

SOMALIA CAP 2012

Humanitarian Requirements for the
Horn of
Africa Drought

Djibouti

Ethiopia

Kenya

Somalia

July
2011





Photo:
OCHA,
2011



Version
1.0.1



SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

- | | | | | |
|---------------------|------------------------|--------------------|----------------------|---------------|
| AARREC | CRS | Humedica | MENTOR | TGH |
| ACF | CSDO | IA | MERLIN | TGV |
| ACTED | CWS | IAS | Muslim Aid | UMCOR |
| ADRA | DanChurchAid | ILO | NCA | UJWO |
| ADR | Daryeel Women | IMC | NPA | UJINO |
| APD | DDG | INTERMON | NRC | UNAIDS |
| Africare | DiakonieEmerg. Aid | Internews | OCHA | UNDP |
| AMI-France | DRC | INTERSOS | OHCHR | UNDSS |
| ARC | EM-DH | IOM | OXFAM | UNEP |
| ARDA | EREDO | IPHD | PA | UNESCO |
| ASB | FAO | IRC | PACT | UNFPA |
| ASI | Fair Jano foundation | IRD | PAI | UN-HABITAT |
| AVSI | FAR | IRIN | Plan | UNHCR |
| CARE | FHI | IRW | PMU-I | UNICEF |
| CARITAS | FinnChurchAid | Islamic Relief | Psawen | UNIFEM |
| CEMIR International | FSD | JOIN | Première Urgence | UNJLC |
| CESVI | GAA | JRS | RC/Germany | UNMAS |
| CFA | Gargaar | JCC | Relief International | UNOPS |
| CHF | GOAL | KAASHIV | RCO | UNRWA |
| CPD | GMC | KAALPO | Samaritan's Purse | VIS |
| CHFI | GVC | KDO | Samafol | WFP |
| CISV | Handicap International | KISIMA | SAMRADO | WHO |
| CMA | HealthNet TPO | LWF | SSWC | WEHEL |
| CONCERN | HELP | Malaria Consortium | Southern Aid | World Concern |
| COOPI | HADFUL | Malteser | Save the Children | WACDO |
| CORDAID | HelpAge International | Mercy Corps | SECADEV | World Relief |
| COSV | HKI | MDA | SDRO | WV |
| COSDA | Horn Relief | MDM | SDIO | ZOA |
| | HT | MEDIAIR | SHILGON | |
| | | | Solidarités | |
| | | | SUDO | |
| | | | SVO | |
| | | | TEARFUND | |

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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>. Full project details, continually updated, can be viewed, downloaded and printed from <http://fts.unocha.org>.

SOMALIA REFERENCE MAP



1. Executive Summary

Additional basic humanitarian and development indicators for [specify whether for whole country, or only for crisis-affected segment thereof]

		Most recent data	Previous data or pre-crisis baseline	Trend *
Economic status	Gross domestic product per capita	\$220 (UN Statistics Division 2009)	\$298 (UN Statistics Division 2008)	↓
	Percentage of population living on less than \$1 per day	43.20% (Somalia MDG Report 2007)	43.20% (Somalia MDG Report 2007)	↔
Health	Maternal mortality	1200/100,000 live births (UNICEF: Childinfo statistical 2010)	1400/100,000 live births (World Health Statistics 2010)	↓
	Life expectancy m/f	51 years (WHO: <u>Global Health Observatory, 2009</u>)	51 years (WHO: <u>Global Health Observatory, 2009</u>)	↔
	Number of health workforce (MD+nurse+midwife) per 10,000 population	1/10,000 (WHO: <u>Global Health Observatory, 2009</u>)	1/10,000 (WHO World Health Statistics 2010)	↔
	Measles vaccination rate (6 months-15 years)	24 per cent (WHO: <u>Global Health Observatory, 2009</u>)	24 per cent (WHO World Health Statistics 2010)	↔
	Number of cases or incidence rate for selected diseases relevant to the crisis	XX AWD cases including XX children under 5 years XX Measles cases including XX children under 5 years XX cases including XX under 5 years (Health Cluster 2011)	5,060 AWD cases including 3,680 children under 5 years 126 Measles cases including 112 children under 5 years 2,146 cases including 922 under 5 years (Health Cluster 2010)	
Food Security	Other relevant food security indicator	4 million are in Acute Crisis, among whom 1.8 million are in Humanitarian Emergency and 750,000 people are in famine (FSNAU/FEWSNET: Aug'11)	2.85 million in Acute Crisis (FSNAU/FEWSNET: May'11)	↓
WASH	Proportion of the population using improved drinking water sources, total	30% (UN Statistics MDG Indicators 2008)	30% (UN Statistics MDG Indicators 2008)	↔
	Number of litres potable water consumed per person per day in affected population	[data not available as a standard cross-country indicator; data will have to be collected in each crisis]		
Other vulnerability indices	ECHO Vulnerability and Crisis Index score	3/3(ECHO Global Needs Assessment results 2011) ¹	3/3 (ECHO Global Needs Assessment results 2011)	↔
	HCT Early Warning - Early Action rating	[Not available on line – CAP Section will fill in]		
Also:	Annual Population Growth 2010-2015 – 2.6%, Urban Population Growth 2011 – 37.9%. (UN Statistics Division) There are 1.5m IDPs within Somalia and more than 900,000 Somali refugees in the region – Kenya, Ethiopia, Yemen, Djibouti (UNHCR)			

¹ You can consult this page for ECHO's methodological notes and previous years' results: http://ec.europa.eu/echo/policies/strategy_en.htm.

1. Executive Summary

	4m people or 53% of the population are in humanitarian crisis, 3m are in the southern regions (FSNAU)	
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* Use these symbols: ↑ situation improved; ↓ situation worsened; ↔ situation remains more or less same.

Table I. Requirements per cluster

Table II. Requirements per priority level

Table III. Requirements per organization

2. 2011 in review

2.1 Changes in the context

2.1.1 Overview

The year 2011 has been characterized by a rapid decline in the humanitarian situation in Somalia. The year started with some 2 million Somalis in humanitarian crisis. The failure of two rainy seasons, the *Deyr* rains of October-December 2010 and the *Gu* rains of April-June 2011, led to a deepening drought amongst a population whose assets and livelihoods had already been depleted by six previous consecutive failed rainy seasons. In the second half of the year, a large swath of southern Somalia slid into famine and 4 million people were in crisis.²

The food security situation deteriorated by November 2011 compared to the same time in 2010. (see comparative map below).

Rural IPC Populations

Rural IPC Populations

MAP

Signs of challenges to come in 2011 were highlighted as early as December 2010. In January, the Food Security and Nutrition Analysis Unit (FSNAU)³ and the Famine Early Warning Systems Network (FEWSNET)⁴ determined that Somalia was in the midst of a severe water crisis caused by failure of the short *Deyr* rains and exacerbated by the “*La Niña*” phenomenon.⁵ The number of people in crisis increased to 2.4 million, a 20 per cent increase in just six months. The drought intensified by April due to the delayed start of the *Gu* rains. When the rains began they were below normal and haphazard, resulting in crop failure. Food prices increased by over 200 per cent pushing 100,000 more people into crisis and by the end of June the number of people in crisis increased to 2.5 million people⁶. The epicenter of the crisis was in the south and central regions where nearly 70 per cent of those in humanitarian emergency were located. The poor rains also resulted in a significant number of livestock deaths and reduced value for livestock for the pastoralists. It is also around this time that mass movements of people began into Mogadishu and across borders mainly into Kenya and Ethiopia in search of assistance. In northern Somalia, however, the situation was different and conditions improved slightly due to localized rains.

By 20 July, famine was declared in two areas of south Bakool and Lower Shabelle region based on FSNAU assessment⁷. Two weeks later, on 3 August, three more areas, parts of Middle Shabelle, the Afgooye Corridor IDP settlement, and the Mogadishu IDP community, slid into famine conditions⁸ with 3.7 million people in crisis countrywide of whom 2.8 million were in the south⁹. A month later, on 5 September, the entire Bay region was declared to be in famine with the number of people in crisis reaching an all-time high of 4 million people countrywide, three-quarters of whom were in the

² An area is classified as in Famine when at least 20 percent of the population faces extreme food deficits, global acute malnutrition (GAM) exceeds 30 percent, and the death rate exceeds 2/10,000/day for the entire population.

³ <http://www.fsnau.org>

⁴ <http://www.fews.net/Pages/default.aspx>

⁵ Press release <http://www.fsnau.org/downloads/FSNAU-News-Release-January-28-2011.pdf>

⁶ Press release <http://www.fsnau.org/downloads/FSNAU-News-Release-June-20-2011.pdf>

⁷ Pr⁷ <http://www.fsnau.org/downloads/FSNAU-News-Release-July-20-2011.pdf>

⁸ According to the IPC, evidence of three specific outcomes is required for a famine to be declared: (1) at least 20% of households face extreme food shortages with limited ability to cope; (2) the prevalence of global acute malnutrition must exceed 30 percent and (3) crude death rates must exceed 2 deaths per 10,000 people per day.

⁹ Press release http://www.fsnau.org/downloads/FSNAU_FEWSNET_020811_press_release_030811.pdf

southern regions. FSNAU estimated that tens of thousands of people had died, over half of whom were children. By August 750,000 people were at a risk of death and living in famine conditions.¹⁰

The poor performance of the *Gurains* (primary season) resulted in crop failure, decreased pasture for the livestock and reduced labor opportunities for the poor in the South. The total failure of the *Deyrrains* (secondary season) led to weakened conditions of livestock and massive mortality of livestock. The resulting decline in the main Somali dietary staples, maize and sorghum, pushed local cereal prices to record levels which, in combination with reduced livestock prices and wages, substantially reduced household purchasing power in all livelihood zones. Large-scale displacement and significant limitations on humanitarian access further exacerbated the situation.

2.1.2 Malnutrition

Malnutrition levels increased throughout the year. The number of malnourished children in Somalia increased from 390,000 in January to 450,000 in July, of which 190,000 were severely malnourished. Some 84 per cent of these severe cases were in the southern regions.¹¹ In September, the mortality rates reached a high of 15 per 10,000 in children under 5 years of age among Mogadishu IDPs. The Global Acute Malnutrition (GAM) rates rose to as high as 58 per cent in Bay region, nearly four times the WHO emergency threshold of 15 per cent.

Disease outbreaks such as cholera, malaria and measles further complicated the situation in the second half of the year as the high levels of malnutrition especially in children made them even more vulnerable to the diseases. From January to September 43,000 cases of Acute Watery Diarrhoea (AWD)/cholera were reported in south and central regions. The worst affected regions were Banadir, Lower and Middle Shabelle regions where 25,000 cases were reported. Since January, suspected measles cases reported in Somalia were 7,573 with 122 deaths.

2.1.3 Displacement

Massive displacements occurred throughout the year, peaking in June and July when at least 100,000 people moved into Mogadishu from other southern Somalia regions affected by the famine in search of assistance. In June and July, as many as 10,000 people were crossing the Kenyan border and 6,000 people were crossing into Ethiopia every month. Population movements began to reduce in August as humanitarian assistance was scaled up. By the end of September, Dadaab refugee camp had received 183,500 new Somali arrivals, while a total of 92,700 people had arrived in Ethiopia's Doolow Ado camps. There were an estimated 1.46 million people internally displaced in Somalia and nearly 910,000 Somali refugees and asylum seekers mainly in Kenya, Yemen, Ethiopia and Djibouti. Elsewhere, pro-TFG forces in other parts of southern Somalia, including Gedo, Middle Juba, and Hiraa regions, battled with Al Shabaab along the Ethiopian-Somali and Somali-Kenyan border areas and the conflict caused displacement and loss of lives and livelihoods for civilians already struggling to cope with the effects of the famine and drought. In the north, tensions persisted in Sool and Sanaag regions over disputed areas leading to minimal displacement.

*these figures will be updated closer to press time.

Somali Refugees in the Region – September 2010

Somali Refugees in the Region – September 2011

MAP

¹⁰Press release http://www.fsnau.org/downloads/FSNAU_FEWSNET_050911_press_release.pdf

¹¹Nutrition survey May-June 2011 <http://www.fsnau.org/downloads/FSNAU-Nutrition-Update-May-June-2011.pdf>

2.1.4. Humanitarian Access and Coverage

Access challenges throughout Somalia remained significant in 2011. Access in northern Somalia remained generally stable, with the exception of the disputed areas in Sool and Sanaag regions. Access in central and part of northern regions such as Jariiban, Hobyo, Cabudwaaq, Dhuusamarreeb and Matabaan districts in south Mudug, Galmudug and Hiraan regions continued to improve although there were sporadic fighting for territorial gain or clan based violence.

Throughout 2011 humanitarian access remains the key constraint to scale up interventions in south Somalia. Relief agencies and type of activities enjoyed different levels of acceptance. Access varied in different areas, categorical refusal to allow humanitarian organisations to operate in certain regions, increased interference in and imposition on working modalities, negative statements against the humanitarian community as well as sporadic fighting for control of territories remained the main access constraints. The seizure of some border towns in Gedo and Lower Juba regions by the TFG, or TFG affiliated militia, and the withdrawal of Al Shabaab from most of the capital have not translated into significant improved access for the humanitarian organisations. While the TFG has taken control of those areas this has not led to stability or security.

Approximately 55 security incidents related to humanitarian assets or personnel occurred from January to August 2011, as compared to 34 during the same period in 2010. The increase in security incidences is a phenomenon of the third quarter of 2011 and principally due to the scale-up of humanitarian interventions in south Somalia. The type of incident on the increase was arrests of humanitarian workers.¹²

HUMANITARIAN INCIDENTS BY TYPE AND REGION IN 2010 – 2011

MAP

Bureaucratic impediments and restrictions in movement of humanitarian goods by different regional administrations throughout Somalia as well as across the Somalia border remained a challenge, and were overcome primarily through lengthy negotiations. These kinds of impediments impacted on the ability to deliver humanitarian assistance in a timely and predictable manner.

Though access remained a challenge, the total number of international staff working in Somalia increased considerably, with approximately 150 UN and 152 NGO staff based in Somalia, as compared to the same period in 2010 with about 95 UN and 104 NGO staff throughout Somalia. The number of humanitarian aid workers and organizations has increased dramatically in Mogadishu in response to the high visibility afforded to the crisis. For example, the total number of UN staff, including Somali and international staff has increase from 36 to 82 compared to the same period in 2010. In addition there was an increased presence of “new actors” in the capital.

2.2 Achievement against 2011 strategic objectives and lessons learned

The Somalia 2011 CAP outlined four strategic priorities, agreed upon by the humanitarian community through a series of consultative workshops, to guide humanitarian action in 2011. These were to:

- 1) Provide life-saving humanitarian services to 380,000 people living in humanitarian emergency, the most vulnerable of the 1.46 million IDPs, and those affected by new crises

¹²OCHA Somalia, *Humanitarian Access* (monthly reports)

- 2) Increase livelihoods and livelihood assets to protect populations from future shocks and prevent those in AFLC from deteriorating into HE, capitalizing on the 2009 *Deyr* and 2010 *Gu* rains where possible
- 3) Provide vulnerable populations with a minimum package of life sustaining basic services
- 4) Strengthen the protective environment for civilian populations through advocacy, including dialogue with local authorities, community mobilization, and access to services.

Due in large part to disappointing *Gu* rains in 2011, the humanitarian situation within Somalia, particularly South Central Somalia, deteriorated markedly during 2011. In July, famine was declared in three regions, and later in a further two. Recognising this deterioration before its formal declaration, the 2011 Emergency Revision increased the targets relating to strategic priority one, along with a number of target indicators relating to the four strategic priorities.

The clear intensification of the crisis and subsequent famine declaration resulted in a marked increase in donor support. It also led to a concerted effort by clusters and their partners to do an emergency revision of the CAP 2011 targets and to scale up operations. It is evident when reviewing actual performance against indicators that programmatic support and operational activity has increased significantly in the second half of the year. However, the scale of the crisis, combined with an extremely challenging security environment, ensured that considerable need still remains.

Strategic priority 1 for CAP 2011 related to providing life-saving humanitarian services to 380,000 people living in humanitarian emergency, the most vulnerable of the 1.46 million IDPs, and those affected by the new crisis. At the mid-year point, a multi-cluster response was evident, with interventions focused on health and nutrition, food assistance, agriculture and livelihoods, and shelter/NFIs. With regard to nutrition, the key indicator for the 2011 CAP focused on GAM and SAM rates not deteriorating from 2010 median rates, with a specific target of maintaining GAM rates of 16% and SAM rates of 4%. At the mid-year point, national average rates remained the same, however there was a sharp increase in the south, with a regional median rate of 25% GAM and 6% SAM, and total caseloads increasing by 7% compared to the same time in 2010. Access and security have presented considerable challenges in famine affected southern Somalia, with the result that many of the targeted indicators have not been achieved. For example, conflict, drought and the effect of increased global and local food prices increased the mean GAM and SAM levels (mainly in the south) to 36.4% and 15.8% respectively.

With regard to general food distribution, 2011 established a target of 600,000 beneficiaries per month, which was revised upwards to 3.7 million. As of October, 2.21 million of this targeted number was receiving monthly assistance.

With regard to the number of men and women in HE and IDPs accessing immediate cash and food needs, emergency livestock interventions, and emergency agricultural and fishing inputs, 2011 established a target of 621,840 people, which was revised upwards in the Emergency Revision to 2.24 million. By October, 895,000 people were reached with these emergency agriculture and livelihood interventions.

The 2011 CAP established a target of 1.2 million people to receive Emergency Assistance Packages (EAPs), and this target was maintained under the emergency revision. By the mid-year mark, 104,520 IDPs had received emergency EAPs. However by October, a total of 691,302 people had received EAPs, representing a significant scale up in response.

Strategic priority 2 focused on increasing livelihoods and livelihood assets to protect populations from future shocks and prevent those in AFLC from deteriorating into HE. CAP 2011 targeted 1,095,000 men and women in HE and AFLC with access to improved productive assets, and this was revised upwards to 2,600,000 men and women. By the mid-year point, 45,100 people received productive assets. By **October XXXX** people had received productive assets.

Strategic priority 3 related to a minimum package of life sustaining basic services, including interventions relating to health, water, sanitation, hygiene, nutrition, shelter, and education. The critical inter-linkages between these clusters, such as the strong relationship between Nutrition, WASH, and Health Clusters were evident and significant efforts were made to optimise the effectiveness of cluster interventions through inter-cluster coordination. Despite severe challenges regarding access and security, quite considerable progress towards key indicators was made. For example, 50% of the targeted 2.59 million beneficiaries do have access to basic primary and/or secondary health care leading into the critical Deyr rainy season, and 1.19 million of a targeted 2.8 million people have been reached with sustained access to water.

Strategic priority 4 was particularly challenging due to conflict, displacement, access constraints and consequent challenges in establishing dialogue with local authorities in some cases. In a number of instances, humanitarian workers were directly targeted with violence and intimidation. However, significant progress was made. For instance, the target for the number of survivors equally accessing services and community-based projects was upwardly revised from 2,000 to 15,000 at the Emergency Revision, and by October 19,084 beneficiaries had been reached. The target relating to the number of girls and boys (children and youth) and female and male community members benefiting from school-based child protection interventions, which at the Emergency Revision was revised upwards from 126,335 to 435,847, by October 2011 380,000 beneficiaries i.e. 87% were reached.

