funded Save the Children's provision of life-saving treatment and prevention of acute malnutrition among children, pregnant and lactating women in Awdal, Waqooyi Galbeed and Nugal regions. It aims to train women, who in turn transfer what they have learned from Mid upper-arm circumference (MUAC) and Infant and Young Child Feeding (IYCF) training to other mothers in the community.

Hawo attended the training, where she became an active participant and was selected to be a lead mother. She has since been involved in screening children and mothers for malnutrition using the MUAC method. She has gained experience by screening different types of malnutrition using MUAC for children of all ages. She also supports lactating and pregnant women in group sessions or through home visits.

Before the project, there were many challenges in the community when it came to pregnancy and infant care. Women delivered their babies at home without the assistance of a midwife. Also, lactating mothers breastfed their babies for three months, but then switched to water and other milk, resulting in infants with health problems. Additionally, there was limited knowledge on nutritional foods for children and the importance of breast-feeding for babies up to 6 months. Mothers and children were generally not healthy according to Hawo:

*"This project has contributed to the improved future of nutrition in the community especially in child and mother's nutrition."*

Hawo noticed that pregnant women are making efforts to become more aware of their health, and lactating women are continuing to breast feed their children until they reach 6 months. These changes are a result of awareness-sessions in the communities and health facilities.

Mothers can be skeptical at first, Hawo noticed but become willing to access services with some convincing on the importance of the health services offered at health facilities. Hawo is keen to improve her skills and capacity for her role as lead mother. She would like to receive additional training and continue participating in community campaigns to improve mother and child nutrition.

Location CEDA  
Nutrition Center  
Credit: OCHA /  
RMaingi

<sup>1</sup>Not a real name

## ACHIEVEMENTS BY CLUSTER

## PROTECTION



## CLUSTER OBJECTIVES

**Objective 1:** To address the acute protection needs of the women, girls and boys who require rapid support.

**Objective 2:** To enable recovery, improve positive coping strategies, restore the dignity of individuals and communities who have survived violence, neglect, abuse and exploitation, and prevent further violations.

**Objective 3:** To support the implementation of the Kampala Convention, which enshrines the protection and assistance of IDPs in Africa, and its integration into the national normative and policy framework.

## LEAD ORGANIZATIONS

## UNHCR, DRC

## Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
<b>\$4.4M</b>	<b>16</b>	<b>12</b>

TARGETED PEOPLE <sup>1</sup>	WOMEN	MEN
<b>55,675</b>	<b>17,224</b>	<b>19,106</b>
	GIRLS	BOYS
	<b>10,455</b>	<b>8,890</b>

## Results reported in 2020

	ALLOCATIONS <sup>1</sup>	PROJECTS	PARTNERS
<b>2018</b>	<b>\$1.5M</b>	<b>5</b>	<b>5</b>
<b>2019</b>	<b>\$5.5M</b>	<b>16</b>	<b>13</b>
<b>2020<sup>1</sup></b>	<b>\$0.3M</b>	<b>1</b>	<b>1</b>

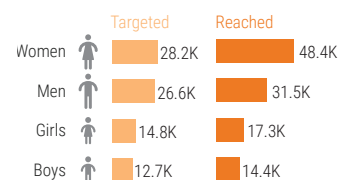
OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of UASC girls and boys supported with case management services (tracing and reunification, referral to services, follow-up visits)	785	1,001	128
Number of UASC girls and boys supported with case management services (tracing and reunification, referral to services, follow-up visits)	300	359	120
Number of households protected from forced eviction threats through preventive engagements	1,500	4,349	290

The SHF support to the Protection Cluster improved the protection and provision of services for IDPS, extremely vulnerable and at-risk populations. The SHF responded to protection concerns related to GBV, child protection (family separation), forced evictions, and explosive ordnance, with the aim to enhance protection, increase safety and promote dignity. Flood-affected unaccompanied, separated and vulnerable children were provided with case management support aimed at reunification with their families through Identification, Documentation, Tracing and Reunification interventions; and referral pathways and child-friendly spaces were established. GBV survivors were provided with immediate life-saving services through clinical care, case management, psychosocial support and material support at static and mobile safe spaces and clinics. Evicted persons were provided with specialized support through mobile legal aid clinics to respond to legal obstacles central to the protection, to prevent unlawful evictions, and to advocate for lawful eviction processes. In addition, there was enhanced monitoring and reporting of displacements, and support provided to displaced communities to recover and cope with the impact of floods.