Table: Summary of progress in response versus the revised strategic priorities of the emergency revision of August 2011

<u>Strategic Priority 1 for 2011</u>			<u>Strategic Priority 1 for Emergency Revision (ER) of CAP 2011</u>	
Provide life-saving humanitarian services to 380,000 people living in humanitarian emergency, the most vulnerable of the 1.46 million IDPs, and those affected by new crisis			Provide life-saving humanitarian services to 3.2 million people in humanitarian emergency (HE) and famine to reduce mortality and prevent further displacement	
Indicator for CAP 2011	Target for 2011	Achievement at MYR	Target for ER CAP 2011	Achievement
GAM and SAM rates do not deteriorate from 2010 median rates	GAM (16%) & SAM (4%) levels do not increase	National average rates remain the same; but sharp increase in the south (with regional median rate of 25% GAM, and of 6% SAM); Total caseloads increased by 7% compared to same time in 2010	Current GAM (16%) & SAM (4%) levels do not increase	Conflict, drought and the effect of increased global and local food prices increased the mean GAM and SAM levels (mainly in the south) to 36.4% and 15.8% respectively
Number of GFD beneficiaries	600,000 max per month	By mid-year, 572,582 (96% of the target) beneficiaries received monthly food allocations	3.7 million	2,216,000 people received food assistance
Number of men and women in HE and IDPs accessing immediate cash and food needs, emergency livestock interventions, and emergency agricultural and fishing inputs	621,840	By mid-year, 132,414 (21% of the target) were reached with emergency agriculture and livelihood interventions	2,240,000	895,000
Percent of target beneficiaries of emergency response receiving NFIs (modified as Emergency Assistance Packages/EAPs)	1.2 million	104,520 IDPs received emergency NFIs(EAPs)	1.2 million	691,302 people received EAPs

% coverage of acutely malnourished children and pregnant and lactating (P/L)	65% of SAM and GAM caseloads (244,400 acutely malnourished children 6-59 months and 34,000 acutely malnourished pregnant and lactating women)	137,361 acutely malnourished children 6-59 months, and 7,519 acutely malnourished pregnant and lactating women	Total targeted children 6-59 months nationwide is 706,000, incl. 468,000 acutely malnourished and 238,000 severely malnourished children; 150,000 acutely malnourished P/L women	242,388 acutely malnourished children reached (65,861 severely malnourished and 176,527 moderately malnourished children).
<u>Strategic Priority 2 for CAP 2011</u>			<u>Strategic Priority 2 for ER CAP 2011</u>	
Increase livelihoods and livelihood assets to protect populations from future shocks and prevent those in AFLC from deteriorating into HE, capitalizing on the 2009 Deyr and 2010 Gu rains where possible			Increase livelihoods and livelihood assets and strengthen disaster management and mitigation activities to protect populations from future shocks and prevent those in crisis, capitalizing on the 2009 Deyr and 2010 Gu rains where possible	
Number of men and women in HE and AFLC with access to improved productive assets	1,095,000	45,100 people received productive assets	2,600,000	XXXXXX
<u>Strategic Priority 3 for 2011</u>			<u>Strategic Priority 3 for ER CAP 2011</u>	
Provide vulnerable populations with a minimum package of life sustaining basic services			Provide vulnerable populations with a minimum package of life sustaining basic Services	
Number of learners, teachers and CEC members (male and female) benefiting from the cross-cutting emergency and life-saving	161,335	41,160 CEC members benefitted from cross-cutting life-saving interventions	443,210	385,264

SOMALIA CAP 2012

intervention				
% of population in humanitarian crisis with access to primary and/or basic secondary health care services	70% (representing 1.93 million people)	40%	70% (representing 2.59 million people)	50%
% of geographical area providing basic nutrition services accessed by children 6-59 months and pregnant and lactating women (PLW)	80%	96% for children 6-59 months	80% for both children and PLW	99% for children
Number of children under five and women of child-bearing age vaccinated	90% of children targeted under five and 60% of women of child-bearing age	0% First round scheduled to commence in July in Somaliland. No progress against target due to insecurity and funding constraints	70% of <5 yrs = 518,000 40% of women of child-bearing age = 296,000	Children = 1, 018,072 (196% for measles) Women = 178, 958 (60.45%).
Number of beneficiary households receiving temporary/transitional shelter	7,000 households (HH)	2,527 HHs	10,000 households	6,666 HHs
Number of people, with sustainable access to safe water, sanitation and hygiene	2 million	540,121 (access to strategic water interventions (equivalent to 27% of end-year target)	2.8 million (1.3 million for emergency sanitation; 2.8 million for emergency water)	1.19 million people are reached with sustained access to water
Strategic Priority 4 for CAP 2011			Strategic Priority 4 for ER CAP 2011	

Strengthen the protective environment for civilian populations through advocacy, including dialogue with local authorities, community mobilization, and access to services.			Strengthen the protective environment for civilian populations through advocacy, including dialogue with local authorities, community mobilization, and access to services	
Number of survivors of human rights violations equally accessing services and community-based projects (data disaggregated by sex and age)	2,000 survivors	8,041 survivors	15,000 survivors	19,084 survivors
Number (disaggregated by sex) of households provided with livelihood support and community protection initiatives	4,000 Households	3,771 households	2,600 households	4,001 households
Number of men and women from disaster-prone communities involved in risk reduction activities	65,000 men and 75,900 women	4,530 men and 1,943 women involved in the rehabilitation of strategic/communal water catchments	60,400 (27,900 men and 32,500 women)	Not given (Ag and livelihood)
Number of girls and boys (children and youth) and female and male community members benefiting from school-based child protection interventions	126,335	38,638	435,847	380,000

2.3 Summary of 2011 cluster targets, achievements and lessons learned

2.3.1 Agriculture and Livelihoods

For 2011, the Agriculture and Livelihoods cluster had three objectives. The first was to contribute to the stabilization of access to food and nutrition for people in Humanitarian Emergency (HE) and famine through the provision of emergency livelihoods support. The second objective was to maintain and improve livelihoods assets and strategies, of people in HE and Acute Food and Livelihood Crisis (AFLC); while the third objective was aimed at reducing the exposure to the effects of natural disasters for riverine, pastoral, and agro-pastoralist populations living in drought and flood-prone areas.

The population being targeted was divided into two main categories: 2.24 million direct beneficiaries (70 per cent of 3.2 million people in HE) who were in need of livelihood support; while a larger number of people, 2.59 million (70 per cent of 3.7 million in crisis) indirectly benefitted from access to improved productive assets. In addition to pastoral, agro-pastoral, and farming communities, IDPs and urban dwellers were all targeted.

Out of a total of 2.24 million target beneficiaries, 823,886 people (37% of target) were reached either by cash or food vouchers, emergency livestock interventions, or emergency agriculture or fishing inputs.

Compared to the same period in 2010 when 54,240 beneficiaries were reached, over 823,000 people represents a fifteen fold increase. This is a clear indicator of both a deepening crisis and the cluster's capacity to mobilize a substantially increased amount of funding. A total of 582,556 people (334,692 male and 247,864 female) were engaged in cash- or food-for-work activities, or received cash relief or food vouchers in the months of July and August 2011. This number is far above the original mid-year target of 186,552, but still

Beneficiaries reached January -August 2011

Activity	No. of People Reached	
	Men	Women
Agriculture Inputs	40,441	42,874
Cash for Work (CfW)	164,264	99,048
Cash Relief	13,994	15,242
Food Vouchers	153,964	131,104
Food for Work (FfW)	2,470	2,470
Emergency livestock interventions (water vouchers, animal vaccination/treatment, fodder provision)	77,940	79,885
Training (i.e. DRR)	140	50
Total	453,213	370,673

only represents 26 per cent of the revised end-year target. The main achievement was that, following the declaration of famine in some regions of the south on 20 July, the response began within a relatively short period of time. The first food voucher distribution was on 23 July 2011.

Livestock affected by the drought that belonged to 157,824 people (77,940 men and 79,885 women) received emergency interventions such as vaccination, and the provision of fodder and water through voucher systems. Additionally, between January and August 2011, 83,315 people (40,441 male and 42,874 female) received agricultural inputs. For the upcoming *Deyr* season in September/October 2011, cluster partners are planning to distribute agricultural inputs to 158,333 households (HH) in south Somalia.

The impact of infrastructure rehabilitation using cash for work schemes will be captured in the end of year report. It is anticipated that there will be an increase in crop production that will also benefit the secondary beneficiaries. A total of 190 people (140 male and 50 female) attended the first training on project cycle management (seven more are planned) for local implementing partners in Nairobi.

Monitoring the output is ongoing with more than 300 beneficiaries of food vouchers currently being interviewed. During the past two months, funding from the Common Humanitarian Fund (CHF)/Emergency Response Fund (ERF) has decreased, simultaneously an increase in bilateral funding was observed. This has led to difficulties in implementing a coordinated response and has limited the ability by local NGOs to directly access funds for urgent response.

2.3.2 Education

The education cluster objectives in 2011 were to increase access to inclusive quality education for children, youth and adults in humanitarian emergencies; integrate life-saving practices in formal and non-formal education; and support the establishment and strengthening of education systems and structures in emergency affected areas.

There are an estimated 2.3 million school-aged children in south and central Somalia. The cluster target was to reach approximately 435,000 children and 8,000 teachers and other education personnel in South Central Zones (SCZ).

During the reporting period, the education cluster partners supported 380,000 children (46 per cent girls) to enroll in school. The support includes provision of school supplies, text books, learning and recreational materials, and water and sanitation facilities. In total learners, teachers and Community Education Committees (CEC) members benefited from cross cutting emergency and lifesaving practices such as psychosocial support, health and hygiene promotion and life skills. The cluster conducted three capacity building training events for local and international partners and Ministry of Education representatives. A coordinated rapid needs assessment was carried out in all 10 affected regions in south and central Somalia to assess the impact of famine and drought on education institutions. Approximately 2,039 children (859 boys and 1,180 girls) were assisted with school feeding and alternative food assistance programs in SCZ. Thirty four classrooms were constructed, 54 rehabilitated and 43 school tents were distributed. Teaching, learning and recreational supplies have been procured for 1,432 schools and learning spaces were provided with teaching and learning supplies and recreational material.

The education cluster continues to struggle in its bid to secure funds and maintain its programming in conflict and famine/drought affected communities. Scale up and contingency plans are often hampered due to lack of funds for education supplies, teachers' incentives and rehabilitation of learning spaces and WASH facilities. Absence of School Feeding Programmes in famine and drought zones is significantly disrupting the attendance, retention and nutrition status of school-aged children. Host community schools are overstretched with additional enrollment where IDP influxes have been largest. Inadequate water and sanitation facilities, limited classrooms and supplies and shortage of teachers are the key challenges in overcrowded schools. Child recruitment, compulsory military training, segregation of boys and girls classes and growing concerns over attacks on education institutions were key challenges in the south. Data collection, verification and monitoring remain a major challenge for the Education Cluster in Somalia. Field coordination will remain a challenge due to the low capacity of local partners in south.

2.3.3 Food Assistance

In 2011, the Food Assistance Cluster sought to provide food assistance with the aim of preventing further deterioration of acute malnutrition in children under five in targeted, emergency-affected populations in Somalia; develop, build and restore livelihood assets by targeted communities; and

provide basic social services in selected health institutions and schools, targeting a total of **1.03 million people**. By August 2011, following the declaration of famine in regions of Somalia, the overall strategy of the cluster was revised to expand life-saving food and nutrition assistance to reach 3.7 million people in crisis. This was later increased to target 4 million people in response to the worsening food security situation.

According to the Somalia Food Security and Nutrition Analysis Unit, an estimated 4 million people are in crisis nationwide, requiring food assistance. Since the declaration of famine in parts of the country, the Food Assistance Cluster has aggressively scaled up its response from reaching an average of 770,000 people per month between January and July, to 1.3 million people in August and 2.2 million people in September. By September, the cluster had reached over half of the revised targets.

Food assistance interventions included dry food rations to households in crisis, specialized nutritious foods for malnourished children and women, as well as cooked meals (wet feeding) to displaced populations and other vulnerable groups. The cluster also employed the use of cash grants and food vouchers to improve household access to food.

While the cluster continues to proactively scale up interventions to reach the 4 million people in need, the continuing conflict and insecurity continues to impede access to parts of the country. Furthermore, the response capacity of the cluster was constrained by an initial lack of funding, delays in the humanitarian organizations' capacities, given the complex operational environment, and limited supplies through the market. Until July of 2011, WFP was drastically cutting rations to beneficiaries because of severe funding shortfalls. However, resourcing levels have improved for some organizations.

	July	August	September
People reached by the Food Cluster	700,000	1,300,000	2,200,000

Despite the significant challenges highlighted, the cluster is making substantial effort to

expand the outreach of food assistance interventions through strengthening field level coordination, improving coordination and collaboration with other clusters and engaging non-traditional partners. Since the declaration of famine, the cluster membership has increased to over 60 participating organizations.

2.3.4 Health

The cluster's objectives were to increase access to improved quality of life-saving health care services and emergency assistance to drought and famine affected people. These services comprised of high impact and critical interventions for women and children, IDPs, vulnerable groups and elderly in both rural and urban areas. Provision of primary and basic secondary health services focused on sexual, reproductive and child health, emergency obstetric, ante/post natal care and skilled birth attendance. Prevention and control of communicable diseases through inter- and intra-cluster coordination remained cornerstone of the cluster partners' efforts.

The Cluster targeted 1,934,000 people (including 1,005,680 women and 928,320 men), and managed to reach 1,187,000 (61 per cent) people including children with essential health services. Four basic Emergency Obstetric Care (EmOC) facilities servicing 500,000 people were assisted with drug and medical kit supplies, and staff training in basic obstetric care. Vitamin A/De-worming for 240,000 children/260,000 women was conducted in North East (NE) and North West (NW) in Somalia. In Puntland, Child Health Day (CHD) campaigns were completed in 28 districts.

Capacity building of partners was the main focus of all health programmes. In total, 536 male and female health workers were trained (423 on surveillance, case detection, and standard management, 93 on trauma and emergency surgery, 20 on effective management of essential medicine). Forty nine disease outbreak rumors were reported out of which 34 (70 per cent) were investigated within the

standard 96 hours. The case fatality rates for Acute Watery Diarrhea (AWD) was recorded at 1.27 per cent (target <2 per cent). The cluster provided bridge funding support to 6 hospitals for the continuation of essential services for complicated cases through Common Humanitarian Fund (CHF). Procurement of medicines for treatment of mental illnesses and psychosocial disorders and equipment for major hospitals was a hallmark effort of the cluster support to partners. Introduction of Basic Package of Health Services (BPHS) and integrated Community Case Management (iCCM) strengthened the health portfolio and standardization of services across various levels of healthcare.

The main priority was given to the development of emergency preparedness plans and pre-positioning of essential supplies for expected massive outbreaks of AWD/Cholera, Malaria, Measles, Acute Respiratory Infections (ARI) and other diseases. The approach was based on worst case, best case and most likely scenarios. Clinical case management of complications of malnourished cases was strengthened at selected health facilities.

Health Cluster partners ensured safe access of women and girls to health care (not only for reproductive health) through an appropriate cadre of trained female health staff. Mass communication and social mobilization for disease outbreaks, and provision of gender-sensitive health care education messages targeting priority communicable diseases as well as sexual and reproductive healthcare including SGBV and treatment of fistula was emphasized at the community level.

The most important constraint was the limitation of access to certain geographical locations. The majority of the population in those areas had limited access to essential life-saving emergency medical treatment and essential health care. Additionally, large-scale population movements across Somalia, overcrowding and fatigue - all compounded and contributed to increased communicable disease outbreaks. Dengue, AWD and measles, often resulted in increased mortality rates within the under-5 year old population due to the high global acute malnutrition (GAM) and severe acute malnutrition (SAM) rates. The impact of drought was compounded by an escalation in the civil conflict between the opposing forces and the Transitional Federal Government (TFG). Injury management procedures drained essential human and material resources, thereby limiting services provided to other critical public health problems.

By end of September, 67% of the health clusters' funding requirements have been met. The health cluster closely cooperates with the WASH and nutrition clusters for preparedness and management of AWD and cholera outbreaks.

2.3.5 Logistics

The objectives of the Logistics Cluster in 2011 were to coordinate support to strategic services for the efficient delivery of common humanitarian assistance, as well as coordinate and prioritise logistics rehabilitation projects. All humanitarian actors, through the provision of enhanced logistical services, were the intended beneficiaries of the Logistics Cluster.

The Logistics Cluster received 38 requests from participants for cargo handling services in 2011, and handled over 5,000 metric tons of interagency cargo. The cluster also increased storage capacity in Bossaso, Berbera, and Gaalkacyo in line with the initial Cluster Response Strategy formulated at the beginning of 2011.

The Logistics Cluster strengthened capacities and responded to increased requests for logistics services in 2011. At least 95 per cent of service requests from participants were responded to (the target was 65 per cent). In reference to the mid-2011 indicator 'Minimum of three partner organizations coordinated for all shipped cargo' each inter-agency cargo shipment included more than three organizations.

A Logistics Cluster Concept of Operations from September of 2011 and going into 2012 was finalized this year, in reference to the indicator 'Logistics contingency response process updated and maintained yearly'. The two Logistics Cluster projects in the 2011 CAP, the UNHAS air operation (WFP SO 10,681) and the Special Operation for the infrastructure rehabilitation of ports and roads (WFP SO 10,578) both progressed in line with expected outcomes. The UNHAS operation provided safe and secure scheduled flights into and across Somalia, with an average of 1,310 passengers and 11.3 metric tons of light cargo per month (as of August 2011). Berth D (the inner port) was rebuilt after the burning out of the dhow in Bossaso Port. Debris removal at Bossaso Port was also completed. Five wreckages were removed from the port basin of Mogadishu, hence easing the berthing of ships to this shipping port. Navigation aids were also installed in the Mogadishu Port, supporting the entry of incoming vessels. These rehabilitation activities have reduced humanitarian cargo delivery lead times and the overall cost of shipping.

Ongoing activities at the end of the year included dredging and fender rehabilitation at the Bossaso Port; warehouse construction at the Berbera, Bossaso, and Mogadishu Ports; and tendering for electronics for the Marine Tower in Mogadishu (including radar, radios etc.)

A Special Operation (WFP SO 200344) for common services for south Somalia was set up in August 2011. Based on the ongoing logistics gap analysis for the south, the cluster was providing coordination and information management services, and aimed at provision of common services to participants as required, including cargo transport by sea and common warehousing facilities.

The main challenge faced by UNHAS this year was the poor condition of air infrastructure in Somalia. In addition limited funding led to a reduction in the fleet and created challenges for long-term planning. The rehabilitation project's main challenge this year was limited access to Mogadishu Port due to insecurity.

2.3.6 Nutrition

The nutrition cluster objectives were to provide treatment services for acute malnutrition, focusing on quality and coverage and using the Somali Integrated Management of Acute Malnutrition (IMAM) guidelines; to ensure that the underlying causes of acute and chronic malnutrition are addressed, while also tackling micronutrient deficiencies through the basic nutrition services package and most importantly to ensure that partners were trained, prepared and supported to deliver quality nutrition interventions.

The August 2011 post-*Gu* rains nutrition surveys showed that the nutrition situation in the southern region of Bay worsened into famine as per the Integrated Phase Classification. This was added to the other southern areas of Mogadishu IDPs, Afgooye IDPs, Balcad and Cadale areas of Middle Shabelle, Lower Shabelle and Bakool agro-pastoral livelihood zones where famine had already been declared in July and August 2011. The GAM prevalence for Bay was 58 per cent with the average GAM for the whole southern region being 36.4 per cent and average SAM of 15.8 per cent. Crude and under-five mortality rates were also very high to as much as under five mortality rates of 13/10,000 children/day.

The number of children requiring treatment for acute malnutrition nearly doubled from the cluster target of 238,000 children requiring treatment in six months to 450,000 children requiring treatment in the second six months of the year. Of the 450,000 that require treatment, 190,000 were severely malnourished of which 161,000 (85 per cent) were located in the south of Somalia.

The cluster realized that the children from 5 to 10 years of age were also at risk of mortality due to the famine in Somalia. The FSNAU estimates that there is a six-month caseload of 110,000 children aged 5 to 10 years requiring treatment in addition to those usually covered, including children aged 6 months to 59 months and pregnant and lactating women.

The cluster continued to prioritize the populations of Somalia's south and central zones, NE and NW IDPs and NE and NW pastoral areas of Guban pastoral, West Golis pastoral, Nugaal valley and the Sool-Sanaag Plateau pastoral populations due to the worsening nutrition situation. Nutrition cluster partners have scaled up nutrition services provision especially in Mogadishu covering both the IDPs settlements and host communities. In Mogadishu alone there are now 9 Stabilizations Centres(SC), 38 Outpatient therapeutic care programmes (OTP) and 38 targeted supplementary feeding programmes (TSFP). This represents a scale-up from 4 SC, 14 OTPs and 21TSFPs at the beginning of the year.

By mid-September, there were three wet feeding centres that reached a total of 22,800 households with three meals a day in the areas of Dhobley, Doolow and Luuq. Blanket supplementary feeding reached 32,727 households in areas of Hiraan, Middle and Lower Shabelle, Bay,Bakool and Jubas. As for treatment services, a total of 100,000 moderately malnourished children and 70,000 severely malnourished children were reached by the nutrition partners.

The cluster scaled up to cover increased caseloads and by mid-September there were 95 nutrition partners as compared to 57 at the beginning of the year. Treatment centres increased from 25 to 32 Stabilization Centres (SC), 388 Out-patient Therapeutic Programmes (OTP) to 461 and 512 Targeted Supplementary Feeding Programmes(TSFPs)to 656 since January 2011.

The establishment of the field cluster coordination across Somalia, including all the regions in south central Somalia, contributed to improved response, gap identification, gap filling and information flow from the field. However, it still needs to be strengthened.

The food access problems in the south continued, with the exception of Mogadishu, Gedo and parts of Juba where WFP provide general food distribution. This put pressure on the blanket supplementary feeding programmes as the food provided forms the basis for food in the household. It also delayed the impact of children cured in centres, as there is not enough food in the household to discourage sharing of individually targeted therapeutic rations among the family and keep the nutritional status of the affected children on a secure level.

2.3.7 Protection

In the CAP 2011, Somalia Protection Cluster objectives are to provide services and strengthen community resilience in order to respond to protection violations, with a particular focus on women, girls, boys and men affected by the conflict or drought, as well as other vulnerable communities; enhance monitoring of and reporting on protection violations faced by women, girls, boys and men affected by conflict and drought and other vulnerable communities in order to inform advocacy and programmatic responses; and strengthen capacity building of key duty-bearers, including formal and informal institutions, in order to enhance the overall protective environment, the prevention of, and response to protection violations.