**Challenges:** COVID-19 movement and social gathering restrictions.

## PEOPLE TARGETED

82,260



## PEOPLE REACHED

111,597

<sup>1</sup> Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

**SHF 2020 ANNUAL REPORT**

# ANNEXES

Annex A About the Somalia Humanitarian Fund

Annex B Allocations by recipient Organization

Annex C SHF Funded projects

Annex D SHF Advisory Board

Annex E Acronyms & Abbreviations



## ANNEX A

# ABOUT THE SOMALIA HUMANITARIAN FUND

### SHF basics

The SHF is a multi-donor CBPF established in 2010 to support the timely allocation and disbursement of donor resources to address the most urgent humanitarian needs and assist the most vulnerable people in Somalia.

The SHF is a crucial tool to enable timely, coordinated and effective humanitarian operations in the country. It is distinguished by its focus, flexibility, the ability to boost responses through targeted allocations and its contribution to strengthening humanitarian coordination and enabling leadership.

The Humanitarian Coordinator (HC) for Somalia oversees the Fund and decides on the SHF funding allocations. The HC is supported by the UN Office for the Coordination of Humanitarian Affairs (OCHA) that manages the Fund on a day-to-day basis, the SHF Advisory Board (SHF AB) and the Somalia cluster coordination structure - cluster coordinators and the Inter-Cluster Coordination Group (ICCG).

### What does the SHF fund?

The SHF funds activities that have been prioritized as the most urgent and strategic to address critical humanitarian needs in the country, in close alignment with the Somalia HRP; it also funds interventions in support of immediate response to sudden onset crises or at times of rapidly deteriorating humanitarian conditions in the country. The SHF deeply integrated in the Somalia humanitarian coordination system, offers its comparative advantage in response to underlying causes of crises in Somalia and enhances the principles of collective responsibility.

### Who can receive SHF funding?

The SHF channels funding to eligible national and international non-governmental organizations (NGOs), United Nations agencies, funds and programmes (UN AFPs) operational in Somalia, and other organizations. SHF funds are channelled through partners that are best-placed to deliver prioritized activities in accordance with the agreed strategies and humanitarian principles in a timely and effective manner. To be eligible to receive SHF funding, NGOs need to undergo a rigorous capacity assessment to ensure they have in place the necessary structures and capacities to meet the Fund's robust accountability standards and efficiently implement humanitarian projects in Somalia.

### Who sets the Fund's priorities?

The HC, in consultation with the SHF AB and upon recommendation by the ICCG, decides on the most critical needs to be funded. Cluster coordinators work with their regional counterparts and cluster partners to define the SHF cluster-specific priorities in prioritized geographical areas, which are reflected in individual allocation strategies. Annual priorities are set by the SHF AB in the form of *Principles guiding allocations*.

### How are projects selected for funding?

The SHF has two allocation modalities:

**Standard Allocation:** Funds are usually allocated early in the year for projects included in the Somalia HRP, based on a strategy that identifies the greatest priority needs underpinned by vulnerability data and needs analysis. The strategy is developed by the ICCG, approved by the HC and endorsed by the SHF AB and forms the basis for individual project submissions. Project proposals are prioritized and vetted within clusters through Strategic Review Committees (SRCs) and then recommended to the SHF AB for endorsement and final approval by the HC.

**SHF Reserve:** Reserve funds are primarily intended for rapid and flexible allocations of funding in the event of unforeseen emergencies or to address identified gaps. These funds can be allocated through individual reserve allocations or broader allocation rounds and are usually slightly faster and more geographically focused. They must be cleared by individual cluster coordinators before undergoing a technical review, endorsement and approval by the SHF AB and the HC.

### Who provides the funding?

The SHF is funded through contributions from UN Member States but can also receive contributions from individuals and other private or public sources. Since its inception in 2010, the Fund has received more than \$578 million in contributions.

### How is the efficient and accountable use of the SHF funds ensured?

Through pooling and mitigating the multi-layered risks of humanitarian operations in Somalia, the SHF has maintained its comparative advantage as an attractive tool that enables donors to channel funds regardless of the nature, location or mode of delivery of the response. The SHF Accountability Framework outlines measures to increase accountability and mitigate risks. It comprises interlinked pillars which include capacity and performance assessment and risk assignment; project monitoring (field and remote) and financial spot checks; financial and programmatic reporting; project audits and evaluations.

The dynamic nature of the Framework ensures that it is continuously updated with the most recent partner performance information, which complements other components to reflect the overall capacities of and risks associated with individual SHF partners.

Operationally, the Framework follows and complements the SHF allocation process from the prioritization areas and clusters, the selection of projects and partners, to the implementation of the project at the field level, including its subsequent reporting, audit and monitoring.

The practical assurance modalities applicable for each individual project are thus determined through the minimum operational modalities - parameters that define the amount and the frequency of financial tranches received by the implementing partner, monitoring frequency and modality, and financial controls that need to be applied.

### Who manages the SHF?

The HC is responsible for the overall management of the SHF and is accountable for the use of funds. The SHF AB, chaired by the HC and comprising equal number of UN AFP, NGO and donor representatives, and OCHA Somalia's Head of Office, advises on the use of funds and the governance of the SHF.

OCHA Somalia's Humanitarian Financing Unit (HFU) manages the Fund on a day-to-day basis on behalf of the HC. OCHA contracts and disburses SHF funds to non-governmental implementing partners.

### What rules govern the SHF?

The SHF is guided by the global Country-Based Pooled Fund Guidelines, which include the CBPF Policy Instruction and the global Operational Handbook. This guidance is reflected in the localized SHF Operational Manual. The funds contracted to partners are further subject to the United Nations Financial Regulations and Rules (FRR).

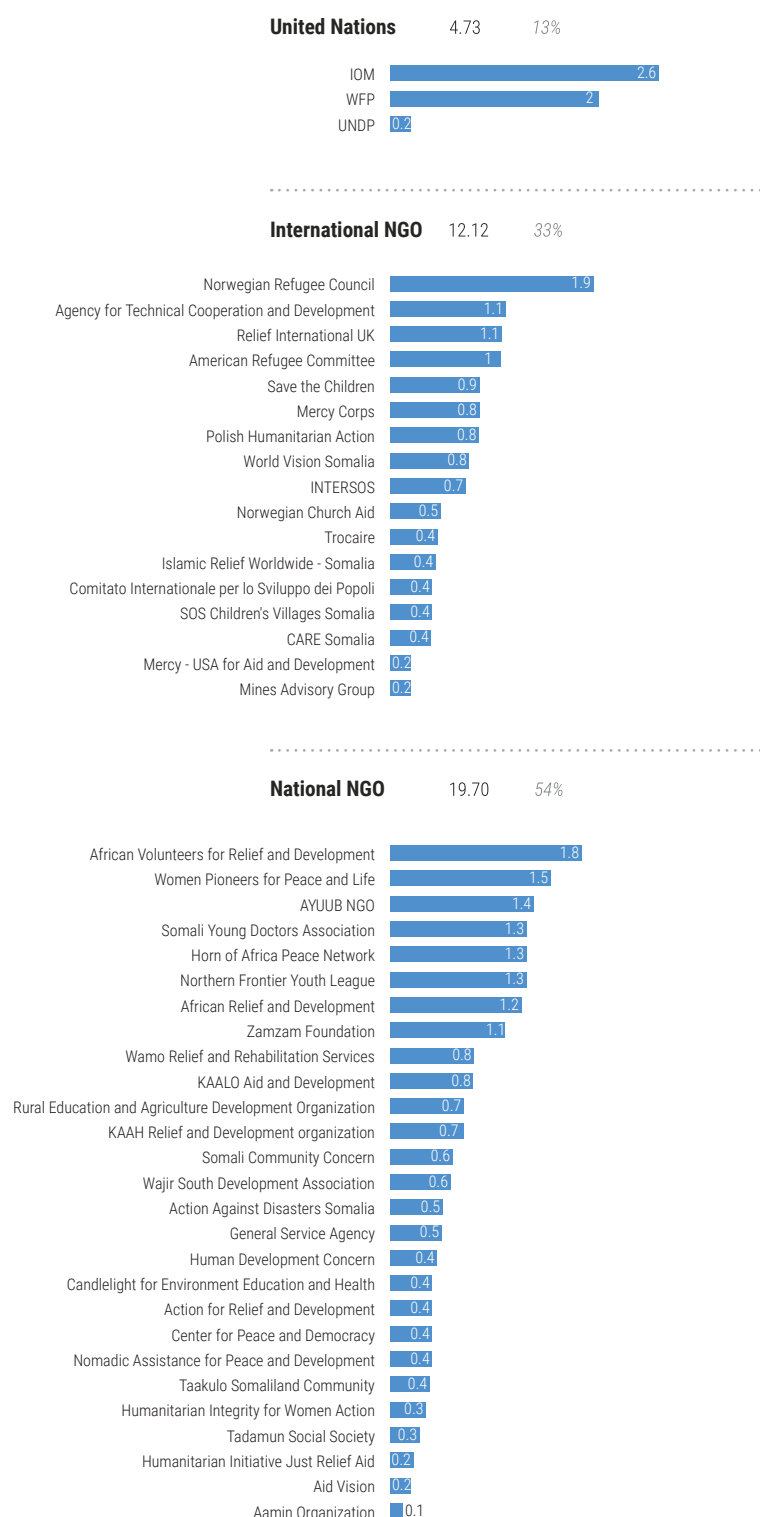
The SHF Operational Manual and its annexes provide technical guidance, tools and templates used in the management of the Fund. They are updated annually and available for download at [www.unocha.org/somalia/governance-policy-and-guidance](http://www.unocha.org/somalia/governance-policy-and-guidance).