The total number of the targeted population by the Somalia Protection Cluster was 2,406,600 people (1,443,960 female and 962,640 male). This number represented an estimate of the total numbers of targeted population in all 2011 CAP projects approved by the cluster. The emergency revision scale-up plan in June 2011 targeted an estimated 499,791 people (299,875 female and 199,916 male). These figures comprised of IDPs, survivors of violations with particular focus on women, girls, boys and men affected by conflict and other vulnerable communities.

A total of 105 Population Movement Tracking (PMT) and 34 Project Monitoring Network (PMN) reports were disseminated during the period. The most frequently reported violations were in South Central Somalia (2,543 victims), the number of violations in Somaliland and Puntland were lower (1,006 and 858 respectively). The top four reported areas of violations were physical assault/attack not

resulting with death (1,553), illegal arrest and detention (778), killing/manslaughter (776) and rape (446).

At least 12,942 survivors of protection violations (an estimate of 3,387 males, 3,257 females, 3,403 girls and 2,895 boys) received psychosocial, legal, medical and protection though livelihood support. Identified protection risks included GBV, child labor and insecurity. Some 4,000 households benefited from livelihood support and community protection initiatives. A total of 69 services including community based psychosocial support, child friendly spaces, basic education skills and livelihood opportunities were provided for 689 males, 777 females, 13,821 girls and 18,355 boys.

Cluster Members conducted 33 joint advocacy initiatives on Illegal Detention, IDP Rights, Child Rights and Gender Based Violence. Some 186 persons benefited from capacity building activities on mitigating protection risks, clinical management of rape, and protection monitoring and reporting. A further 25 capacity building activities targeted 310 males and 240 female service providers including teachers and traditional birth attendants. Six gender sensitive policies and frameworks were developed/ strengthened for community based protection networks benefiting 1,712 males and 1,198 females, six girls and nine boys. The Somalia Protection Cluster drafted and shared a Somali Tailored Protection Mainstreaming Tool to assist the other Clusters in Somalia in fine-tuning their activities by ensuring that all vulnerable groups and members will have the chance to access the services provided by these Clusters in Somalia.

Access remained the main challenge faced by Somalia Protection Cluster members. In addition to general access constrains, it has been extremely challenging to assess and address specific protection needs. The Somalia Protection Cluster remained the least funded cluster in the CAP 2011 and therefore, many needs remain unmet. Only 12% of CAP 2011 projects were funded as of September 2011. The fact that Somalia Protection Cluster was not considered a priority cluster made it extremely challenging to apply for additional funds to scale -up activities in order to meet the increased protection gaps. Challenges in recruiting suitably qualified partners, particularly in famine affected areas due to security concerns was one of the key challenges faced by the cluster.

2.3.8 Shelter/Non-Food Items

The cluster objectives were to protect newly displaced and other vulnerable groups from life-threatening elements; to improve the living conditions of the displaced population in stabilized settlements; and to support the IDPs and responsible authorities in voluntary relocation – or return where possible.

The target population were IDPs throughout Somalia whether their displacement was due to drought, famine, conflict, fire or flood. To complement activities, the host population is also supported with the provision of non-food items when appropriate. The number of displaced and consequently the target population varies. The planning figure was 1.29 million across all regions of Somalia.

As of 16 September since the 1 January the cluster distributed 85,840 Emergency Assistance Packages (EAPs) benefitting 515,040 people throughout Somalia. These packages contains: a 4m x 5m plastic sheet, 3 150cm x 200 cm blankets, a synthetic sleeping mat 2.7m x 1.8m; a kitchen set comprising of 2 aluminum cooking pots with lids, 5 deep plates, 5 bowls, 5, table spoons, 1 kitchen knife and 1 serving spoon; 2 non-collapsible 10 L water containers; and sanitary items (sanitary cloth, underwear and soap). This represents 40 per cent coverage. The remaining 60 per cent have not been reached due to a lack of funding.

Transitional shelter has been provided to 33,000 IDPs (55 per cent) out of a target of 60,000. For the same period of 2010, 71,425 packages were distributed; this was an increase of 20% increase in 2011. In 2010, for the same period, 75,000 beneficiaries received shelter. This represents a 50 per cent drop

from last year due to difficulties with relocations and funding being drawn away from Puntland to the food crisis regions in the south.

A major achievement for the Cluster has been the shift away from the use of tents to a transitional shelter approach for longer term IDPs. Following field studies in Bossaso and Gaalkacyo, led by the cluster, there is general consensus amongst members that all shelter should adhere to the principles of transitional shelter whereby more focus is given to the process rather than the product and that the intervention offers at least one, but preferably all of the following options: upgradeable, reusable, resalable or recyclable.

The cluster has faced several key challenges in 2011 including a lack of access and complications with relocations of IDP settlements. Access has been difficult and in particular access to parts of South Central. To reduce this, the cluster has been working with more local partners and building their capacity. The main planned relocation at BuloElay in Bossaso has not been successful due to issues related to the land ownership despite the project receiving considerable funding and support. Lessons have been learnt and will be incorporated into the Cluster's objectives for 2012.

2.3.9 WASH

WASH needs increased dramatically throughout 2011. At the start of 2011, 2 million people were reported to be in humanitarian emergency by FSNAU; this figure increased to 2.4 million in April 2011 and to 3.3 million in September, reflecting the impact of the prolonged drought and famine conditions.

WASH Cluster objectives included the increased, equal and sustained access to safe water and sanitation facilities, the promotion of good hygiene practices, and the building of capacities of Somali communities to maintain water infrastructure. The cluster's main objective in 2011 was an increased focus on sustainable water interventions (e.g. protection/construction of shallow wells, construction/rehabilitation of boreholes) to accompany the temporary responses of water access by voucher and chlorination, for increased resilience of the community. Key scale-up activities have also included hygiene promotion activities in nutrition centres, and pre-positioning supplies for cholera/AWD response.

By the end of September, cluster members had reached 1,111,696 people with sustained water access (67 per cent of original target, 34 per cent of revised target). Concurrently, 1.8 million people were receiving temporary provision of safe water (O&M/chlorination, HHWT (chlorination), water access by voucher, water trucking); 490,613 people were newly accessing sanitation facilities through humanitarian efforts; and 1,180,776 people have benefited from hygiene promotion and/or NFI hygiene packages.

The strengthening of regional WASH Clusters in southern Somalia has continued through two regional workshops. Regional WASH Clusters are now active in Somaliland, Puntland, Middle and Lower Juba, Mogadishu, Galgaduud, Mudug and Gedo, and recently established in Bay/Bakool and Hiraan. WASH agencies are committed to coordination, and the majority of regions in Somalia now have monthly WASH Cluster meetings.

The introduction of Water Access by Voucher schemes (since January 2011) has improved accountability to beneficiaries compared to water trucking. In 2011 to date, 520,000 beneficiaries were reached through Water Access by Voucher schemes. A dedicated Hygiene Promotion Package has been developed and implemented during the emergency response in southern Somalia. This focuses on training of dedicated hygiene promotion experts for Nutrition Centres, IDP camps and communities promoting commonly developed messages from WASH, Health and Nutrition clusters.

Integration with other clusters has been crucial in developing an appropriate response (for example, development of cross-cluster response matrices for Health/Nutrition/WASH and Education/WASH for

agencies). Improved clarification of responsibilities between WASH and Health for AWD/Cholera Preparedness and Response, has been achieved via an AWD/Cholera responsibilities matrix, and a *Do no Harm* guide has been introduced to support WASH agencies to consider/reduce conflict when implementing WASH projects.

The Cluster faces the challenge of a limited number of WASH agencies with access to Southern Somalia, with restrictions on movement of personnel and staff. The WASH Cluster strategy focused on scaling up existing organisations, who have the best chance of scaling up quickly and effectively in this environment. However this leads to limited absorptive capacity of WASH agencies, and limited technical capacity. The needs change regularly, as population movement is very fluid and households seek food and other resources.

2.3.10 Enabling Programmes

The Enabling Programmes objectives' were to support the delivery of humanitarian assistance to the most vulnerable populations in Somalia through strengthened coordination of response, risk management and enhanced security for humanitarian actors.

In 2011, five regional Inter-Cluster Working Groups (ICWG) were activated (Hargeisa, Garowe, Galkacyo, Mogadishu and Gedo) and all regions have functioning cluster field focal points. Cluster coordination has begun to be strengthened in Mogadishu with eight clusters activated and supported by the OCHA field office in Mogadishu. OCHA and clusters increased their field presence particularly in central Somalia and in Mogadishu. In Somaliland, UNDP, OCHA, FAO, OXFAM and the authorities have started working on a comprehensive Disaster Risk Reduction project which will last 3 years and build the capacity of the authorities and the communities to respond to and mitigate natural disasters. The coordination mechanisms such as ICWG, IDP Task Force, humanitarian forums and functioning cluster coordination meetings in both Puntland and Somaliland have increased or been re-established which has led to improved humanitarian action and responses.

In the Central regions, OCHA has closely worked with UNDSS in 2011, engaging with different local authorities on the ground to get access to communities in need, at the same time, guaranteeing safety and security for staff and property. As a result, humanitarian space increased and now Mudug, most parts of Galgaduud and part of Hiraaan are accessible for the humanitarian community to deliver services to the vulnerable communities and stepping up monitoring and evaluation missions to enhance accountability. The improved security environment and the engagement with most local authorities in Central regions facilitated joint inter-agency, inter-cluster assessments on the ground ensuring timely dissemination of relevant information and analysis to all stakeholders to help informed decision making on gaps and humanitarian needs.

OCHA's information and data collection and management was enhanced with the introduction of a humanitarian Dashboard that is regularly updated by clusters. Before the crisis, the 3W (*who does what where*) database was updated on a quarterly basis but now, it is updated monthly. Improved data collection, analysis, and presentation has allowed for a clearer picture of the needs and gaps to be presented to donors, humanitarian actors, and other stakeholders. It has contributed to a better targeting of beneficiaries and increased donor engagement. In 2011 OCHA produced 108 area based maps which highlight and summarize humanitarian interventions per region. These maps were updated every month to include on-going and completed interventions as reported by the clusters. They were used to support decision making and more specifically provided a visual interpretation of key humanitarian service points in the famine affected regions of Somalia. In addition, they were posted on the website and there has been an increase in the number of hits on the website by xxxxx.

Pooled funding projects responded to assessed needs and gaps identified; and funding for the latest 2011 appeal (Emergency Revision of the CAP 2011) is at 75% as of 21 October 2011. In response to the declaration of famine, the CHF supported 43 projects with a combined budget for more than \$15

million in the three months following the declaration of famine on 20 July from its emergency reserve to speed up the release of funds to approved projects. Overall, pooled funding (including the CHF, CERF and HRF) has increased by a factor of almost six over the past five years, accounting for 16% of CAP funding as of 21 October 2011, the highest share ever. Key messages on protection of civilians and the humanitarian crisis in Somalia were issued by the HC. These messages played key role in publicizing the deteriorating humanitarian situation in the country.

United Nations Department of Safety and Security (UNDSS) expanded its presence in Somalia. The Security Information and Operations Centre, that provides seamless day to day management of security operations and information, as well as enhanced management of security during major incidents and hostile incident management (HIM) situations, became operational and fully staffed. The Security Aircraft reinforced the capacity to react in support of the UN agencies, funds and programmes (AFPs) and Humanitarian counterparts in case of Medevacs, Emergency relocations or evacuations and Search and Rescue situations. It also enhanced the ability to respond to the needs of the AFPs in terms of urgent security assessments in the light of the changing working environment and the needs emerging from the acute humanitarian emergency in Somalia. Operations in South Central are under continuous review and change as soon as new security developments allow us to create UN Hubs in SC with international presence. Operation of locally embedded national staff in South Central is regulated by a specific Concept of Operations that allows them enough flexibility to cope with their hazardous operational environment. Deployment of five MERT (Medical Emergency Response Teams) teams and a dedicated Security Aircraft has improved the existing MEDEVAC capacities, benefiting the UN AFPs and humanitarian partners. Enhanced coordination with INGOs in the field and the NSP (NGO Security Programme) by providing appropriate support and information sharing (focus on South-Central where NGOs are conducting operations). The new NGO Liaison Officer post is helping a lot in the implementation of the Saving Lives together framework. Within critical incident stress management unit (CISMU), two Peer Support Volunteer workshops for UN AFPs and Humanitarian counterparts will be conducted in 2011 to develop a network of PSVs all over Somalia. They will be the first responders in case of Critical Incidents or Cumulative stress.

2.4 Review of humanitarian funding

Humanitarian funding for Somalia was low and came in slow during the first half of 2011. Funding for the CAP, by early July, was less than in any of the three previous years. This made it difficult for the humanitarian community to respond to the worsening drought in the country and put in place preventive action and resulted in major calls being made on the CHF. A few donors gave substantial amounts of funding early in the year. Pooled funds stepped in. Both the Common Humanitarian Fund for Somalia (CHF) and the Central Emergency Response Fund (CERF) allocated funds before famine was declared. The CHF supported drought action with \$43.6 million and the CERF provided \$15 million of emergency funding.

All this changed dramatically when famine was declared in two regions, on 20 July 2011. The HCT revised the strategic priorities of the CAP, raising requirements from \$530 million to \$1.1 billion (later reduced to \$983 million). During the two months from 20 July, donors gave \$572 million (CAP and non-CAP), more than they had contributed in the first half of the year and more than in all of 2010 (see graph 1, to be updated). As of 28 September, the CAP for Somalia was the best-funded humanitarian appeal worldwide.

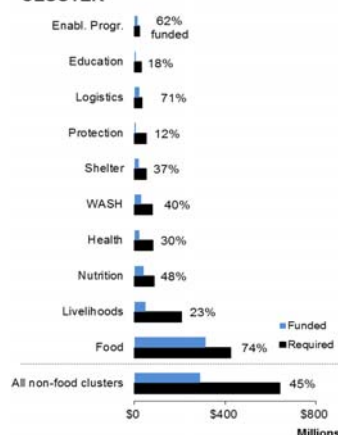
MAP

This funding came from donors that have supported humanitarian aid in Somalia for years and who increased their contributions substantially in 2011. The UK, European Commission, the US, Australia,

Canada, Japan, Sweden, Norway, and Denmark top the list of those who gave more in 2011 than in the previous year. In addition, non-traditional donors significantly supported relief in Somalia for the first time in years. Overall non-traditional donors accounted for about one third of new funding since the declaration of famine. The top non-traditional donors were Saudi Arabia, Turkey, Brazil, China, Kuwait, and United Arab Emirates, together with over \$143 million in total funding as of 28 September.

While a broadening of the donor base and the quick release of funds following the declaration of famine was good news, it brought challenges. Most of the funding went directly from donor to aid agency, rather than via pooled funds. Much of it was provided outside established coordination mechanisms. Many donors, in particular new ones, did not regularly participate in coordination meetings in 2011. Some assistance was in-kind, which has made it difficult to focus on the most urgent priorities in a coordinated fashion. For instance, a large percentage of assistance is concentrated in Mogadishu, less in Bay, Bakool and other rural areas with dramatic needs. Cluster funding levels were unbalanced: while some clusters (Food, Health) were relatively well funded, others struggled (Protection, Livelihoods, Shelter, see Graph 2, to be updated).

GRAPH 2: FUNDING BY CLUSTER



A higher percentage of funding than in previous years (28.5 per cent for 2011, as of 28 September 2011, compared to 18 per cent for 2010) went to projects outside of the CAP (Graph 3). There was no clear distinction between traditional and non-traditional donors in terms of how they apportioned their funding between CAP and non-CAP projects. Some traditional donors gave substantial amounts of funding to projects outside the CAP while some non-traditional donors, including the top three non-traditional donors, Saudi Arabia, Brazil and China, gave all their funding to CAP projects. Much of the funding for projects outside the CAP was given in-kind. Of \$54 million in in-kind contributions recorded, none were for CAP projects.

MAP

Overall, the CHF, its emergency reserve and the CERF were crucial funding mechanisms for the Somalia operation in the face of increased needs in dire emergency contexts (Graph 4). As of 17 October 2011, pooled funding accounted for 16% of overall CAP funding, the highest since 2006. In 2011, the CHF supported has so far supported 175 projects with almost \$70 million, including 27 projects from a special drought allocation of \$4.5 million early in the year in the clusters for Agriculture and Livelihoods, and WASH. According to project plans, aid agencies will assist some 2.2 million beneficiaries suffering from effects of the drought under CHF-supported projects in 2011. The CERF supported 16 projects with almost \$53 million in 2011 (CHF and CERF figures as of 4 October 2011). Together, pooled funding provided \$122 million in 2011 which accounted for one sixth (16.6 per cent) of all CAP 2011 contributions (as of 28 September).

MAP

2.5 Review of humanitarian coordination

The Somalia Inter-agency Standing Committee (IASC) was established in 2006. In January 2011, the name of the body was changed to the Somalia Humanitarian Country Team (HCT-S) and terms of reference were adopted in line with the outcomes of the 2009 IASC retreat, and the Global IASC Guidance Note on Humanitarian Country teams dated November 2009.

In 2011, the HCT-S oversaw the development of a comprehensive strategic humanitarian plan reflected in the CAP, CAP MYR and CAP Emergency Revision. It carried out common initiatives to focus donor attention on important outstanding gaps and mobilize resources. The HCT issued common positions on several policy issues of inter-agency concern, notably the proposed establishment of IDP camps in southern Somalia, the use of military assets in support of humanitarian operations, the guidance note on incoming humanitarian organisations in Somalia, and key messages on humanitarian issues.

The Inter-Cluster Working Group (ICWG) is the body responsible for cross-cluster coordination among the nine clusters in Somalia. It is a forum where clusters jointly plan, strategize and coordinate their activities. The ICWG developed contingency plans for conflict and drought in south-central Somalia and put together an inter-cluster strategy to ensure alignment between the interventions of various clusters. To address food insecurity and malnutrition, a tri-cluster strategy was jointly developed by Food Assistance, Agriculture and Livelihood and Nutrition Clusters, and Protection and Education clusters integrated their response plans to address child-protection related issues, especially in schools. Five field ICWG forums were active inside Somalia and played a key role in coordinating humanitarian response in the field. These field structures provided useful guidance on needs and gaps and mapping of response in the field to the ICWG in Nairobi. These forums are active in Gedo (covering from Mandera) and Mogadishu in the South, Gaalkacyo and Garowe in Puntland and in Hargeysa in Somaliland. Individual clusters are also active in Mogadishu and Gedo in the south. In Somaliland, cluster structures were aligned with government sectors to ensure complimentary between humanitarian and development interventions.

The cluster system was further strengthened in 2011 and all clusters have dedicated cluster coordinators. WASH, Education, and Nutrition clusters received additional capacity as dedicated information management officers came onboard. This has significantly augmented the clusters' capacity to improve information products, monitor response and identify gaps. An inter-cluster joint needs assessment was carried out in Gedo and Mogadishu in July. An Assessment and Information Management Working Group (AIMS-WG) was formed as a sub-working group of the ICWG to improve data collection, information management and response monitoring.

All clusters increased their support to the field cluster structures through increased field presence. All regions have field cluster focal points and the volume of information received from these focal points has increased. Communication between the field and Nairobi clusters has also improved. Field clusters actively participated in the MYR and CAP 2012 processes. Cluster chairs attended all field workshops and drafted priorities for each zone with the cluster field focal points. In cooperation with the clusters, OCHA has produced regional analysis sheets to highlight the response and gaps in the different regions of Somalia.

Due to the increased scale of the humanitarian crisis in Somalia, OCHA has strengthened and scaled up its geographical coverage and capacity in the areas of coordination, information management, public information and reporting, and funding coordination. This was done through the recruitment of eight international and eight national staff and deployment of surge experts from relevant OCHA HQ units and other OCHA country and regional offices.

3. Needs analysis

3.1. Food Security

FEWS NET Somalia Seasonal Calendar and Critical Events 2011-2012

MAP

Somalia continues to suffer from a prolonged humanitarian crisis. The extreme drought caused a devastating famine in parts of southern Somalia in the second half of 2011. In total 4 million people are in crisis nationwide, of which 3 million are in the south. Some 750,000 people (490,000 rural and 260,000 IDPs) are experiencing famine-level outcomes and are at risk of death in the coming four months in the absence of an adequate response. Tens of thousands of people have already died, over half of whom are children. Assuming current levels of response continue, famine is expected to spread further by the end of 2011.