Read more about SHF: [www.unocha.org/Somalia/SHF](http://www.unocha.org/Somalia/SHF).  
For more information about CBPFs:  
[http://bit.ly/OCHA\\_CBPFs](http://bit.ly/OCHA_CBPFs)

## ANNEX B

## ALLOCATIONS BY RECIPIENT ORGANIZATION

In US\$ million



See Annex E for acronyms

## ANNEX C

## SHF-FUNDED PROJECTS

#	PROJECT CODE	CLUSTER	ORGANIZATION	BUDGET
1	SOM-20/3485/RA1/WASH/NGO/17327	WASH	AADSOM	\$500,001.52
2	SOM-20/3485/RA1/H/NGO/17354	Health	AAMIN	\$119,991.90
3	SOM-20/3485/SA1/WASH/INGO/15185	WASH	ACTED	\$599,490.34
4	SOM-20/3485/SA1/CCCM/INGO/15304	CCCM	ACTED	\$500,000.00
5	SOM-20/3485/SA1/WASH/INGO/15411	WASH	ARC	\$699,957.59
6	SOM-20/3485/SA1/Nut/INGO/15156	Nutrition	ARC	\$350,002.22
7	SOM-20/3485/SA1/WASH/NGO/15332	WASH	ARD	\$400,002.27
8	SOM-20/3485/RA1/WASH/NGO/17352	WASH	ARD	\$486,262.52
9	SOM-20/3485/RA1/Nut-H/NGO/17400	Health/ Nutrition	ARD	\$764,059.97
10	SOM-20/3485/RA1/Ed-Prot-WASH/ NGO/17340	Education/Protection/ WASH	AV	\$199,951.97
11	SOM-20/3485/SA1/Shelter-CCCM/ NGO/15159	CCCM/ Shelter and NFIs	AVORD	\$799,586.21
12	SOM-20/3485/SA1/Shelter/NGO/15158	Shelter and NFIs	AVORD	\$649,896.60
13	SOM-20/3485/RA1/CCCM-EP/ NGO/16592	Multi-Sector/ CCCM	AVORD	\$373,583.37
14	SOM-20/3485/RA1/Shelter/NGO/17324	Shelter and NFIs	AYUUB	\$1,149,094.61
15	SOM-20/3485/RA1/H-Nut/NGO/17379	Nutrition/ Health	AYUUB	\$219,639.14
16	SOM-20/3485/SA1/FSC/NGO/15124	Food Security	Candlelight	\$400,020.57
17	SOM-20/3485/RA1/EP/INGO/17946	Multi-Sector	CARE Somalia	\$390,000.00
18	SOM-20/3485/SA1/Ed/INGO/15119	Education	CISP	\$400,085.20
19	SOM-20/3485/SA1/FSC/NGO/15384	Food Security	CPD	\$400,000.00
20	SOM-20/3485/RA1/WASH/NGO/17320	WASH	GSA	\$490,219.97
21	SOM-20/3485/SA1/Shelter/NGO/16900	Shelter and NFIs	HAPEN	\$1,299,742.73
22	SOM-20/3485/SA1/H-WASH/ NGO/15144	Health/ WASH	HDC	\$446,533.20
23	SOM-20/3485/RA1/H-Nut/NGO/17349	Nutrition/ Health	HIJRA	\$220,000.99
24	SOM-20/3485/SA1/Shelter/NGO/16918	Shelter and NFIs	HINNA	\$679,994.63