Breakdown of population in crisis by rural, urban and IDPs

Type of population in crisis	July to December 2011	% Increase or decrease from Deyr 2010/11 season (Jan-June 2011 estimate)
HE Urban	365,000	103% increase
HE Rural	1,450,000	309% increase
AFLC Urban	220,000	25% decrease
AFLC Rural	610,000	6% decrease
Famine Urban	490,000	-
IDPs ¹³	910,000	No change
TOTAL	4,045,000	
Population in Crisis	rounded to 4 million	69% increase

From July 2011, famine was declared according to the integrated phase classification (IPC)¹⁴ in the agropastoral areas of Balcad and Cadale districts of Middle Shabelle, the Afgooye corridor IDP settlement, the Mogadishu IDP community, Bakool agropastoral livelihood zone, the Lower Shabelle region and Bay region. An additional 50,000 people in the cropping areas of Gedo and Juba and pastoral areas of Bakool face Famine-level food deficits. Despite a large-scale increase in humanitarian response, evidence suggested that food security in the agropastoral and riverine areas of the south would deteriorate further over the last four months of the year. Famine is considered likely by December 2011 in agropastoral areas of Middle-Shabelle and Hiraan, and riverine areas of Gedo and Juba.

Concerns also persist regarding pastoral populations in northeast and northwest, agro pastoralists in the Cowpea Belt of central and coastal populations of central, where half of pastoralists have lost all

¹³To avoid double counting, only IDPs originating from Mogadishu are considered in the overall population in crisis. This is because FSNAU does not conduct assessments in Mogadishu and those IDPs from other regions are already considered in the overall IPC analysis

¹⁴According to the IPC, evidence of three specific outcomes is required for a famine to be declared: (1) at least 20% of households face extreme food shortages with limited ability to cope; (2) the prevalence of global acute malnutrition must exceed 30 percent and (3) crude death rates must exceed 2 deaths per 10,000 people per day.

livestock and are destitute. However, food security outcomes have improved for camel pastoralists in Gedo and Juba, and pastoralists in the Addun and Hawd zones of Central/Northern regions.

The current crisis in southern Somalia is driven by a combination of factors. The total failure of the October-December 2010 *Deyr* rains (secondary season) and the poor performance of the April-June 2011 *Gu* 2011 rains (primary season) have resulted in the worst annual crop production in 17 years, reduced labor demand, below-average livestock prices, and excess animal mortality. The decline in maize and sorghum availability has subsequently pushed local cereal prices to record levels and, in combination with reduced livestock prices and wages, household purchasing powers substantially reduced in all livelihood zones. Large-scale displacement and significant limitations on humanitarian access have further exacerbated the negative food access and health outcomes.

Local cereal prices across the south are far above average, more than triple the prices of 2010 in some areas. These high prices have eroded the value of wages and livestock and, combined with reduced crop production, resulted in substantial food deficits among poor and lower middle households, especially in marginal cropping areas. In urban areas, sky-rocketing food prices and significantly eroded purchasing power are the main contributing factors to the current food security crisis. The outlook for the short rains of 2011 i.e. the *Deyr* season however, is predicted to be average with good rains expected to start in October. This will provide some relief to the population in crisis and assuming availability of manpower, an average harvest in January. However the local cereal deficit is so significant that even with this average harvest, local cereal prices are likely to remain high up to August 2012, the next major harvest. There are also concerns of a possible, La Niña later in the year which may impact the rains in 2012, and possibly extend the dry season. Therefore, the current magnitude of crisis in the 2nd half of 2011 is likely to persist into 2012.

3.2. Nutrition & Mortality

The nutrition situation continued to deteriorate in South Central regions in 2011. Average GAM prevalence increased to 36.4 percent from 16.4 percent last year and the average severe acute malnutrition (SAM) prevalence increased by four fold from 4 percent last year to 15.8 percent. The highest recorded level of acute malnutrition is in Bay, where the GAM prevalence is 58.3 percent¹⁵. Emergency levels of malnutrition and mortality persist in cross border refugee camps. Conditions are especially dire in the new camps in southern Ethiopia, where acute malnutrition exceeds 30 percent and mortality has likely surpassed 2/10,000/day, despite adequate stocks of food aid.

Population-wide death rates are above the alert level (1/10,000/day) set by the IPC across all areas of the south, above the Famine threshold (2/10,000/day) in the Bay, Bakool and Middle Shabelle (Balcad and Cadale) agropastoral livelihood zones, and more than double the famine threshold in Lower Shabelle and among IDPs in the Afgooye corridor and Mogadishu. Results in the other regions remained below 2 but above 1.5. Tens of thousands of people have died in the past three months. Under-5 death rates are higher than 4/10,000/day in all areas of the south except Juba pastoral. Under-5 death rates meet or exceed 13/10,000/day (equivalent to 10 percent of children under five dying every 11 weeks) in riverine and agropastoral areas of Lower Shabelle and among Afgooye and Mogadishu IDPs. Measles and Acute

Watery Diarrhea outbreaks continue in southern Somalia especially among Mogadishu IDPs where the nutrition and mortality results indicate deterioration from the July surveys.

The nutrition situation has generally deteriorated in most pastoral livelihoods of Northwest and Northeast Somalia, particularly, in West Golis and Nugaal Valley where the situation has significantly declined to *Very Critical* levels; and in Sool Plateau and Costal Deeh to *Critical* levels in 2011. The median GAM prevalence increased to 14.4 percent this year from 10.3 percent last year in Northwest Regions and to 16.7 percent from 10.7 percent in North East Regions. The median severe acute malnutrition (SAM) prevalence has almost doubled from 1.6 and 2.4 percent last year in Northwest

¹⁵The U.S. Centers for Disease Control (CDC) has verified these findings.

and Northeast regions respectively to respective median rates of 2.6 and 4.1 percent. However, crude and under five death rates have remained within the respective acceptable levels of <1/10,000/day and <2/10,000/day in both Northwest and Northeast Regions. IDP nutrition situation in the Northeast has deteriorated to *Very Critical* levels with GAM rates of over 20%, and in Burco IDPs to *Critical* levels. Crude death rates in these population groups are nevertheless below 1/10,000/day.

GAM and SAM Rates across Somalia

MAP

3.3. Conflict Dynamics

Armed conflict has been the major determining factor in Somalia's status as a failed/fragile state and the consequent humanitarian crises for close to two decades. Unprecedented food emergencies due to recurrent drought phenomena and constant fighting between the myriad warring factions have now elevated the humanitarian crisis to record levels. Over the past two decades, Somalia has been embroiled in a complex conflict and insurgency involving Transitional Federal Government of Somalia (TFG), now supported by the African Union Peacekeeping Mission in Somalia (AMISOM), against an armed and amorphous rebel movement that has created huge civilian displacement and contributed to the current humanitarian crisis in the country.

Although there are conflict hot spots in all the eighteen regions of Somalia, the south and central regions remains the hotbed of conflict between the warring parties in the country. However, unlike previous years when there were numerous armed groups competing for territorial control in the country, the number of armed factions has drastically reduced since 2008. At present, there are three significant fronts in the south and central and at least two in north and northeastern Somalia. The ongoing or potential conflict by these groups is a contributing factor to humanitarian emergencies.

The sporadic conflict between the governments of Somaliland and Puntland over their disputed common border in Sool, Sanaag and Togdheer regions causes temporary displacements throughout the year. These tensions have displaced approximately 35,000 in 2011. Humanitarian access is limited, particularly for the international aid agencies and their personnel in these regions due to insecurity and other impediments by the local administrations in control of the disputed regions.

Tension between Puntland regional administration and the 'Gal Mudug' local authorities continues to pose challenges for the delivery of humanitarian assistance. The administration of Gaalkacyo town in Mudug region is divided between Puntland to the north and the 'Gal Mudug' administration to the south. The tension, which is motivated by clan interest, usually spills over to cause political upheavals between the two administrations.

In Puntland, IDPs from the southern Somalia regions also face daunting challenges of arrests and deportation. The Puntland administration cites concerns about the threat of acts of terrorism in the region as justification for its approach towards IDPs. Security concerns in Sool and Sanaag of northeastern Somalia and access constraints in central regions of Somalia remain an impediment to the delivery of life-saving assistance in these areas. Pirates also have influence in coastal parts of Mudug region, particularly Xarardheere. Conflict in this area creates insecurity and limits movement of humanitarian assistance and personnel from time to time.

Ahlu Sunnah Wal-Jama'a (ASWJ) is a moderate Islamic armed group which mainly operates and has influence in parts of south and central Somalia, particularly Galgaduud and Gedo regions. The group is currently divided into three main factions that wrangles over leadership positions and are based in Mogadishu and Gedo region. Despite the apparent differences between its various splinter factions, the group is politically allied to the Transitional Federal Government of Somalia (TFG) and has remained a formal part of the TFG since 2010. Ideologically, it is strongly opposed to Al Shabaab. ASWJ has

engaged Al Shabaab in numerous fighting and has managed to limit Al Shabaab's influence and expansion towards northern regions. Conflict between ASWJ and Al Shabaab continues to cause displacement, disruption of livelihoods and basic services, and reduced humanitarian access in these regions.

In the Lower Juba region, a splinter faction of the former Raas Kamboni Brigade under the leadership of Sheikh Ahmad Madobe still operates. Sheikh Madobe formed this splinter group after the main Raas Kamboni Brigade merged with Al Shabaab in February 2010. This splinter faction is now allied to the TFG and is currently militarily active in the Lower Juba region. On 16 October 2011, and following a series of kidnappings targeting foreign nationals in Kenya, the Kenyan government invoked article 51 of the UN charter which stipulates rights of self-defense and deployed its armed forces inside Somalia. It has since assisted the splinter Raas Kamboni Brigade to seize areas such as Dhoobley, Taabta, Raas Kamboni and Qooqani, in the Lower Juba region. The conflict and tensions between the various armed factions in the regions along the Somalia, Kenya and Ethiopia borders causes displacement and also affects the movement of IDPs from other parts of Somalia, who transit through these regions to reach refugee camps in Kenya and Ethiopia. It also limits movement of humanitarian personnel and the cross-border humanitarian operations.

The capital, Mogadishu, has been a contested zone between the TFG and its supporters on the one hand and Al Shabaab and affiliates on the other since 2006. In August 2011, Al Shabaab 'tactically' withdrew from the majority of the districts under its control in Mogadishu, leaving almost 95 per cent of the city in the hands of the TFG and AMISOM forces. In October 2011, and following fierce fighting launched by the TFG and AMISOM forces, Al Shabaab was pushed out of the remaining pockets under its control in Mogadishu. It is however believed that the group is still in control of Dayniile district. The conflict situation in Mogadishu has created large IDP settlements around Mogadishu, particularly along the Afgooye corridor, Dayniile and Balcad areas and has sent displaced people further afield to Puntland, Yemen, Ethiopia and Kenya. The conflict has also disrupted access to basic services and livelihoods within the city. Actions by all parties to the conflict led to higher civilian casualties during the various offensives of the past year than previously.

3.4. Displacement

IDPs remain the largest single population in crisis. The Somalia Humanitarian Country Team (HCT) estimates that 1.46 million people are still displaced in the country. The vast majority, or 62%, of the displacements in 2011 were due to drought. As *Graph 1* below illustrates, between January and the end of September more than 270,000 displacements were recorded. However, much of this displacement could be for short or long periods (days, weeks or months) and some IDPs returned to their homes or fled the country to seek asylum when the situation allowed. An increased influx of displacements to Mogadishu was witnessed from January to July due to drought (*Graph 1*). There were surges of displacement to the border regions of Gedo and the Jubas in July and August due to drought. This pattern of temporary displacement, a large constant IDP population and periodic episodes of increased displacement due to drought and outbreaks of violence, is expected to continue in 2012.

Graph 1: Monthly displacement trends in 2011

MAP

Chart 1: Reasons for displacement in 2011

MAP

Source: IASCs' Population Movement Tracking System
* September data is up to 21st September, 2011
Others: Include causes Floods, Clan conflicts and relocation

Displaced persons in South Central regions remain of great concern. The continuing drought in Shabelle Hoose, Bay and Bakool regions continue to displace people in South Central. The shifting of base of Al Shabaab from Mogadishu to these regions preventing humanitarian access adds more pressure to the 1,253,000 displaced persons in South Central. In August, as a result of drought, more displacements were reported in Belet Weyne district of Hiraaan region.

There are an estimated 139,000 IDPs in Puntland. Puntland IDPs fall into three categories. The first are people in transit through Puntland for Yemen and other points abroad. The time that IDPs stay in Puntland varies considerably; some remain for only a few days and others stay more than a year. More than 16,000 Somalis arrived in Yemen in the first eight months of 2011. The second category is people displaced for a short time due to localized conflict or natural disasters. These individuals often return home quickly. The third category is long-staying IDPs who are not in transit, who may have been there for many years and have relocated due to past conflict in southern Somalia or drought in central Somalia.

IDPs in Somalia often need basic emergency assistance due to the disruption of livelihoods and coping mechanisms. However, some long staying IDPs have needs very similar to host communities and local integration is a viable option for some populations. In 2012, the humanitarian community will clarify a strategy to compliment the government IDP policy and identify methods to transition IDPs from current assistance programmes to more durable solutions.

IDP Populations September 2011 (*Source: Somalia HCT*)

MAP

4. The 2012 common humanitarian action plan

4.1 Scenarios

The Somalia humanitarian community developed three scenarios to facilitate planning of humanitarian activities for 2012. The scenarios were drafted through a consultative process that included inputs from Somalia and Nairobi-based agencies. Objectives and activities proposed by each cluster in this appeal have used the “most likely” scenario.

Best-Case Scenario

Somali agriculturalists enjoy a good harvest and rangeland is regenerated due to average seasonal rains. Livestock conditions improve due to limited livestock disease outbreaks and increased availability of pasture. Agriculture crops increase and the livelihoods of farmers and pastoralists improve. The affected population begins to recover from famine, however some humanitarian needs remain. Food prices remain stable or decrease slightly.

Somaliland continues to be governed by a stable and effective government following a new law that opens the political arena to more political parties. In Puntland, the security situation improves and the political situation continues to stabilise. As a result, government procedures, policies, and respect for the rule of law improve. There are improved relations between Puntland, Somaliland and neighboring regions, and humanitarian access to Sool and Sanaag increases. Piracy reduces due to government action and alternative livelihood options. The new constitution is ratified by the TFG, the outreach and reconciliation strategy is implemented and this leads to strengthened administrations and peaceful elections. The overall political situation improves and there is reconciliation between conflicting parties in all zones.

Security improves in all zones leading to overall improved stability and increased humanitarian access. However occasional clashes and pockets of insecurity remain. Improvements in the security environment allow for voluntary returns of displaced populations. There is decreased population movement from the areas affected by famine and conflict. Humanitarian access improves and there is an increased humanitarian presence in south central and in Sool and Sanaag regions in the north. Monitoring of programmes improves as a result. Humanitarian funding arrives in a timely fashion and is equal to the needs.

Worst-Case Scenario

Drought, conflict and high food prices continue and deepen the famine conditions, and the number of people in crisis increases. Due to disease outbreaks and malnutrition, there is an increase in human and livestock mortality and morbidity rates. Livestock mortality will lead to lack of milk and have a negative effect on the affected population’s nutrition status. Even if the *Deyr* rains are average, should conflict erupt during or before the harvest time, the harvest will be lost.

Increased conflict between Somaliland and Puntland over Sool and Sanaag will cause instability. In Somaliland, the opening of the political arena will result in inter and intra-clan conflict. Puntland political structures are also at risk, and tensions in and around Gaalkacyo increase. The increase in AMISOM strength in Mogadishu and possibility of international intervention correlate with an increase in violence in the capital and more civilian casualties. The TFG dissolves and is not replaced with a force that can consolidate power in South central Somalia. The fragmentation of political groups and clan conflict over resources lead to increased instability.

There is an increase in the total IDP numbers due to conflict. Regional authorities prevent the free movement of IDPs within and out of Somalia. Circumstances for IDPs in Puntland and Somaliland

become more difficult and there are increased forced relocations on security grounds. In Puntland, IDP relations with host communities deteriorate. In Somaliland, there is increased migration to urban centres due to conflict and drought. Key humanitarian indicators deteriorate because of the above. Increased clashes due to resource competition take place in all zones.

The deteriorating security situation will lead to no humanitarian space in certain parts of the country. Food pipelines are broken and corridors for humanitarian assistance blocked by the fragmented authorities on the ground. Militarized access increases resulting in increased risks for humanitarian access and decreased access to vulnerable groups. Life-saving interventions will be prolonged and recovery delayed. Donor fatigue and funding gaps will increase. Key donors may decrease their support. Overall, humanitarian funding is low and increasingly politicized, particularly in areas controlled by insurgents.

Most Likely Scenario

Below average rain fall due to *La Niña* phenomenon will lead to a failed planting season and deterioration of rangeland conditions. This leads to reduction in herd sizes and destitution among pastoral communities. Due to below average 2011 *Gu* rains, not only south central, but also large parts of the population of Somaliland is now also heavily affected by below average nutrition. Food prices continue to rise.

Somaliland is relatively stable, however, regional tension with Puntland continues, particularly over Sool and Sanaag which creates displacement and difficulties for humanitarian access. Forced relocations of IDPs from Puntland and Somaliland to south central are likely. The transition roadmap is implemented, however with delays, due to lack of resources and tensions. Security will deteriorate as the conflict in south central Somalia continues. There is an increased level of violence in the capital. Political divisions within the TFG limit its capacity for reconciliation and alliance building. The conflict between TFG/AMISOM and insurgents, in addition to possible international intervention creates displacement from south central Somalia towards the northern zones and Somali borders, similar to 2011. There is increased migration to urban centres due to conflict and drought. Concentration of humanitarian assistance in areas with access will act as pull factor for increased population movement.

Deteriorating security will lead to shrinking of humanitarian space. Key humanitarian indicators deteriorate because of the exhaustion of existing stocks and restriction on humanitarian agencies. Access to basic services, particularly in Mogadishu and Afgooye decreases. There is an increase in human rights violations.

In south central Somalia, humanitarian access stabilises or may decrease. Insurgents continue to directly restrict access and some agencies are banned from operating. Humanitarian activity felt to be non-threatening may be allowed to continue without international presence. Local NGOs also face severe constraints. The Somaliland political situation stabilises and facilitates humanitarian operations, recovery programmes expand. However, in Puntland, instability leads to a decrease in humanitarian access.

The pace of funding experienced in the second half of 2011 is not expected to continue in 2012 due to donor concerns about the ability of humanitarian actors to reach beneficiaries.

4.2 The humanitarian strategy

4.2.1 Response Strategy

In response to the deepening crisis and increased needs, the humanitarian community developed a clear response strategy to better address the immediate needs of the 4 million people in crisis, with the

aim to reduce excess mortality and further displacement. The humanitarian response strategy for 2012 concentrates on ameliorating the impact of drought/famine and conflict with an emphasis on the provision of urgent humanitarian aid, and the needs of those who have already been displaced.

A humanitarian response strategy was developed by the HCT comprising of three elements:

1. **Increased access to food** by vulnerable and drought-affected populations, with a key emphasis on support to vulnerable populations in 'famine' areas. A combination of food distribution and cash schemes are being deployed to ensure that the levels of food available at the household level are adequate and will also alleviate the distress caused by migration.
2. **Immediate multi-sectoral assistance to address excess mortality**. Nutrition, Health and WASH activities are focusing on the reduction of excess mortality although their impact will to an extent be determined by increased food availability at household level.
3. **Sustaining livelihoods** in critical drought affected areas through seeds, agricultural inputs and through cash for work activities.

As an overarching element contained within the 2012 strategy is an attempt to mitigate the impact of displacement by supporting IDP where they are found. In parallel, the strategy is designed to support people in their own communities so as not to create further displacement. The strategy also aims at contributing to the creation of conditions conducive to the voluntary return of displaced populations through community-based assistance at their places of origin.

The Response Strategy will focus on the quality improvement of the humanitarian response to returnees, capacity building of local authorities and communities in order to increase their capacity for disaster risk reduction, consideration of the gender dimension at all stages of the project cycle.

Despite continued access challenges in many areas of the center and south, including Mogadishu, the scale-up of humanitarian responses has been possible. Humanitarian agencies are developing new multi-cluster programmes and partnerships. Agencies already on the ground in the most affected areas are scaling up existing activities to reach *in situ* more men, women and children with life-saving interventions. These actions will mitigate against cross border pressures, the creation of large and unmanageable concentrations of IDPs, in addition to strengthening traditional coping mechanisms, and enable host communities to share resources in areas where this is still possible.

To reduce excess mortality, immediate scale-up of food, nutrition, health, protection, and water, sanitation and hygiene (WASH) activities is required. Increased access to food is a priority and all possibilities including direct distributions, vouchers, hot food (wet feeding), and cash distributions are being pursued. Protecting the livelihoods of populations still residing in the most-affected areas, particularly in advance of the upcoming planting season, is crucial to prevent further deterioration and save lives and livelihoods, plus to build the medium- and long-term resilience of vulnerable communities, including in poor urban and rural households in accessible areas of the north.

Emergency integrated nutrition programmes are focused on treating the most affected, while simultaneously providing safety nets for other vulnerable populations and improving overall food access. Experiences has shown that in famine situations, health and WASH interventions, closely linked to food and nutrition activities, are required to prevent communicable disease outbreaks, particularly among those on the move and large groups forced to congregate in small spaces. Disease control through surveillance and early warning, vaccinations, and emergency health services, including management of health complications of severe malnutrition, are key actions.

Basic non-food items (NFIs) and shelter for the displaced are essential for survival, and will be coordinated with WASH, nutrition and food interventions to ensure synergy.

Protection will be mainstreamed in the humanitarian response and protection activities will continue to focus on populations on the move, gender-based violence (GBV) prevention and response, and family reunification. Child protection activities will be emphasized through joint education and protection interventions, and the scaling up of education activities in advance of the new academic year in September will be crucial for the thousands of school-age children who have been displaced.

An Assessment and Information Management Working Group (AIM-WG) was established in August. The AIM-WG is a sub-working group of the ICWG, and includes members from the UN and NGO community. The group will focus on regularly updating the survey of surveys; defining common standards for assessments; and refining inter-cluster rapid needs assessment tools. The main objective is to improve data collection for both response programming and monitoring and evaluation.

Accurate and current population figures for Somalia remains a challenge for the humanitarian community. In 2011 several inter-agency initiatives were conducted in order to revise IDP population figures in Abudwaq, Adado, Dusamared, Mataban, Jariban and Galdogob districts as well as in Garowe, Galkayo, and Bossaso towns. Inter-agency efforts are continuing in Mogadishu to obtain accurate IDP population figures in all sixteen districts. CAP plans are still based on the 2005 United Nations Development Programme (UNDP) population estimates.

As the crisis is likely to continue well into 2012, funding is required at high levels to support aid agencies. While some agencies will likely carry over some funding from 2011, others fear a funding gap in early 2012, while needs will remain high. A third standard allocation of the CHF is planned for February 2012, to fund the highest priorities clusters and activities in this CAP. A fourth allocation would take place in August 2012.

4.2.2 Humanitarian Access Strategy

Access in 2012 will be defined by the humanitarian community's ability to engage at all levels with non-State armed actors, local authorities, and governments. The strategy will focus on access to populations in need through a two tiered but parallel approach to negotiations. One tier will continue to engage at the operational level to obtain access for immediate humanitarian interventions; while the second tier will focus on access negotiations at the highest possible levels of authority. The strategy recognizes that each region in Somalia has different stakeholders with varied interests; and therefore, the two tiered approach will be tailored to each specific situation. The result will be to obtain immediate access to populations, while at the same time, negotiating for greater and unimpeded access where necessary. The HCT's position on military intervention in Somalia is that further external military intervention would have a counter-productive impact on access.

4.2.3 Risk Mitigation

The United Nations Country Team's (UNCT) has introduced a risk management regime to provide a systematic approach to identifying risks and mitigating measures and to respond to the information needs outlined in Security Council Resolution 1916. The Resident Coordinators Office now has a unique dedicated Risk Management Unit (RMU) to provide support to the 24 UN entities working in Somalia as well as partners and donors. The implementation of an RMU and introduction of a common approach to risk management is designed to further develop and strengthen a harmonised planning and programming approach amongst the UNCT, while recognizing and respecting the differing programmatic requirements.

This is also to enable more effective and efficient development and humanitarian assistance to Somalia. Since 2010, staff throughout Somalia have received training on the principles and methodologies of risk management. This training has been extended to government partners and

enables participants to understand and identify potential and real risks to programming and will assist in better decision making.

The Contractor Information Management System (CIMS), is a UN-wide system that allows the UN to share information about the quality and integrity of partners. It aims to reduce risks associated with contracting and improve due diligence processes.

The RMU also provides support when requested to ensure risk management processes and methodologies are integrated into the planning of programmes (in particular joint programmes) and there are systems in place for monitoring risks.

4.2.4. Preparedness and Contingency Planning

Somalia is prone to recurring periodic man-made and natural hazards, mainly conflict and drought. Floods also affect parts of the country, although with less frequency and damage compared to the other shocks. In March 2011, the Humanitarian Country Team updated the contingency plan for increased conflict in South Central. A Contingency Plan will be developed for Somaliland and Puntland and a hazard mapping exercise is being conducted in Somaliland as part of this process. In the south, more collaboration with the National Disaster Management (NDMA) will be done to ensure there is adequate complementarity between humanitarian plans and envisaged district rehabilitations plans. The capacity of field cluster structures to develop region-based Contingency plans will be enhanced.

One key challenge in south central is the limited capacity of agencies to act in a timely manner due to the absence of stocks on the ground. Most agencies have stocks in Kenya and Puntland. Another limitation is that donor contributions usually only increase when the crisis is being reported on in the international media. The Humanitarian community will increase its presence in Mogadishu, Gedo and central regions, and there will be more focus on prepositioning of supplies. All cluster response plans have included elements of preparedness. UNDP, FAO and OCHA are working on an integrated Disaster Risk Reduction plan in close cooperation with NERAD in Somaliland, in order for communities and authorities to be better prepared for and able to mitigate the effects of natural and man-made disasters. Existing early warning systems such as the disease outbreak monitoring and response system, and the population movement tracking system, will be strengthened. The CAP 2012 considers the extension of the current famine to more regions and the cluster response plans are developed with this in mind.

4.2.5. Coordination Strategy

Somalia Humanitarian Coordination diagram to be inserted

Inter-cluster coordination is taking place on a regular basis in Nairobi, Somaliland, Puntland and south central. However, the south central coordination is weaker than in other zones, although considerable improvement has been made in Mogadishu. The existing Inter-cluster working group will be strengthened while efforts will be made to create at least three more similar forums in south central (In Hiraan, Jubbas and Bay). This is contingent on access and security situation. Mogadishu however remains the main focus for strengthening coordination in the south.

The Agriculture and Livelihood Cluster and the Food Assistance Cluster will be merged into one single Food Security Cluster as of January 2012, in order to enhance the output of the response to address food insecurity, malnutrition and livelihoods. Individual clusters, will deploy strong field coordination focal points in Mogadishu. Particularly, health and nutrition and WASH will take lead due to the increasing number of humanitarian partners. In light of the increased disease risks in Mogadishu, the health cluster will place an international staff member to lead. Other clusters will increase support with experienced national staff and regular visit from internationals. As the influx of

new humanitarian partners continues, coordination structures need to keep pace and bring these partners into their fold and find means to cooperating with them. Various Red Cross/Crescent societies are coordinated by the ICRC (with some exceptions). The humanitarian forum will continue to ensure that Islamic NGOs engage in coordination structures. OCHA and OIC will cooperate more closely to establish stronger working relationships.

Attention will be paid to coordination with the government authorities in Puntland, Somaliland and of the TFG in the South. TOR's have been written for posts in the Humanitarian Liaison Unit and will be filled. UNDP has provided a further post in the Disaster Management Agency. There are ongoing discussions between the local district administrations and the TFG. As a result of the roadmap, the TFG may take a broader national role. There is a great need for tracking of humanitarian receipts by the government as a basic element of coordination and accountability. OCHA is now able to identify assistance coming into the country through Mogadishu. A tracking system of where the assistance is delivered will be established.

Cluster name	Cluster lead	Organizations with projects in 2012 Somalia appeal
Agriculture and Livelihoods	FAO	
Education	UNICEF	
Food Assistance	WFP	
Health	WHO	
Logistics	WFP	
Nutrition	UNICEF	
Shelter and NFIs	UNHCR	
Water and Sanitation (WASH)	UNICEF	
Protection	UNHCR	
Enabling Programmes	OCHA	

4.3 Strategic objectives and indicators for humanitarian action in 2012

The Humanitarian Country Team (HCT), Inter-Cluster Working Group (ICWG) and humanitarian partners endorsed four programmatic strategic priorities to guide humanitarian action in 2012 (see box below). These priorities are in line with the 2011 priorities and emphasise the need for an integrated livelihoods approach to response planning.

2012 Somalia CAP Strategic Priorities

Humanitarian Assistance

1. Provide immediate and integrated life-saving assistance to people living in famine and humanitarian emergency, to reduce mortality and prevent further displacement.
2. Stabilize and prevent the deterioration of livelihoods for populations in Famine, HE and AFLC through the protection and restoration of livelihood assets and through early recovery, resilience building, emergency preparedness, DRR and social/productive networks.
3. Provide vulnerable women, men, boys and girls, including but not limited to IDPs, with equal access to a minimum package of basic services.
4. Strengthening the protective environment for civilian populations by increasing response to protection violations, and through engaging with duty bearers and communities.

MONITORING AND EVALUATION

Strategic indicators and data collection system

The CAP 2012 will continue to use the strategic monitoring plan developed in previous years with the aim of monitoring the impact of humanitarian assistance. The plan is a three-tiered framework to measure the strategic objectives of the CAP in order to inform the operational and policy decision-making of Somalia's humanitarian community. The Strategic Indicators monitoring matrix will inform decisions on priorities, while at the same time also ensure accountability from all clusters. The overarching objectives for the CAP 2012 are the four Strategic Priorities for humanitarian action in Somalia. The nine cluster response plans provide the operational details for addressing these strategic priorities. Each plan includes objectives, indicators and targets. The CAP includes 348 projects to implement the Strategic Priorities and each project includes a monitoring strategy.

SOMALIA CAP 2012

2012 Somalia Strategic Priorities Monitoring Matrix				
2012 Strategic Priority	Cluster Objective	#	2012 Indicator	Responsible Cluster
Provide immediate and integrated life-saving assistance to people living in famine and humanitarian emergency, to reduce mortality and prevent further displacement.	Prevent further deterioration of acute malnutrition in children under five in targeted humanitarian emergency and famine-affected populations in Somalia	1.	GAM and SAM rates do not deteriorate from 2010 median rates [GAM 16% & SAM 4%]	Food Assistance, Agriculture and Livelihoods, Nutrition, WASH, Health
		2.	Number of general food distribution (GFD) beneficiaries	Food
	Coordinate support to strategic services for the efficient delivery of common humanitarian assistance	3.	Number of organizations who have received logistics support in terms of common logistics and information services offered by the logistics cluster	Logistics
	Increase access to food and water and purchasing power for populations in Famine and HE	4.	Number of men and women in HE and IDPs accessing immediate cash and food needs , emergency livestock interventions, and emergency agricultural and fishing inputs	Agriculture and Livelihoods
	Contribute to the protection of displaced and other vulnerable groups from life-threatening elements through the distribution of Emergency Assistance Packages (EAPs)	5.	Percent of target beneficiaries receiving EAPs.	Shelter/NFIs
	Acutely malnourished children and pregnant and lactating women are treated by having access to and utilizing quality services for the management of acute malnutrition	6.	% acutely malnourished children and pregnant and lactating women (P/LW) caseload, referred and admitted to centres for the management of acute malnutrition	Nutrition
Stabilize and prevent the deterioration of livelihoods for populations in Famine, HE and AFLC through the protection and restoration of livelihood assets and through early recovery,	provide, protect and increase production capacity of livelihood assets and reduce exposure to the effects of natural shocks for population in crisis	7.	Number of men and women in HE and AFLC with access to improved productive assets	Agriculture and Livelihoods

SOMALIA CAP 2012

2012 Somalia Strategic Priorities Monitoring Matrix				
2012 Strategic Priority	Cluster Objective	#	2012 Indicator	Responsible Cluster
resilience building, emergency preparedness, DRR and social/productive networks				
Provide vulnerable populations, including but not limited to IDPs, with a minimum package of basic services	Increase access to education for children, youth and adults in humanitarian emergencies	8.	Number of temporary learning spaces constructed and existing school structures rehabilitated	Education
	Provision of primary and basic secondary health services with focus on sexual, reproductive and child health	9.	% of population in humanitarian crisis with access to primary and/or basic secondary health care services	Health
	Acutely malnourished children and pregnant and lactating women are treated by having access to and utilizing quality services for the management of acute malnutrition	10.	% of geographical area providing basic nutrition services accessed by children 6-59 months and pregnant and lactating women	Nutrition
	Access to quality life-saving health care services and emergency assistance including high impact, critical life-saving services for women and children in both rural and urban areas	11.	Number of children under five and women of child-bearing age vaccinated	Health
	Increase access to a basic livelihood support package in order to counter negative coping mechanisms for populations in transit and in camps	12.	Number of Livelihoods opportunities (CFW opportunities, income generating activities, skills transfer) provided to IDPs either in transit or in camps	Agriculture and Livelihoods
	Improve the living conditions of the displaced population in stabilised settlements through site planning and the provision of transitional shelter	13.	Number of beneficiary households receiving transitional shelter	Shelter/NFIs
	Ensure that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion, including complimentary activities with Nutrition, Health, Livelihood, and Food	14.	Number of people, disaggregated by sex, with sustainable access to safe water, sanitation and hygiene. Number of children (desegregated by gender) benefiting from school WASH facilities including AWD preparedness	WASH, Education

Annex III: Log frame Cluster Indicators Monitoring Matrix

2012 Somalia Strategic Priorities Monitoring Matrix				
2012 Strategic Priority	Cluster Objective	#	2012 Indicator	Responsible Cluster
Strengthen the protective environment for civilian populations through advocacy and ensure equal access to humanitarian Services for vulnerable women, men, girls and boys.	Strengthen the resilience of survivors of rights violations and vulnerable communities through the provision of protection related services	15.	Number of direct beneficiaries (survivors of protection violations accessing services (medical, legal, psychosocial, family tracing, child friendly spaces, assisted voluntary return, etc.), emergency support and community-based projects (disaggregated by age and gender)	Protection
		16.	Number of indirect beneficiaries (Catchment population/number of directly targeted populations (disaggregated by age and gender, if possible)	Protection
	Improve the quality of education, integrating essential services and life-saving messages into formal and non-formal education	17.	Number of learners and teachers (disaggregated by gender) benefiting from life-saving messages at schools and/or Child Friendly Spaces (CFS).	Education

CAP Monitoring Framework

Level	Responsible	Actions and Tools
Project	The applicant agency will monitor the implementation of projects	Each CAP project includes a monitoring strategy. Agencies will undertake regular field visits, data collection, third party monitoring, etc
Cluster	The Cluster Chair is responsible for monitoring the progress toward the cluster objectives	3W matrices, Cluster Quarterly Reports, dashboard, CAP End-Year and Mid-Year Reviews, etc.
Strategic	The HCT and the HC will monitor progress on the CAP strategic priorities	The Strategic Priorities Monitoring Matrix

FAO/FSNAU will conduct semi-annual seasonal assessments. These assessments focus on food security and nutrition, but touch on a number of other sectors. The HCT GenCAP advisor reviewed all cluster response plans to ensure strict inclusion of the Gender Marker and will monitor the implementation of these response plans.

A number of initiatives have introduced additional rigour to monitoring and evaluation in Somalia. Clusters will look at opportunities to make use of third party monitoring firms who have access to south central to monitor the outputs of their response activities. Existing tools such as 3W matrices, regular dashboards and cluster indicator monitoring templates will be used to monitor progress. Field cluster capacity has improved with the activation of more clusters. Inter-cluster working groups and will be used to monitor cluster activities by region/zone. This is particularly important for supporting inter-agency field monitoring and verification of 3W information. Cluster chairs have increased their presence in the field. The CHF advisory board has allocated \$1 million to strengthen cluster coordination in Mogadishu. With improved capacity at the capital level, monitoring and verification of response activities will also improve in the regions. Agencies will continue post-distribution monitoring systems and web-based project management systems to enhance project scheduling and monitoring while adopting a results-based approach.

The CHF has a monitoring and evaluation framework in place, which will be further developed. The CHF will monitor the level of outputs reported at the project level and assess how selected projects meet the agreed CHF allocation policy, priorities and cluster project selection criteria (i.e. their appropriateness and adherence to the allocation process criteria). Sources of information include cluster matrices and reports, interim and final project reports, audit reports, triangulation of information from other sources and, for a sample of projects, site visits. A dedicated Monitoring and Evaluation (M&E) Officer will oversee and coordinate the monitoring and evaluation of CHF-funded projects.

The Somalia inter-cluster working group will explore opportunities to take into consideration the challenges and requirements to introduce a framework for peer review of implementation of CAP 2012 projects. The overall objective of the proposed framework on peer review of the Consolidated Appeals projects in Somalia is to enhance accountability and mitigate quality deficits associated with remote programming. The framework was created to serve as an interagency oversight mechanism highlighting the commitment to transparency and collective responsibility of all humanitarian actors to ensure the accuracy of information on humanitarian activities that is being presented; analyse what has been accomplished and if projects are on track in terms of targeted outputs; verify reported results and provide proper incentives for quality reporting; and assess compliance with established guidelines, criteria and standards.

OCHA is responsible for monitoring progress against CAP strategic priorities as agreed upon by the HCT. Cluster Leads are responsible for monitoring cluster performance against identified indicators, based on information submitted from cluster partners. Project owners/implementers are responsible

for providing regular reporting updates against project status. This parallels the monitoring approach that is specific to that undertaken for the Common Humanitarian Funds (CHF), for which reporting has been linked to the CAP.

4.4 Criteria for selection and prioritization of projects

The HCT endorsed 8 inclusion criteria for 2012 projects. Cluster Review Committees (CRCs) developed more detailed, cluster-specific vetting and prioritization criteria. The HCT GenCap and GenNet thoroughly reviewed all projects to ensure strict application of the Gender Marker. Cluster chairs, with advice from the CRC, screened all projects against these criteria.

HCT Inclusion Criteria for CAP 2012 Projects:

1. The project is in line with CAP strategic priorities and sector objectives.
2. The project is based on assessed needs.
3. Where applicable, the project is designed in coordination with other aid agencies to avoid duplication.
4. In particular, the submitting organisation commits to regularly share information with the relevant clusters for the cluster quarterly reports and other purposes, and to ensure its activities appear in the 'Who does What Where' (3W) tables or activity matrices of the relevant clusters.
5. The project is realistic, cost-effective, and meets technical standards as agreed by the cluster. The project presents a clear objective, which can be reached during the project duration (usually until the end of 2012).
6. The organization has a recognized capacity to implement the project and/or proven track record. The cluster makes this determination. Where disputed the HC and HCT make this determination.
7. The project includes a monitoring and evaluation mechanism and agrees to be monitored by the cluster.
8. The project identifies and strives to respond to the different needs of women, girls, boys and men as measured by the gender marker code and meets the Gender Minimum Standards as agreed by each cluster.

4.5 Cluster response plans

4.5.1 Agriculture and Livelihoods Cluster

Cluster lead agency	Chair: FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS (FAO) Co-chair: SOMALI ORGANIC AGRICULTURE DEVELOPMENT ORGANIZATION (SOADO)
Organizations Participating In Preparation of the Cluster Response Plan	Names (or acronyms) of organizations participating in the cluster
Number of projects	
Cluster objectives	
Number of beneficiaries	
Funds required	
Funds required per priority level	
Contact information	Francesco Baldo – Francesco.baldo@fao.org Osman Gedow – osmangedow@yahoo.com

Category	Population in Need			Target Population		
			Total	Female	Male	Total
Famine	-	-	490,000			490,000

Humanitarian Emergency	-	-	1,810,000			1,086,000
AFLC	-	-	835,000			501,000
IDPs	-	-	910,000			273,000

Needs Analysis

The crisis in southern Somalia is driven by a combination of factors: the total failure of the *Deyr* rains in 2010 (secondary season) coupled with the poor performance of the *Gu* rains in 2011 (primary season) have resulted in the worst annual crop production in 17 years. This combination has also resulted in reduced labor demand, below-average livestock prices, and excess animal mortality¹⁶. Large-scale displacement and significant limitations on humanitarian access have further exacerbated food access and the general state of health. In Somaliland the populations in need are pastoralists living in HE and AFLC, particularly those in Sanaag, Sool, Nugaal valley, and Togdheer regions. Nearly 70 per cent of the populations in those regions are vulnerable to the effects of drought due to three consecutive years of rain failure. In Puntland, prolonged drought over the past few of years have resulted in high livestock deaths and reduced household herd size. Regional capitals and urban centres across Puntland host an increasing number of displaced pastoralists from Sool Plateau and specifically from the Addun livelihoods zone. Families from coastal areas are looking for employment and humanitarian support; while there is an influx of IDPs from the famine stricken regions in the south. Similarly fishing, a supplementary source of income, continues to be hampered by piracy.

With respect to the current situation, local cereal prices across the south are far above average; more than triple 2010 prices in some areas. These high prices have eroded the value of wages and livestock and, combined with the drought, have resulted in substantial food deficits both in terms of availability and access. Population-wide death rates are above the alert level (1/10,000/day) across all areas of the south. Generally, men and women have unequal access to resources, which is further undermined during shocks (i.e. natural disasters) as Somali women lose control over their households assets that they normally manage (e.g. milk sales.). Women's ability to recover and rebuild resilience is limited compared to men, and therefore, would require a sustained effort to ensure gender parity in response.