#	PROJECT CODE	CLUSTER	ORGANIZATION	BUDGET
25	SOM-20/3485/SA1/Shelter/ NGO/15180	Shelter and NFIs	HINNA	\$850,040.31
26	SOM-20/3485/SA1/Prot/NGO/15224	Protection	HIWA	\$341,756.93
27	SOM-20/3485/SA1/Prot/INGO/15135	Protection	Intersos	\$400,000.00
28	SOM-20/3485/SA1/H-Prot/ INGO/15230	Health/ Protection	Intersos	\$319,999.94
29	SOM-20/3485/RA1/H/UN/15931	Health	IOM	\$2,432,280.24
30	SOM-20/3485/RA1/CCCM/UN/17326	CCCM	IOM	\$130,000.00
31	SOM-20/3485/RA1/WASH/ INGO/17408	WASH	IRW	\$433,700.53
32	SOM-20/3485/SA1/FSC/NGO/15145	Food Security	KA AH	\$300,000.00
33	SOM-20/3485/RA1/FSC/NGO/17380	Food Security	KA AH	\$400,000.00
34	SOM-20/3485/SA1/WASH/ NGO/15251	WASH	KAALO	\$498,249.99
35	SOM-20/3485/SA1/CCCM/ NGO/17051	CCCM	KAALO	\$293,001.12
36	SOM-20/3485/RA1/Prot/INGO/17396	Protection	MAG	\$199,707.27
37	SOM-20/3485/SA1/FSC/INGO/15147	Food Security	MC	\$400,000.00
38	SOM-20/3485/RA1/Shelter/ INGO/17384	Shelter and NFIs	MC	\$449,999.99
39	SOM-20/3485/SA1/Nut/INGO/15194	Shelter and NFIs	Mercy-USA	\$199,739.10
40	SOM-20/3485/SA1/FSC/NGO/15157	Food Security	NAPAD	\$400,000.00
41	SOM-20/3485/SA1/WASH/ INGO/15396	WASH	NCA	\$479,379.50
42	SOM-20/3485/SA1/CCCM-Prot/ NGO/15428	Protection /CCCM	NoFYL	\$770,666.28
43	SOM-20/3485/RA1/Prot/NGO/17367	Protection	NoFYL	\$398,144.54
44	SOM-20/3485/RA1/CCCM/ NGO/17368	CCCM	NoFYL	\$129,979.86
45	SOM-20/3485/SA1/WASH/ INGO/15280	WASH	NRC	\$549,999.31
46	SOM-20/3485/SA1/Prot/INGO/17115	Protection	NRC	\$300,001.47
47	SOM-20/3485/SA1/Prot/INGO/15442	Protection	NRC	\$250,000.00
48	SOM-20/3485/SA1/FSC/INGO/15255	Food Security	NRC	\$300,000.00