Assuming current levels of humanitarian response and average October to December (*Dyre*) rains, further deterioration in food security is expected due to a number of factors. These factors include: very high levels of SAM and high under-5 mortality, the expectation of increased malaria, cholera and measles outbreaks, continued limitations on humanitarian access, very low *Gu* season crop production, a rise in international rice prices, and further increases in the cost of local cereals. Famine is likely to spread by December 2011 in agro pastoral and riverine areas of Gedo and Juba, and agro pastoral areas of Middle Shabelle and Hiraan.

In Somaliland, if the expected *Deyr* 2011 rains start on time with normal distribution, duration, frequency and intensity, the food security situation of the affected populations will improve. Alternately, if the rains fail and the situation worsens, ongoing interventions will be insufficient to address the impact of a poor rainy season. The recovery process of the main livelihood, livestock, will cease and in turn result in low purchasing power for pastoral livelihoods.

Due to the increased insecurity and famine in South Central an influx of IDPs into Puntland will continue. The resultant pressures on scarce resources may further contribute to a deterioration of livelihoods opportunity for the host community, and eventually lead to possible acute malnutrition.

Response Strategy

In light of the current humanitarian crisis, the cluster has adopted a triple track approach:

- Rapid life-saving interventions to provide urgent access to food, water, and increasing the purchasing power of people in famine and HE (Strategic Priority 1).

¹⁶FSNAU Post Gu 2011 report

- Resilience building and longer term sustainable interventions for people in AFLC that aim at enhancing production capacity, restoration and protection of critical livelihood assets, and emergency preparedness in line with (Strategic Priority 2).
- The third approach aims at increasing access to a basic livelihood support packages in order to counter negative coping mechanisms for populations on the move such as: IDPs and returnees (Strategic Priority 3).

The Minimum Guidelines for humanitarian interventions developed and adopted by the cluster will be used to vet all cluster projects. In addition, in Somaliland the cluster intends to use as a primary document Somaliland's Disaster Risk Reduction strategy along with the strategy developed by the Food Security and Nutrition Working Group (FSNWG). The strategy is founded on four basic pillars: (1) innovative technologies within the realm of Conservation Agriculture as a means to provide an opportunity to mitigate climate induced shocks and reduce stress and vulnerability both under crops and livestock production systems; (2) a participatory process of capacity building to improve the knowhow and better manage existing information systems at various levels; (3) the establishment of a conducive environment for resilience building and mitigation through institutional processes of change and, (4) the deployment of an effective research and development consortium of partners to streamline interventions and establish synergies.

Achieving this strategy will depend upon the successful implementation of complementary interventions in the Food Assistance, Nutrition and Wash Clusters, as well as, certain assumptions held (see below). It is recognized that there are real limitations on the ability of the cluster to reach a balanced proportion of women relative to men in famine, HE and AFLC with livelihood interventions. The response plan defines a general target of 490,000 men and women facing famine conditions, 1,086,000 men and women in HE, for which the response will mostly be unconditional, and will aim to target women headed households, labor poor households, the elderly and the sick. The cluster will also target 501,000 men and women in AFLC and 273,000 IDPs. A more detailed approach on how the cluster will address the livelihoods needs of both women and men is provided in the Agriculture and Livelihoods Cluster Gender Strategy.¹⁷ The Gender Strategy represents the cluster's position and commitment to ensure equal access by Somali men and women to livelihood opportunities and resources. Implementing partners will demonstrate awareness and commitment to gender equality and ensure gender balance amongst staff and beneficiaries.

Assumptions and Risks

There are major assumptions pertinent to achievement of all three objectives, namely:

- (a) Average or above average rains
- (b) Improved security situation in south and central Somalia during 2012
- (c) Increased humanitarian access to areas in need
- (d) Conducive environment for farming, pastoral and fishing activities
- (e) Donor funding is commensurate with the programming needs as identified under the cluster response plan.

Risks: Increase in international and local food prices, unaffordable fuel prices for irrigation farming and conflict especially at harvest time limiting the positive effects of the good rains.

If these assumptions do not hold then the risk that the cluster response plan will fail is significant. To mitigate these risks, the cluster will redirect efforts and resources towards Objective 1: lifesaving interventions. In the case assumption (e) "donor funding is commensurate with needs", does not hold true, the cluster will make strenuous efforts to raise awareness among key donors on the importance of funding livelihood interventions. FSNAU's 2011 post-*Gu* assessment shows a possibility that famine will spread to other parts of Somalia, which further justifies the need to scale up support to livelihoods programmes.

Feasibility

¹⁷Cluster Gender Strategy uploaded on Agriculture and Livelihoods Cluster website.

As noted earlier, the strategy has been formulated through a process of analysis of the cluster's current geographically specific capacities and an assessment of a tested scale-up capacity as witnessed at CAP 2011 mid- year review. Since the cluster successfully absorbed USD59 million¹⁸ by the end of August 2011; it is highly likely that the requested amount of \$207 million can be absorbed. As was the case in 2011, the cluster will increase involvement of national NGOs and local staff of international NGOs. This approach will enhance the timely delivery of humanitarian assistance.

In 2011, the cluster worked through local implementing partners and was not faced with presence or access problems in Somalia, nor has the nature of cluster programming i.e. livelihood support, posed any specific challenges from other actors. Additionally, cessation of hostilities between armed groups and the TFG enabled the cluster to scale up its operations and increased access allowing for more humanitarian workers to enter. In both Somaliland and Puntland the cluster has cultivated and maintained support from local authorities who assist in ensuring safe humanitarian space.

Monitoring Strategy and Explanation of Indicators

The implementing partners will be the main parties responsible for monitoring the project. The Agriculture and Livelihoods cluster will use the implementing partners' reports in order to verify the targets and indicators to understand the contribution made to each project and how it relates to the overall achievements of the cluster's strategic targets.

With regard to pooled funds (CHF/ER), the cluster will randomly select projects and through a variety of monitoring tools, will verify the accuracy of the provided information. The cluster will pay particular attention to administering phone call beneficiary questionnaires in order to better understand their perspectives on the outputs, as well as, the impact the projects have on their livelihoods. A variety of monitoring methodologies and tools will be suggested to partners and at a different levels deployed by the cluster and include, but are not limited to, focus group discussions with beneficiaries, elders and authorities, third party monitoring, high resolution imagery, use of GPS coordinates for rehabilitated infrastructures, and as much as possible direct or indirect contact with beneficiaries.

4.5.2 Education Cluster

Cluster lead agency	SPELL OUT ACRONYMS, AND USE CAPITAL LETTERS
Organizations Participating In Preparation of the Cluster Response Plan	Names (or acronyms) of organizations participating in the cluster Intersos, Save the Children, AFREC, UNICEF, FENPS, MURDO, AET, Islamic Relief
Number of projects	30
Cluster objectives	<ul style="list-style-type: none"> - Increase access to education for children, youth and adults in humanitarian emergencies - Improve the quality of education, integrating essential services and life-saving messages into formal and non-formal education - Support the establishment and strengthening of education systems, structures and policies in emergency-affected areas
Number of beneficiaries	
Funds required	
Funds required per priority level	
Contact information	Jumma Khan jkhan@unicef.org

¹⁸OCHA Financial Tracking Services (FTS) accessible at [http://fts.unocha.org/reports/daily/ocha_R32sum_A927_23_September_2011_\(09_45\).pdf](http://fts.unocha.org/reports/daily/ocha_R32sum_A927_23_September_2011_(09_45).pdf)

Cluster Specific Needs Analysis

The education sector is enormously affected by the worst humanitarian crisis, famine/drought situation, internal conflict and large-scale displacement of people in Somalia. Allocation of insufficient resources, poor infrastructure, untrained teachers and lack of effective governance system are the main obstacles in maintaining and expanding emergency education programs in areas with high IDP influxes and host communities affected by the drought and conflict. The Education Cluster has constantly been one of the least funded and prioritized sectors over the last ten years. The natural disasters, conflict, acute food crises and continuous population movement influenced the humanitarian funding trends from long term programming to very short and ad hoc response. This has left millions of school age children (boys and girls) with no access to their basic right of education, protection and development. The absence of education for the last two decades has serious social, political and economic implications on Somali population.

Currently, approximately 1.8 million school-aged children (boys and girls) are not in school in south and central zone. In the 2010-11 academic years, the education cluster partners enrolled and supported the education of approximately 435,000 children (166,000/38 per cent girls) in Somalia. Inadequate and delayed education response will further reduce the attendance level which may result in losing the ground gained through earlier investments. It will also affect the gender disparities which are already deteriorating due to cultural and social limitations. Lack of basic amenities such as separate latrines, absence of women teachers and long distances are some of the barriers which keep girls away and restricted from learning spaces.

Teacher incentives are vital to support the emergency education programs in IDP settlements and emergency affected areas. With the limited funding, it is becoming a key challenge for education partners to continue with the large scale payment/incentives of over 9,000 teaching personnel (1,355/17 per cent female). Due to the climate change, more areas, such as Sool, Sanaag, Bari and Mudug are emerging as emergency zones. A large presence of IDPs in Puntland is also overstrained the local resources. The cluster will respond to the increased crisis through establishment of emergency coordination structures, strengthening the capacity of partners, data collection, reporting and advocacy.

Realising the child recruitment factors in south, the Education Cluster prioritized vocational training and learning opportunities for youth but efforts were hampered due to low financing for education. The Education and Protection Clusters trained staff on Monitoring and Reporting Mechanism (MRM) and Child Friendly Spaces but these interventions are still limited. The reports from Child Protection partners indicates massive child recruitment and military training into local militia during summer holidays which requires a timely response from international aid community as the youth are further used as frontline soldiers to prolong the conflict by militants. Expulsion of key education players from the south is also a tactic to limit education activities and ultimately increase militancy in absence of learning opportunities for youth and children. Funding constraints have limited the ability of cluster partners to fill this huge gap left by international partners in Gedo, Bay, Bakool and Hiraan regions.

Cluster Response Strategy

The Education Cluster partners will continue lifesaving and sustaining emergency education interventions for conflict and climate-affected populations across all three zones in Somalia. The emergency education programme will increase its coverage to IDPs and affected host communities by providing access to psychosocial interventions, life skills, health and hygiene, nutrition, peace education, GBV, protection and learning and recreational opportunities. In communities badly affected by the drought and famine disasters, schools and learning spaces will introduce preparedness and risk reduction at community level to help people better plan and minimize the risks of natural disasters and other epidemics with the support of CECs, teachers and youth.

Learning and recreational supplies, teaching aids, provision of water and sanitation facilities and establishment and construction of temporary learning spaces will be essential part of emergency

education response plan. Teachers will be trained in subject matters, pedagogy, inclusive education and psychosocial care and emotional well-being of children. Gender will be a cross-cutting component in all teachers CEC and education management training programs. Partners will continue to support the teachers' monthly stipend and further work to harmonize the incentives and training packages with particular emphasis on women teachers. Communities will be encouraged to extend their support to teachers and their well-being through recognition of their work, identity, respect and further ensure the protection of women teachers.

With the support from Child Protection Working Group (CPWG) and Protection Cluster, youth will be engaged in formal, non-formal, vocational and recreational activities. Education and Protection partners will work closely on Monitoring and Reporting Mechanism, continuation of child friendly spaces and youth engagement programs to mitigate the risks of recruitment. The Mine Risk Education (MRE) is identified a key interventions in areas with high presence of Improvised Explosive Devices /Unexploded Devices. Both clusters will work to identify partners and technical and financial resources to protect children from hazards and risks.

Community Education Committees are playing vital role in the governance and sustainability of education institutions in the absence of ministry of education. An emphasis will be on support to and increased management, administrative and accountability skills of CECs. The CECs will also be trained in DRR, food voucher management, gender, protection and safety of education institutions in the areas.

Girls' enrolment and attendance and lack of qualified women teachers are still main concerns for education cluster partners. The education cluster will encourage partners to include specific gender plans in their proposals to increase the participation of women in education committees, teaching personnel and sensitization on girls' enrolment. Provision of separate toilets, distribution of sanitary napkins and recruitment of female teachers will be emphasized.

School feeding programmes and access to alternative food and nutrition opportunities will continues be part of education response plan. The Food Assistance/Security and Education Cluster will explore options to ensure the continuation and expansion of school feeding programs where possible. The feeding programs will include but not limited to provision of hot meals, take home rations, distribution of supplementary nutrition items and food vouchers. At the same time, immunization campaigns will be continued with the support of health cluster partners. Links with WASH cluster will improve the water and sanitation and hygiene promotion in priority schools in acute emergency crises regions.

In 2011, the education cluster and sector made some progress towards coordination in terms of information sharing, participating and supporting thematic working groups on secondary education and teacher training. The progress on this initiative will help cluster and sector to improve the funding levels, quality of programs and long term planning for education across Somalia.

Assumptions and Risks

The funding will remain a major concern for the sustainability of education programs in emergency affected areas. As partners anticipate low funding they are planning their education programmes to run on minimum available resources. Community contributions will be increased where possible to fill the gaps. The restrictions and conditions from local militia and armed groups is another area which will threaten the implementation of education program in some areas, but with limited impact. Due consideration will be given to the effect of the conflict on the impact and mobility of female teachers and girls. Local and National NGOs will mainly take the lead in implementation in south and central zone supported by international organisations. This will further minimize the security risks and exposure of partners.

Feasibility

National and International Education Cluster partners are technically capable and have access to all emergency impacted areas. Partners are confident that they will be able to implement education

programs without any restrictions. Last year's achievements are evidence that the education cluster partners have the ability to mobilise resource and execute timely projects with good outcomes. International organisations and their local partners are present across all zones with international and national staff. The cluster will continuously update the 4Ws matrix and maps to avoid any duplication, overlap of activities and conflict between partners. The cluster will consider the projects from partners who are credible and have long standing relationships with communities, institutions and local authorities in the area, and can demonstrate commitment to gender policies and practices, with an awareness of gender gaps for female teachers and girls and how to address these.

Monitoring Strategy and Explanation of Indicators

The prime responsibility of project monitoring will remain with the implementing agency. The Education Cluster will review the progress of CAP projects on quarterly basis through field reports, verification from field cluster focal points and site visits where possible. Any proposal without a strong and clear M&E component will not be considered for CAP 2012. The cluster will work together with partners to standardize the monitoring tools for education interventions to ensure quality and impact of programs. The recommended M&E tools will provide clear statistics on sex and age disaggregated data and results. Moreover, CECs will be involved in school monitoring, teacher attendance, supplies distribution and overall accountability of assets at remote sites. International partners will be encouraged to use information technology (use of video and Skype) to see the impact of teaching at classroom level in areas with limited access. All CAP partners will report their progress on a quarterly basis to highlight the progress against agreed indicators. The education cluster will also look into the third party monitoring option if secured funds.

The summary indicator will help the cluster, the humanitarian community and donors to gauge the overall progress of education activities and service delivery against the proposed target and available resources and gaps in education financing. Each indicator is designed to provide and collect information on specific target that for example include seeing the progress on classroom construction, teacher training, WASH facilities versus proposed mid-year and year end targets. The agreed indicators will provide a holistic picture of education program with clear achievements and outcomes within emergency education response. Partners will be encouraged to use the standard indicators in their proposals to have a common understanding of emergency education response and targets.

4.5.3 Food Assistance Cluster

Cluster lead agency	Chair: Food Assistance Cluster (WFP) Co-chair: TBD
Organizations Participating In Preparation of the Cluster Response Plan	
Number of projects	
Cluster objectives	
Number of beneficiaries	3 million people (40% women)
Funds required	
Funds required per priority level	
Contact information	Mark Gordon Mark.Gordon@wfp.org

Category	Population in Need			Target Population		
			Total	Female	Male	Total
Famine	-	-	490,000			490,000
Humanitarian Emergency	-	-	1,810,000			1,090,000
AFLC	-	-	835,000			510,000
IDPs	-	-	910,000			910,000

Needs Analysis

The overall food security situation is presented on page XX. Somalia is a cereal deficit country and has high levels of cereal imports. The 2011 Deyr and Gu harvests in Somalia failed with total agricultural production of the 2011 Gu assessment equaling only 26 per cent of post war average. Furthermore, global increases in food and fuel prices, high rate of depreciation of the Somali Shilling, and local cereal production failure have led the prices of cereals to more than triple compared to 2010 levels, considerably eroding household purchasing power and access to food and other basic needs.

In July 2011 over 4 million Somalis were estimated to be in crisis, including over three-quarters of a million in 'famine' due to under five malnutrition rates as high as 54 per cent, crude mortality rates in excess of 2 per ten thousand per day and between 20 and 40 per cent of populations in areas not able to meet even half of the food needs for survival. The nutrition situation is extremely critical, equally affecting both genders across all livelihood zones and IDP populations. Pregnant women and lactating mothers are particularly vulnerable, showing exceptionally high levels of acute malnutrition, with the highest rate recorded in Juba region (73.8 per cent). In addition due to two consecutive failed rainy seasons, border-line food insecure (BFI) populations have begun irreversibly eroded their assets creating the conditions for them to deteriorate into AFLC making them acutely food-insecure and extremely vulnerable to shocks.

The following developments in 2012 could greatly affect the need for food assistance and will be monitored closely: i) The duration and variability of the Deyr and Gu rains; ii) The impact of global cereal prices on Somali markets; iii) The impact of volatility of the Somali Shilling on food access; and, iv) Increased conflict affecting food availability and access.

Response Strategy

The Food Assistance Cluster will respond to the unprecedented crisis using a wide variety of tools. In areas declared Famine or HE the Food Assistance Cluster will focus on tackling the immediate food insecurity of individuals such as destitute populations and IDPs found in urban and rural populations. In the areas where lifesaving is the overarching imperative, the primary response of the cluster members will focus on improving household access to food. Where possible, food assistance will be complemented with nutrition-specific responses to ensure that the specific nutritional needs of malnourished individuals are met, particularly for children and women. The cluster will particularly prioritise female-headed households in rural and IDP settings, given that the majority of displaced households are headed by women.

In areas where the population in crisis is more affected by a deterioration of assets and the erosion of livelihoods and there is the need to stabilize and protect livelihoods that are at risk and protect vulnerable populations from deteriorating into HE and famine. To achieve this, stabilization and resilience activities through a DRR lens, will use food and cash for work schemes that will help to sustain the asset base of targeted individuals and strengthen their household's food security situation against future shocks. Coordination with the livelihood cluster will be reinforced to ensure that households which are in crisis are stabilized and provided with livelihood responses that focus on building or rehabilitating livelihood assets, community assets that build resilience to shocks.

In areas of borderline food insecurity where the humanitarian space is more accessible and institutional safety-net programmes exist to protect vulnerable members of communities affected by drought and high food prices, the cluster will work closely with institutional partners to strengthen capacities to address current food needs and to scale up programmes in areas of deepening crisis. Activities such as emergency school feeding will specifically target school children with daily cooked meals and additional incentives for girls to support returns to school; institutional feeding will support vulnerable in-patients undergoing treatment in TB centres and hospitals, while malnourished pregnant and lactating women will receive household incentives to encourage seeking medical care in supported centres. The cluster will seek complementary or joint programmes with the nutrition, health, WASH, education, and protection clusters, to ensure a more comprehensive assistance package to vulnerable populations.

Irrespective of the purpose of the humanitarian response (Famine, HE, AFLC or BFI), all projects are designed and implemented to be flexible, adapted to specific local conditions and targeted using the best empirical data available from WFP, UN, NGO and academia or other sources. Between January and December 2012 the Food Assistance Cluster plans to assist about 3 million people with various forms of food interventions. This estimate will be further revised based on the outcomes of the 2011 Deyr and the 2012 Gu harvests. In parallel, several other organizations have committed to provide bilateral assistance to complement the cluster’s response. The cluster will strengthen coordination with these organizations to ensure that available resources are maximised to reach those in crisis.

Assumptions and Risks

It is assumed the organizations are allowed to enter and work in specified locations with the necessary funds available to operate and local partners will be willing to support the programme through international NGOs and the UN. Access restrictions and permission to operate in the south and central will remain very limited but may change through the year. Regardless, the FAC coordination mechanism will seek to ensure that FAC members that are able to operate in south central Somalia streamlined and CAP funding prioritised accordingly based on the implementation capacity of FAC members.

There is the risk that, due to limited access for FAC members in certain areas, high quality monitoring, evaluation and targeting may not always be possible, although this is being addressed in part by the inclusion of a third party monitoring system and expansion of the clusters monitoring capacity with the inclusion of a M&E cluster officer and inter-cluster M&E team.

Feasibility

Past history shows that the cluster is able to mobilize and appropriately distribute large volumes of commodities through a variety of programmes in all Somalia. In areas where access is possible, the ability to monitor the food access operations has increased considerably and cluster members with staff numbers living and working inside Somalia continue to increase. Coordination with regional sub-FACs will be positioned in the areas of the country that are staffed with international and national staff with a strong field presence. These sub-clusters will act as a mechanism for field level coordination and collaborative monitoring of the different projects included in the CAP. In order to continually improve this field presence and access as much of the crisis areas as possible the Food Cluster continues to expand and broaden its partnerships.