#	PROJECT CODE	CLUSTER	ORGANIZATION	BUDGET
49	SOM-20/3485/RA1/Shelter/ INGO/17363	Shelter and NFIs	NRC	\$536,629.75
50	SOM-20/3485/SA1/WASH/ INGO/15440	WASH	PAH	\$845,755.05
51	SOM-20/3485/SA1/FSC/NGO/15161	Food Security	READO	\$300,000.00
52	SOM-20/3485/SA1/Ed/NGO/15138	Education	READO	\$400,000.78
53	SOM-20/3485/SA1/H/INGO/15237	Health	RI	\$450,000.00
54	SOM-20/3485/SA1/Ed/INGO/15270	Education	RI	\$413,214.01
55	SOM-20/3485/RA1/Prot/INGO/17330	Protection	RI	\$200,466.77
56	SOM-20/3485/SA1/H-Nut/ INGO/15459	Nutrition/ Health	SC	\$850,000.00
57	SOM-20/3485/SA1/Prot/NGO/15127	Protection	SCC	\$292,000.00
58	SOM-20/3485/RA1/WASH/ NGO/16546	WASH	SCC	\$302,283.76
59	SOM-20/3485/RA1/Prot/INGO/17377	Protection	SOS CVS	\$400,000.00
60	SOM-20/3485/SA1/Ed-Prot/ NGO/15114	Education /Protection	SOYDA	\$399,993.89
61	SOM-20/3485/RA1/WASH/ NGO/17301	WASH	SOYDA	\$499,832.85
62	SOM-20/3485/RA1/Prot/NGO/17290	Protection	SOYDA	\$399,969.40
63	SOM-20/3485/SA1/FSC/NGO/15308	Food Security	TASCO	\$376,747.00
64	SOM-20/3485/SA1/Prot/NGO/15118	Protection	TASS	\$280,000.00
65	SOM-20/3485/SA1/H-WASH/ INGO/15166	Health/ WASH	Trocaire	\$450,000.00
66	SOM-20/3485/RA1/H/UN/16010	Health	UNDP	\$171,200.00
67	SOM-20/3485/SA1/H-Nut/ NGO/15268	Health/Nutrition	WASDA	\$574,137.93
68	SOM-20/3485/RA1/L/UN/16474	Logistics	WFP	\$1,000,006.52
69	SOM-20/3485/RA1/EP/UN/17405	Multi-Sector	WFP	\$999,974.77
70	SOM-20/3485/SA1/CCCM-Prot- Shelter-WASH/NGO/15214	CCCM Protection/ Shelter and NFIs/WASH	WRRS	\$799,851.69
71	SOM-20/3485/SA1/H-Nut/ INGO/15242	Nutrition / Health	WVI	\$753,667.00
72	SOM-20/3485/SA1/H/NGO/15475	Health	Zamzam	\$444,801.95
73	SOM-20/3485/RA1/FSC/NGO/17398	Food Security	Zamzam	\$650,785.50

## ANNEX D

## SHF ADVISORY BOARD

STAKEHOLDER	ORGANIZATION
<b>Chairperson</b>	Humanitarian Coordinator
<b>NGO</b>	NGO Consortium
<b>NGO</b>	Save Somali Women and Children (SSWC)
<b>NGO</b>	Agency for Technical Cooperation and Development (ACTED)
<b>NGO</b>	International Relief Committee (IRC)
<b>UN</b>	Food and Agriculture Organization (FAO)
<b>UN</b>	United Nations High Commissioner for Refugees (UNHCR)
<b>UN</b>	United Nations Children's Fund (UNICEF)
<b>UN</b>	World Food Programme (WFP)
<b>Donor</b>	Germany
<b>Donor</b>	The Kingdom of the Netherlands
<b>Donor</b>	Canada
<b>Observer</b>	United States Agency for International Development (USAID)
<b>SHF/OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