Monitoring Strategy and Explanation of Indicators

Through a detailed process of tracking food from assessment to allocation and beneficiary distribution FAC members are required to report their assisted population weekly or month through a standard monitoring and reporting tool. Members from the national and regional FAC offices will, as possible, physically monitor the food distributed to beneficiaries in activity areas. In areas with limited or irregular access, monitoring will be conducted by a contracted third party organization. Findings from both FAC membership and contracted third parties will be centrally analysed through the developing M&E unit within the FAC and its lead agency. In addition, the beneficiary feedback system also provides the Food Cluster members with distribution information from beneficiaries. Outcome indicators performance will be tracked on a bi-annual basis, while output monitoring will be weekly/monthly.

All locations where food assistance is provided will be monitored and evaluated by FAC members and/or experienced and well-trained third party monitors. Humanitarian assistance, through the CAP, will not be provided if the food commodities and project outcomes cannot be directly monitored and further evaluated.

4.5.4 Health Cluster

Cluster lead agency	
Organizations Participating In Preparation of the	

Cluster Response Plan	
Number of projects	Total number of projects for this cluster
Cluster objectives	<ul style="list-style-type: none"> ◆ Overall Health Sector Strategic Objective: Provide a coordinated response for the provision of health service to famine affected and vulnerable population in order to reduce morbidity and mortality in Somalia. ◆ Specific Strategic Objective 1: Ensure equitable access and provision of basic and life-saving health services to affected and vulnerable population ◆ Specific Strategic Objective 2: Prevent and control epidemic-prone and communicable diseases ◆ Strategic Objective 3: Coordinate integrated health responses at national and sub-national levels, and across borders and inter- cluster/sectors.
Number of beneficiaries	Provide total number here and disaggregated data in the separate table below
Funds required	Total funding requested for the year for cluster needs – you can take this info from OPS
Funds required per priority level	This info is available on OPS, but it may require some re-processing on Excel. If the cluster coordinator can't manage to produce it, OCHA CAP Section will fill it in. Example: Immediate (\$4,438,724), High (\$11,979,253), Medium (\$4,350,490).
Contact information	E-mail address of the cluster coordinator

Target Regions and Target Age Group

The health cluster will cover all Somalia, with particular emphasis put on South and Central Somalia and the famine declared regions (Middle and Lower Shabelle, Bakool, Bay, Gedo, Middle and Lower Juba).

The breakdown of the total number of targeted beneficiaries in Somalia (4, 045, 000 people) is as follows (FSNAU):

- Men : 911 743
- Women : 948 957
- Boys : 1 096 195
- Girls : 1 088 105

The different population groups breakdown is as follows (FSNAU):

- IDPs (men: 445 900; women: 464 100 – total: 910 000 people). This figure includes an estimated number of 260 000 IDPs in Famine (Mogadishu and Afgoye)
- Rural population in Humanitarian Emergency, Acute Food and Livelihood Crisis and famine (men: 1 536 150, women : 1 598 850 – total: 2 550 000 people)
- Urban population in Humanitarian Emergency, Acute Food and Livelihood Crisis and famine (men: 286 650, women: 298 350 - total: 585 000 people)

Needs Analysis

WHO's emergency thresholds have been reached in the increased number of droughts and conflict affected areas, with a Crude Death Rate (CDR) of 2/10,000/day and U5 Death Rate of 4/10,000/day in all areas of the south where data is available, peaking at 13-20/10,000/day in reverie and agropastoral areas of Lower Shabelle. The FSNAU report (Sept 2011) shows deterioration in rural areas and in all IDP communities (except for Hargeisa and Berbera) with a CDR above 2 in Bay, Bakool, L. Shabelle Regions, Middle Shabelle Agro-pastoralists, Afgoye & Mogadishu IDPs. At national level 450,000 children are reported to be acutely malnourished (30% of the 1.5 million) and 190,000 of these (13% of the 1.5m) are severely malnourished. 74% (336,000 children) of all the acutely malnourished children and 86% 160, 800 children) of all the severely malnourished children are accounted for in South Somalia.

Health conditions are deteriorating as a result of the general absence of adequate essential public health care services. The limited coverage of health care services in most of Somalia, particularly in

Middle Juba, Bay, Bakool, the Shabelles and Hiraan regions, coupled with the absence of essential health, nutrition and water, sanitation and hygiene (WASH) facilities, are increasing the risk of disease outbreaks. The recurrent disease outbreaks (such as cholera/ acute watery diarrhea, measles and dengue) are an underlying and a pulling factor for increase in global and severe acute malnutrition rates and related increase in under 5 mortality. Additional factors such as lack of water and population displacements further increased the risk of communicable diseases. Severe malnutrition, when combined with serious medical complications, became a medical emergency that requires immediate intensive care in specialized units (stabilization centres) to avoid high mortality.

As of September 2011, there were 66, 500 cases of acute respiratory infections (ARI), 49, 070 cases of AWD, and 9, 200 measles cases reported by the 40 health cluster partners in south central Somalia as a consequence of drought. Additionally, 8, 430 cases of injuries were also reported from some areas. Current epidemiological trends suggest that the situation could worsen due to upcoming rains and further population displacement, which may lead to an increased diseases burden. Considering the worst case scenario, an estimated increase in additional AWD/Cholera (approximately 30,000), malaria (30,000), measles (25,000), and Acute Respiratory infections (20,000) cases is expected (Source: Health Cluster partners' planning exercise, 2011). The limited coverage of the current epidemiological surveillance systems, as well as, the weak emergency surge capacities, remains a major gap in the response. The early warning and response system to the outbreaks should be strengthened and expanded to newly accessible areas.

Among the 4 million affected people, an estimated 200,000 women (5% of total population) are expected to deliver in the coming year, of which an estimated 10,000 to 30,000 deliveries ($\geq 5\%$ and $\leq 15\%$) will require caesarean section. Poor access to skilled birth attendance or emergency obstetric care increases the risk of maternal morbidity and mortality. Limited capacity of the health staff in delivery of health services (mainly due to insecurity and lack of health professionals) need to be addressed in order to increase access to essential health services at primary health care facilities, along with scaling-up support to major hospitals. Focus should be on provision of a minimum integrated package of primary health care services, with particular attention given to reproductive health, specialized services for emergency obstetric care, SGBV services, mental health and psychosocial support and immunization services plus package.

There is a critical need to enhance the health interventions and in assessing and monitoring the health risks in the affected regions. Coordination of the health interventions of the clusters partners and other stakeholders (such as OIC, the Red Crescent Societies of Turkey, Saudi Arabia and Qatar and other) should be strengthened, both at zonal and regional levels and new joint approaches considered for filling critical life saving gaps.

Response Strategy

Considering the current humanitarian crisis in Somalia, the health cluster response has adopted a three-pronged strategy:

- Provision of equitable access and provision of essential and life-saving health services to affected and vulnerable population;
- Prevention and control of epidemic-prone and communicable diseases;
- Coordination of integrated health responses at national and sub-national levels, across borders while ensuring inter- cluster synergies.

Equitable access to essential health services will be ensured through provision of area-based interventions and provision of a minimum integrated health services package at community, primary and secondary health care levels. Particular emphasis will be put on increasing the community-based management, enhancing the availability of mobile medical clinics, and provision of emergency medical supplies.

The Health cluster will adapt and implement the IASC Gender Guidelines for building capacity of health care providers at the different health care levels. A planned gender analysis will ascertain that

health messages are appropriate for different needs of men, women and adolescents, as well as ensuring cultural sensitivity and relevance.

Prevention and control of epidemic-prone and communicable diseases (main focus put on cholera, malaria, measles, dengue and meningitis) will be ensured through appropriate detection, verification (through laboratory confirmation) and case management with adequate supplies including malaria test kits, combined with appropriate health education and social mobilization campaigns. Collection of epidemiological data will be expanded to new accessible health facilities and analysis strengthened through appropriate training. Water quality at health facilities will be assured through regular control and monitoring, in collaboration with the WASH cluster. Maximal immunization coverage of the children will be ensured through Child Health Days and/or emergency vaccination activities.

Effective coordination of health interventions, supported by reliable and timely information management will enhance effective provision of essential health services. With the arrival of new health partners in Somalia, coordination at zonal and regional level will be strengthened through the establishment of a decentralized health cluster coordination mechanism in Mogadishu and enhanced through coordination in Garowe and Hergeysa. General oversight, additional surge and technical capacity will be provided to the three regional sub-cluster offices. Emphasis will be placed on multi-sectoral and inter-agency collaboration to ensure synergy, improved access and outcome for the health sector.

Assumptions and Risks

It is assumed the organizations will be allowed to enter and work in specified locations with the necessary funds available to operate and that local partners will be willing to support the programme through international NGOs and the UN. Access restrictions and permission to operate in the south and central will remain very limited but may change through the year. Regardless, the health cluster coordination system will seek to ensure that health partners are able to operate in South-central Somalia. There is the risk that, due to limited access for health cluster partners in certain areas, high quality monitoring, evaluation and targeting may not always be possible, although this will be addressed through the set-up of a proper monitoring system and expansion of the clusters monitoring capacity.

Feasibility

The health cluster strategy as outlined is realistic in its objectives and has taken humanitarian access into full consideration. It is built on the expansion of existing interventions while integrating new approaches aiming at increasing health services delivery. Provided the funds are made available, and in due consideration of the risks outlined above, the planned activities are entirely achievable

Monitoring Strategy and Explanation of Indicators

The successful implementation of the health cluster response strategy and plan will be done through strengthening of a monitoring system, including key gender-sensitive indicators, that should be built on existing health information system/disease surveillance system and cover the overall health situation, social (including gender and age) and economic determinants of public health, performance of the health system (including responsiveness, quality and equitable access) and the progress and outputs of the humanitarian (and early recovery) health activities. Joint health cluster monitoring and recruitment of sub-national health cluster officers at the regional level will increase the monitoring capacity of the health cluster. Monitoring of the health status and health risks of different population groups (including gender and age), access to and availability of health services (including a gender analysis) and identification of trends, detection of any significant changes or news threats, will be done through existing health cluster tools.

4.5.5 Logistics Cluster

Cluster lead agency	SPELL OUT ACRONYMS, AND USE CAPITAL LETTERS
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Organizations Participating In Preparation of the Cluster Response Plan	Names (or acronyms) of organizations participating in the cluster
Number of projects	Total number of projects for this cluster
Cluster objectives	◆ Concisely state the objectives (which are further elaborated below)
Number of beneficiaries	Provide total number here and disaggregated data in the separate table below
Funds required	Total funding requested for the year for cluster needs – you can take this info from OPS
Funds required per priority level	This info is available on OPS, but it may require some re-processing on Excel. If the cluster coordinator can't manage to produce it, OCHA CAP Section will fill it in. Example: Immediate (\$4,438,724), High (\$11,979,253), Medium (\$4,350,490).
Contact information	E-mail address of the cluster coordinator

Cluster Specific Needs Analysis

As the humanitarian community will be required to sustain its relief response throughout 2012 to tackle the effects of famine and food insecurity, substantial amounts of life-saving relief items will be needed in Somalia. The high rates of piracy and lawlessness in the waters off Somalia and constraints imposed by anti-government elements on the use of transport providers have restricted the movements of aid into Somalia. To adequately support the overall response, the humanitarian community requires more reliable, predictable and cost-effective supply chain solutions.

Insufficient logistics infrastructures and the lack of adequate, safe, warehousing options also remain a challenge given the increased requirements for humanitarian activities and the need to allow the commercial sector to develop. Logistics services in critical locations such as border areas with Kenya and Ethiopia and major entry points such as Mogadishu seaport need to be further augmented and secured. The road network across the country remains very vulnerable to insecurity and seasonal effects of rains as necessary maintenance and repairs are not catered to.

Additionally, due to the lack of reliable air transport to Somalia, there is a need for safe and secure air transport of humanitarian personnel within the country and from Kenya to Somalia, including medical and security evacuation of humanitarian personnel.

Cluster Response Strategy

In order to meet the needs of those affected in southern Somalia the humanitarian community needs to be provided with adequate logistics capabilities and coordination mechanisms to deliver relief aid to the beneficiaries.

In line with the Cluster's objectives, the following activities will be carried out by the Logistics Cluster:

- Logistics coordination and information management.
- Logistics common services
 - Sea transportation: A chartered vessel will move humanitarian cargo from Mombasa, Kenya, to Mogadishu, Somalia. This vessel will perform two rotations a month, providing a predictable and reliable service. To ensure the safety of the crew on board and the cargo, the vessels will be escorted by naval vessel/s.
 - Warehousing Capacity and Staging ground: Common warehousing space will be provided in Mogadishu. The Cluster will also preposition key Logistics equipment contingency to augment storage capacity in different areas inside Somalia or in neighboring countries to facilitate cross-border operations.

Long-term Rehabilitation Activities will include:

- Construction of a secure warehouse and office compound within the port of Mogadishu.
- Training of port staff on new communication and navigation systems

- Dredging works at Bossaso port, which will significantly increase port capacity. Installation of additional warehousing for WFP in the Bossaso port is also planned. By increasing the capacity of the Bossaso port, an alternate supply chain from Northern Somalia can be used for Central and South in case Mogadishu route is not operational. Installation of Aids to Navigation (AToN) in the port and approach channels to increase safety of vessel maneuvers.
- Construction of a secure warehouse and office compound within the port of Berbera.

In response to the need for safe and secure air transport of passengers (as well as light cargo) to inaccessible locations in Somalia, UNHAS will continue to provide air transport services of humanitarian personnel within the country and from Kenya to Somalia, medical and security evacuation of humanitarian personnel from Somalia to approved locations within the region, and airlift of essential relief cargo.

The Logistics Cluster will also develop a comprehensive logistics contingency plan with the participating agencies to ensure that key preparedness activities are conducted such as Logistics Capacity assessment, pre-positioning of critical logistics equipment and monitoring of road conditions, etc.

Assumptions and Risks

Potential risks to relief efforts include access to affected areas due to a protracted internal conflict with anti-governmental elements, which have left the country without basic services or a cohesive leadership structure. Intermittent access due to insecurity etc. at Mogadishu Port is also a risk to the rehabilitation and reconstruction activities planned. The cluster plans to coordinate with partner organizations, and engage with the newly created Disaster Management Authority of the Transitional Federal Government. A cluster focal point will also be present in Mogadishu for improved coordination.

Feasibility

The Logistics Cluster has successfully implemented activities in Somalia for the last two years. In 2011, the UNHAS operation provided safe and secure scheduled flights into and across Somalia, with an average of 1,310 passengers and 11.3 metric tons of light cargo per month (as of August 2011).

In 2011 Berth D (the inner port) was rebuilt after the burning out of the dhow in Bossaso Port. Five wreckages were removed from the port basin of Mogadishu, easing the berthing of ships to this shipping port. Debris removal at Bossaso Port has also been completed. Aids Navigation were also installed in the Mogadishu Port, supporting the entry of incoming vessels. These rehabilitation activities have reduced humanitarian cargo delivery lead times and the overall cost of shipping.

The various WFP sub-offices present in Somalia will also enable activities to be carried out in different regions of the country.

To mitigate challenges such as intermittent access, the Logistics Cluster will be partnering with key organizations operating in difficult areas and will make necessary logistics equipment available to organizations that require them in field locations across Somalia.

Monitoring Strategy and Explanation of Indicators

The Logistics Cluster will conduct a detailed Lessons Learned Mission in order to ensure that best practices highlighted during the operation are compiled and carried over to future operations. This will ultimately allow for a faster, better tailored and more cost effective response mechanisms for future emergencies.

Progress will be monitored using Situation Reports, a continuously updated database of Cargo Movement Requests (CMRs) fulfilled, tracking of storage requests fulfilled, UNHAS Progress Reports, and relevant Donor Report documents.

The data for the indicators used in the Cluster Response Plan will come from a number of sources including monthly Progress/Situation Reports, Cargo Movement Requests, UNHAS Reports, and Infrastructure Assessments etc.

4.5.6 Nutrition Cluster

Cluster lead agency	SPELL OUT ACRONYMS, AND USE CAPITAL LETTERS
Organizations Participating In Preparation of the Cluster Response Plan	Concern Worldwide, Oxfam Novib, FSNAU, Save the Children, COSV, HARD, Mercy USA, UNICEF, Nutrition Cluster IM, WHO – HOA, CESVI, SORDES, URDO, WFP
Number of projects	44
Cluster objectives	Acutely malnourished children and pregnant and lactating women are systematically treated by having access to and utilizing quality services for the management of acute malnutrition. Expansion of women and children's access to evidence-based and feasible nutrition and nutrition related services, available through the use of the Basic Nutrition Services Package (BNSP) ¹⁹ interventions linking nutrition to health, WASH, and Food Security programming Strengthening capacity of nutrition partners : LNGO/CBO/INGO, local communities and line ministries to deliver quality and sustainable BNSP services through a variety of approaches.
Number of beneficiaries	473,000
Funds required	\$259,555,835
Funds required per priority level	This info is available on OPS, but it may require some re-processing on Excel. If the cluster coordinator can't manage to produce it, OCHA CAP Section will fill it in. Example: Immediate (\$4,438,724), High (\$11,979,253), Medium (\$4,350,490).
Contact information	Leo Matunga – lmatunga@unicef.org

Cluster Specific Needs Analysis

Somalia is experiencing a devastating famine affecting the entire country with the hardest hit being populations in the south. Five regions in the south have been declared famine areas with elevated rates of malnutrition and child mortality. In August, the Bay region was declared famine with a Global Acute Malnutrition (GAM) prevalence of 58.3% and a Severe Acute Malnutrition (SAM) prevalence of 22.1%. The immediate causes of malnutrition include high morbidity, high disease incidence, poor diet leading to micronutrient deficiencies, inadequate feeding and care practices for children and women, inadequate food security as well as poor access to basic services in an environment with conflict, poverty, increased food prices, poor infrastructure and weak governance.

The cluster estimates that 690,000²⁰ boys and girls between six months and five years old will be acutely malnourished and require treatment in 2012, of which 510,000²¹ are estimated to be in the South. According to the FSNAU post Gu 11 assessment, GAM in southern Somalia is 36.4% and SAM is 15.8%. The number of acutely malnourished children represents almost a third of all 1.5 million children under five in Somalia. Of the total number of acutely malnourished children (GAM),

¹⁹ BNSP interventions essential components are, management of acute malnutrition, micronutrient supplementation, immunizations, Deworming, Promotion and support for optimal IYCF, Promotion and support for optimal maternal nutrition and care, Prevention and management of common illnesses (anemia, malaria, diarrhea, pneumonia, and kalazar where appropriate etc), Fortification (Home-based and food vehicles) and promotion of appropriate food fortification, monitoring and surveillance

²⁰ Average GAM of the Deyr 10/11 and Gu 11 FSANU estimates.

²¹ 74% of all acutely malnourished are in the south. FSNAU post Gu 11 report

241,500²² are estimated to be severely acutely malnourished (SAM), 205,000 of whom are in the South or 84% of the total SAM. The cluster will continue to prioritize the south and central zones of Somalia, NE and NW IDPs and NE and NW pastoral areas of Guban pastoral, West Golis pastoral, Nugal valley, Sool – Sanaag Plateau pastoral due to the worsening nutrition situation. An estimated 40% of pregnant and lactating women in Somalia are acutely malnourished, and the cluster aims to reach at least 40% of these women, or an estimated 58,000²³ in 2012.

The Nutrition situation in Somalia is estimated to require sometime to return to the pre-crisis status due to a plethora of factors including significant livestock losses – a major source of income and milk for families in the region. With the median GAM rates of 36.4%, the situation is not expected to drastically become better in the first half of 2012. Integrated scaled up of humanitarian interventions will be required at least for the first half of 2012 with the second half dependent on the Deyr 2011-2012 and Gu 2012 season.

Cluster Response Strategy

In most instances children under five years of age and pregnant and lactating women are the primary target group for the cluster, as they are considered to be the most vulnerable and are the first to show signs of malnutrition in a crisis. In this famine crisis, children over 5 years have also been seen to be at risk to mortality and are being targeted as well. The elderly and the disabled are considered high-risk groups and when logistically possible, should be addressed as well.

The Cluster's response strategy focuses on treating cases of malnutrition while addressing its underlying causes through a three-pronged strategy focusing on treatment of acute malnutrition, enhanced preventive nutrition programmes, capacity building of partners/staff, and coordination of the response. Activities should be implemented in an integrated and coordinated manner involving nutrition, health, WASH, food, Agriculture and livelihood security partners. Actions should be taken to increase delivery of basic nutrition services and community mobilization and participation while promoting sustainable behavior change. In addition, the Cluster advocates for considering the benefits gained by addressing nutritional needs throughout the lifecycle. This has led to the development of a Basic Nutrition Services Package (BNSP) which not only aims to treat and prevent malnutrition, but also to promote optimal nutrition behaviors and practices.