## ANNEX E

## ACRONYMS &amp; ABBREVIATIONS



<b>AADSOM</b>	Action Against Disasters Somalia	<b>IYCF</b>	Infant and Young Child Feeding
<b>ACF</b>	Action Contre la Faim	<b>MPTF</b>	Multi-Partner Trust Fund
<b>ACTED</b>	Agency for Technical Cooperation and Development	<b>NCA</b>	Norwegian Church Aid
<b>ADRA</b>	Adventist Development and Relief Agency	<b>NFI</b>	Non-food items
<b>ARC</b>	American Refugee Committee	<b>NGO</b>	Non-Governmental Organization
<b>AWD</b>	Acute Watery Diarrhea	<b>NNGO</b>	National Non-Governmental Organization
<b>CARE</b>	CARE Somalia (CARE Somalia)	<b>NRC</b>	Norwegian Refugee Council
<b>CBPF</b>	Country-Based Pooled Fund	<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>CERF</b>	Central Emergency Response Fund	<b>PAH</b>	Polish Humanitarian Action
<b>CESVI</b>	Cooperazione E Sviluppo	<b>PLW</b>	Pregnant and Lactating Women
<b>COOPI</b>	Cooperazione Internazionale	<b>RI</b>	Relief International
<b>CPD</b>	Center for Peace and Democracy	<b>RMU</b>	Risk Management Unit
<b>DKH</b>	Diakonie Katastrophen Hilfe	<b>SAFUK</b>	Skills Active Forward Kenya (SAFUK-International)
<b>DRC</b>	Danish Refugee Council	<b>SC</b>	Save the Children
<b>ECHO</b>	European Civil Protection and Humanitarian Aid Operations	<b>SHF</b>	Somalia Humanitarian Fund
<b>EO</b>	OCHA Executive Officer	<b>SOYDA</b>	Somali Young Doctors Association
<b>FAO</b>	Food and Agriculture Organization	<b>SYPD</b>	Sustainable Development & Peace Building Initiatives
<b>FCS</b>	Funding Coordination Section	<b>TPM</b>	Third Party Monitoring
<b>FENPS</b>	Formal Education Network for Private Schools	<b>UK</b>	United Kingdom
<b>FFR</b>	Financial Regulations and Rules	<b>UN</b>	United Nations
<b>FGS</b>	Federal Government of Somalia	<b>UNDP</b>	United Nations Development Programme
<b>FSNAU</b>	Food Security Nutrition and Analysis Unit	<b>UNDSS</b>	United Nations Department of Safety and Security
<b>GBV</b>	Gender-based violence	<b>UNFPA</b>	United Nations Population Fund
<b>GMS</b>	Grant Management System	<b>UNHAS</b>	United Nations Humanitarian Air Services
<b>GMS</b>	General Service Agency	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>HIWA</b>	Hiraan Women Action on Advocacy for Peace & Human Rights	<b>UNICEF</b>	United Nations Children's Fund
<b>HC</b>	Humanitarian Coordinator	<b>UNOPS</b>	United Nations Operation Services
<b>HCT</b>	Humanitarian Country Team	<b>USD</b>	United States Dollar
<b>HFU</b>	OCHA Somalia Humanitarian Financing Unit	<b>WARDI</b>	WARDI Relief and Development Initiatives
<b>HIJRA</b>	Humanitarian Initiative Just Relief Aid	<b>WASDA</b>	Wajir South Development Association
<b>HRDO</b>	Hidig Relief And Development Organization	<b>WASH</b>	Water, Sanitation and Hygiene
<b>HRP</b>	Humanitarian Response Plan	<b>WFP</b>	World Food Programme
<b>ICCG</b>	Inter-Cluster Coordination Group	<b>WHO</b>	World Health Organization
<b>IDPS</b>	Internally displaced persons	<b>WHS</b>	World Humanitarian Summit
<b>INGO</b>	International Non-Governmental Organization	<b>WOCCA</b>	Women and Child Care Organization
<b>IOM</b>	International Organization for Migration	<b>WRRS</b>	Wamo Relief and Rehabilitation Services
<b>IRC</b>	International Rescue Committee	<b>WVI</b>	World Vision Somalia



**SHF** Somalia  
Humanitarian  
Fund

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