In addition to treatment and preventive services the cluster also focuses on building the capacity of partners to deliver quality and equitable services as well as ensuring a maintained coordination system both at national and subnational levels.

Given the current nutrition situation and the operational environment, all projects remain high priority in order to address the nutrition vulnerability of children and pregnant and lactating women in South and Central Somalia, north East and North West IDP populations as well pastoral populations of Guban pastoral, West Golis pastoral, Nugal valley, Sool – Sanaag Plateau pastoral due to the worsening nutrition situation. In order to achieve this, the Cluster needs to have a concrete capacity development plan as well as supportive policies and strategies. Coordination of the response especially given the increased numbers of partners and other independent actors will be paramount for better resource utilization and equity.

Service providers will be trained and sensitized on prevention and response mechanisms for gender-based violence (GBV), in particular on referrals for support to survivors, with PEP kits made available for GBV and sexual exploitation and assault (SEA) survivors. All personnel have signed and adhere to the code of conduct, with mechanisms in place for reporting and investigating SEA cases.

In Summary, the Cluster aims to:

- Provide treatment services for acute malnutrition, focusing on quality and coverage and using the Somali IMAM guidelines

²² Average SAM of the Deyr 10/11 and Gu 11FSANU estimates

²³ Average of Deyr 10/11 (86,000/203,600) and 40% coverage of total pregnant and lactating women.

- Through a Basic Nutrition Services Package, ensure that the underlying causes of acute and chronic malnutrition are addressed, while also tackling micronutrient deficiencies.
- Ensure that all nutrition partners have an improved skills and knowledge base and prepared and supported to deliver quality and equitable nutrition interventions

2012 Cluster Targets

Acutely Malnourished Children and Pregnant and Lactating Women in Somalia

	Total Acutely Malnourished	2012 Cluster Target*
Children Under 5: SAM	241,500	145,000
Children Under 5: MAM	448,500	270,000
Pregnant and Lactating Women	144,800	58,000
Total	834,800	473,000

*Cluster targets based on 60% coverage of acutely malnourished children under 5 and 40% coverage of acutely malnourished pregnant and lactating women

Assumption and Risks

The nutrition cluster realizes that it is very difficult to estimate the malnutrition caseload for CAP 2012 given that the nutrition situation is rapidly changing due to a variety of factors such as the ongoing conflict, drought, famine, and floods. The weather outlook forecast estimates that there is likely to be the La Nina weather phenomenon in the beginning of 2012 which will have effects on livelihoods and consequently affecting the population's nutrition security. The chronic emergency in Somalia is particularly difficult as it has three layers of complexity namely: underlying chronic vulnerability from over the years, carry over from Famine and Impact of La Nina on the general livelihoods of the population creating a complex scenario difficult to break in a short time.

The delivery of services in Somalia to the most vulnerable is expected to continue to be challenging in the current operational environment in most parts of the South of Somalia though access has improved in Mogadishu and Gedo areas of the south. The improved access in Mogadishu has resulted in increased services in response to the famine crisis given the increased number of population settlements in Mogadishu. Currently there are an estimated 200 new IDP settlements in Mogadishu with a total population of around 260,000. The overcrowding and lack of basic and hygienic services in these population concentration areas are a cause of concern for the cluster as they lead to increased incidence of diseases which do have a direct impact on malnutrition and vice versa forming a malnutrition and disease complex.

The nutrition cluster assumes that there will not be a huge security access improvement in the south of Somalia. The tensions between Somaliland and Puntland over Sool and Sanaag will continue hampering smooth delivery of services. Despite all the risks associated with delivery services in most of Somalia, partners are committed to try and reach the most vulnerable of the population.

Feasibility

The nutrition cluster has expanded geographical coverage of nutrition services from 25 Stabilization Centres, 388 Out-patient Therapeutic Care Programmes, 512 Targeted Supplementary Feeding Programmes in January 2011 to 32 Stabilization Centres, 461 Out-patient Therapeutic care Programmes, and 656 Targeted supplementary Feeding Programmes by mid-September 2011 despite access and security problems. Currently 71 MCHN²⁴ are operational in Somaliland and Puntland with more planned to be opened in 2012 in close collaboration with the government ministries of Health and Labour even though they are currently under resourced. WFP/UNICEF/WHO would continue to

²⁴ MCHN intervention in this case focuses on mainly blanket provision of preventive supplement to pregnant and lactating women and children 6-23 months through the MCHs in Puntland and Somaliland.

support the government and NGOs to ensure that the MCHs are functioning well. Other preventive nutrition activities such as blanket Supplementary feeding have been established as temporary nutrition shock/stress absorption activities and might be continued/expanded in 2012 in some targeted areas especially during the hunger period if the need arises. The capacity of the NGOs is being enhanced through a variety of approaches.

The cluster partners have increased from 57 during the beginning of the year to about 95 by mid September despite the capacity challenges of partners to deliver nutrition services. The cluster realizes that this massive scale up plan has to be backed up with a clear and comprehensive capacity building plan hence the cluster will develop a multi-year capacity building plan to improve the knowledge and skills base of partners in delivering key nutrition services starting in the last quarter of 2011 onwards.

Monitoring Strategy and Explanation of Indicators

The Nutrition Cluster’s 3Ws (who, what, where) analysis will be updated on a regular basis. Admissions and performance indicators of selective feeding programs will be monitored and updated on a monthly basis by the respective supporting agencies (UNICEF and WFP). Partners will be supported to implement and monitor their programs against Sphere standards to ensure quality and adherence to international standards.

The FSNAU will prepare a schedule of the nutrition assessments to be conducted across the country in 2012. This will be shared and will be based on areas of crisis that require close monitoring especially IDPs, and the south central. As and when new areas of crisis emerge, they will also be included in the assessment schedule. Rapid assessments will be conducted in situations where a comprehensive nutrition assessment will not be possible. These assessments will help guide context and response analysis. The capacity and support for agencies to conduct coverage surveys will also be increased. UNICEF and WFP third party monitoring in low-access areas of south central zone to expand understanding of the quality of care being provided will be strengthened in terms of frequency and timeliness in reporting. Both UNICEF and, WFP, in collaboration with the government counter parts in Puntland and Somaliland, will continue to monitor the progress of programming through regular joint monitoring mechanisms.

Evidence supports the fact that there are no marked differences in feeding practices of male or female children; however the cluster will attempt to monitor nutrition program information to be alert for any gender shifts in program admissions. In addition, the cluster will encourage investigations of any cultural practices that inhibit a women achieving optimal nutrition for herself and her children and how services are accessed, disaggregated by sex.

The Cluster Response Plan mainly uses Sphere standards as indicators. Application of these standards can account for differences between targets versus need. For example, Sphere necessitates capturing 60% of acutely malnourished children in feeding programs in rural areas. Where no Sphere standard exists, the indicator is based on experience and best practice from the cluster members knowing the constraints of access in the operational environment of Somalia. Sources of data include FSNAU’s nutrition surveys and bi-annual rain assessments, programming data (monthly reports) received by UNICEF and WFP from nutrition/health implementing partners, morbidity information from WHO and information collected in Cluster coordination meetings both at regional and national level.

4.5.7 Protection Cluster

Cluster lead agency	SPELL OUT ACRONYMS, AND USE CAPITAL LETTERS
Organizations Participating In Preparation of the Cluster Response Plan	Names (or acronyms) of organizations participating in the cluster
Number of projects	Total number of projects for this cluster

Cluster objectives	◆ Concisely state the objectives (which are further elaborated below)
Number of beneficiaries	Provide total number here and disaggregated data in the separate table below
Funds required	Total funding requested for the year for cluster needs – you can take this info from OPS
Funds required per priority level	This info is available on OPS, but it may require some re-processing on Excel. If the cluster coordinator can't manage to produce it, OCHA CAP Section will fill it in. Example: Immediate (\$4,438,724), High (\$11,979,253), Medium (\$4,350,490).
Contact information	E-mail address of the cluster coordinator

Cluster Specific Needs Analysis

The humanitarian emergency has resulted in an increased number of displaced populations 1,460,000 persons (most of them are women and children). In 2011 over 200,000 people have sought refuge in camps in Kenya and Ethiopia. Mixed migration flows, involves smuggling and human trafficking. Restrictive security policies and decreasing protection space lead to arbitrary detention, “deportation” and eviction of IDPs in Puntland. In Somaliland and Mogadishu, local authorities could evict IDPs living in public buildings.

The human rights situation in Somalia is dire, with increased vulnerability of women, girls, men and boys. In South and Central Somalia, forced and child recruitment is rampant. GBV, particularly sexual violence against women and girls, is continuing with inadequate multi-sectoral response. Children have been separated from their families/caregivers, increasing their vulnerability to abuse and exploitation. Child-friendly spaces are lacking; freedom of movement is limited; security in IDP settlements is insufficient and at risk of deteriorating through possible consolidation of settlements in camp-like settings.

Community resources are further depleted, increasing the vulnerability of IDPs and host communities leading to risky coping mechanisms. Livelihood activities can help to increase self-protective coping mechanisms of the population and increase their resilience against future shocks.

Accurate and real-time information on protection violations and population movements need to be strengthened.

Cluster Response Strategy

The Protection Cluster has prioritized three types of activities: Service provision, capacity building, and information management.

Service provision, including community mobilisation/initiatives, can directly address survivors of rights violations, for instance through medical and psychosocial services, family-tracing, and reintegration interventions. Preventive activities, will seek to strengthen the resilience of the affected population as well as sensitising duty-bearers on their responsibility to protect. Schooling and gender-sensitive livelihood opportunities will aim to reduce exposure to GBV for women and girls; livelihood activities will serve as alternative to recruitment/enrolment into armed groups, economic migration and violence.

Capacity building of service providers and relevant stakeholders will improve skills and knowledge, developing and implementing policies and initiatives that comply with international standards. The Cluster will remind all parties to the conflict to respect international humanitarian law and human rights.

Improved information management will inform advocacy and programmatic initiatives. Sex and age disaggregated data collection projects will include Project monitoring network(PMN) and population movement tracking (PMT), gender based violence information management systems (GBVIMS), MRM and other initiatives, such as profiling and participatory assessments. The Cluster will continue

to support innovative monitoring techniques to enhance the accuracy of monitoring of protection violations and population movements.

Effective coordination of the Cluster, its Working Groups and field-based Clusters is essential. The Cluster will strengthen inter-cluster collaboration through utilising the Protection mainstreaming guidelines and a GBV mainstreaming checklist to increase their protection awareness and provide better response. Increased cluster presence in Somalia will gradually shift the coordination from Nairobi to the field, while linkages with regional coordination mechanisms and the Global Protection Cluster will strengthen collaboration on regional issues such as mixed migration, human trafficking and cross-border recruitment. Local NGOs will be actively included in decision-making forums to improve programmatic response to protection issues. The Cluster will also strengthen its linkages with early recovery and rule of law sectors.

Assumptions and Risks

The humanitarian situation is unlikely to improve. Increase in the number of refugees in Dadaab may lead to the Kenyan government closing its borders, blocking affected populations' right to seek asylum. Continued insecurity and human rights violations result in increased displacement, and shrinking humanitarian access. There is an increased risk of forced eviction/relocation of IDPs from public or private property. Puntland and Somaliland may continue to enforce strict policies against persons of concern, in reaction to ongoing conflict in South-Central and alleged infiltrations by Islamist insurgents. Following substantial attention on the famine, protection activities may find it harder to obtain the required funding.

Feasibility

Compared to the beginning of the year, there are more humanitarian actors in Somalia at this moment. This allows for more initiatives in the area with the most pressing protection needs, as well as for improved monitoring & evaluation of ongoing projects. Better presence in Mogadishu opens up scope for strengthened capacity-building of local NGOs, who often have better operational access in South-Central Somalia. A revision of the working groups and field-based sub-clusters will lead to enhanced coordination and improved humanitarian response. Following up on the 2011 scale-up plan, with funding received from the Emergency Reserve, the Cluster is planning to attract increased interest despite restrictions in humanitarian access.

Monitoring Strategy and Explanation of Indicators

The Cluster will build on information management systems and other reporting mechanisms to verify the needs. The recently developed rapid assessment tools by the Cluster/Working Groups will be used to identify gaps and response. The Cluster will maintain close communication with all Clusters to ensure protection mainstreaming and effective coordination to avoid overlaps.

The Cluster will maintain timely reporting mechanisms. Field focal points will verify project implementation and evaluations. All projects will have solid M&E mechanisms. The gender marker will be strictly respected and all proposals/reports will be reviewed by the Cluster Review Committee. Each funded project will be inserted into the 3Ws.

The three objectives relate to service provision, capacity building, and information management. Success indicators for each objective reflect the output of the respective projects, in terms of activities, persons of concern and audience/catchment population. The Cluster Summary Indicator will combine the number of targeted individuals and/or households of both responsive and preventive protection initiatives. Data will be collected through regular reporting by the different implementing organisations, and through the combined output of the third Cluster objective, on violation monitoring and information gathering. This will provide information about the actual protection needs. Data will be age and sex disaggregated wherever possible.

4.5.8 Shelter/NFI Cluster

Cluster lead agency	SPELL OUT ACRONYMS, AND USE CAPITAL LETTERS
Organizations Participating In Preparation of the Cluster Response Plan	Names (or acronyms) of organizations participating in the cluster
Number of projects	Total number of projects for this cluster
Cluster objectives	♦ Concisely state the objectives (which are further elaborated below)
Number of beneficiaries	Provide total number here and disaggregated data in the separate table below
Funds required	Total funding requested for the year for cluster needs – you can take this info from OPS
Funds required per priority level	This info is available on OPS, but it may require some re-processing on Excel. If the cluster coordinator can't manage to produce it, OCHA CAP Section will fill it in. Example: Immediate (\$4,438,724), High (\$11,979,253), Medium (\$4,350,490).
Contact information	E-mail address of the cluster coordinator

Cluster Specific Needs Analysis

The target group of the Cluster are all IDPs in need of shelter and non-food items. The cluster does not target those remaining at their place of origin except in exceptional circumstances. Shelter and non-food items provide the bedrock of recovery from the shock of displacement and relief from famine. Without this foundation, the level of protection offered is reduced, health is compromised, the ability to cope with poor nutrition is diminished and it is more difficult to improve at the settlements. The majority of the IDPs families are female headed and so the specific needs of women will be taken into account and when designing programmes.

There are 1.46 million IDPs in Somalia with the majority in SCZ. Assuming that the additional displacement in 2012 is 300,000 (assumed 250,000 in 2011) and that returning to their places of origin is limited, this gives a total IDP figure of 1.76 million. At time of writing, the cluster members have distributed Emergency Assistance Packages (EAPs) to 500,000 IDPs and this figure will should reach 750,000 by the end of the year. Assuming that these beneficiaries do not need another EAP in 2012, then the total planning figure for non-food items in 2012 is 1.01 million.

The cluster also estimates that half of the IDPs (total is 1.76 million) are residing in areas where transitional shelter is also suitable. These long-term displaced (more than 6-months) are in need of improved shelter in addition to basic Emergency Assistance Packages (EAPs).

Displacement due to famine, conflict or sudden onsets of natural disasters, especially floods, during the *Deyr* and *Gu* periods will continue in all areas of Somalia in 2012. Displacements in Somaliland should be limited although the area may receive IDPs coming from SCZ and Puntland. Puntland will continue to receive newly displaced from SCZ and conflict related displacement in Galgaduud and Mudug and on the border with Somaliland may cause fresh displacement. Displacement from and return within SCZ is difficult to predict and fluid. However, the need for non-food items and shelter support will most likely increase in 2012.

Cluster Response Strategy

The Cluster Response Strategy contains three pillars reflecting each of the overarching shelter needs:

Emergency response

Given the unpredictable nature of the security situation on the ground and varying climatic conditions, the strategy focuses on enhancing the capacity of the cluster to respond to new displacement in a timely, transparent and accountable manner.

The cluster will maintain the response capacity to distribute EAP minimum package²⁵ for 70,000 vulnerable households / 420,000 persons, especially those headed by women or children, through emergency stocks and local procurement. These packages will be stockpiled by cluster members at strategic points in Somalia and Kenya. Programme design will take account of the specific needs of women and where appropriate women's dignity kits will also be distributed. When set criteria are met, cash based assistance or vouchers can also be considered in close coordination with the Agriculture and Livelihood Cluster.²⁶EAP distributions will be made to vulnerable households, respecting the principle of "Do No Harm." Post-distribution monitoring will form an integral part of the distribution planning and its results will be shared with the cluster. When there is an unacceptably high risk of diversion of EAPs, the cluster may recommend the suspension of such a distribution.

Transitional shelter

In Somaliland and Puntland, transitional shelter is provided to stabilize IDP settlements. The concept of transitional shelter covers all interventions from shelter kits (extra-large plastic sheeting, rope, timber) to Corrugated Galvanized Iron (CGI) houses. The typology will depend on many factors including land tenure, funding levels, needs, agency experience, support from local authorities and location of the IDP settlements. The provision of transitional shelter should be preceded by consultations with women and men from the community on the proper layout of the site, demarcation, fire prevention and the provision of basic services, which will be addressed concurrently in coordination with the other relevant clusters (i.e. WASH, Health, Education and Food). In particular the views of women, specifically about protection, will be considered during the design of the shelter so that a safe and secure environment can be created. The provision of transitional shelter will be guided by the six standards for shelter as per SPHERE.²⁷ All contractors will follow a code of conduct when working in the settlements and measures such as quotas will be used to ensure more women have the opportunity to be part of the construction.

Support for durable solutions

The cluster, when conditions are conducive, will support voluntary return to place of origin and voluntary relocation. By analysing Population Movement Tracking data, the cluster will identify IDPs wishing to return and ascertain their voluntariness. Working closely with the Agriculture and Livelihoods cluster, assistance will be provided by the distribution of return packages and transitional shelter. In 2011, the cluster led relocations, however for 2012, it will only support local initiatives for voluntary relocations. It will help to coordinate the assistance ensuring all relevant clusters are involved. The cluster will also advocate for best practice for relocations and document the process. The specific needs of elderly women and single headed households during the return / relocation process will be considered.

Assumptions and Risks

Declining access and worsening security will have a negative impact on EAP distributions. The use of local partners will mitigate this and through Post-Distribution Monitoring the associated risks will be reduced. For transitional shelter, the main risk are issues related to land tenure and government policy. To mitigate this, the typology of the transitional shelter will be adjusted to specific circumstances of the settlement while the cluster and its partners will continue to advocate best practice and for the rights of the IDPs to the government.

Feasibility

²⁵ EAP minimum package consists of 1 reinforced plastic tarpaulins (4m x5m), 3 woven dry raised blanket (150 x 200 cm), 1 synthetic sleeping mat (2.7m x 1.8 m), 1 kitchen set, 2 non-collapsible jerry cans (10 litres), 2 sanitary clothes and 1 bar of soap (750g) agreed by the Cluster in 2010. (See CAP 2010.) It will be reviewed during the first quarter of 2011.

²⁶The criteria are (1) market survey; (2) availability of shelter materials in the local market; (3) cost-effectiveness over direct EAP distribution; (4) complementarily with other forms of assistance such as food and WASH for beneficiaries to focus their spending primarily on shelter materials; (5) community organization; (6) existence of a reliable cash transfer mechanism; (7) involvement of organizations experienced in cash-based relief; and (8) a reliable monitoring mechanism. These criteria will be reviewed during the first quarter of 2011 to adjust to the evolving situation.

²⁷ Sphere Handbook, 2004, PP. 211-229, *Minimum Standards in Shelter, Settlement and Non-Food Items*

The plan has taken humanitarian access into full consideration to make its implementation feasible. Given the planning assumption that humanitarian access will further narrow in SCZ, shelter activities in the area are limited to emergency response with possible exception of transitional shelter in certain areas where access is good. When there is an unacceptably high risk of diversion of EAPs, the Cluster may advise against distributions. The main members of the cluster in 2011 remain committed to delivery on the ground while 2011 has seen the development of strong local partners - the capacity within the cluster will be higher than 2011.

Monitoring Strategy and Explanation of Indicators

UNHCR, in its capacity of cluster lead, will keep a database with records of all EAP distributions by all actors in the country and will translate this information into programme coordination/planning documents to be used by cluster members and other clusters to improve the project delivery. All the Cluster members will also compile information on all transitional shelter actions.

The Cluster Review Committee (CRC), re-elected in 2011, will meet regularly to monitor the progress on the indicators, while the EAP Working Group will specifically look at the emergency response through EAP distributions.

The cluster will advocate that all members conduct Post-Distribution Monitoring (PDM) exercises to measure the appropriateness of the items distributed, the effectiveness of the distribution methodology and the possible protection risks encountered during the distributions. The results, disaggregated by age and sex and reporting on the different view of women and men will be shared with the cluster members.

The target for emergency response is defined in terms of percentage of target population receiving EAPs, as it is not possible to foresee the prospective number of persons in need. Considering the difficulty in access in SCZ, where the needs for emergency response are expected to remain high, the proportion of IDPs covered by EAP response is taken as the main indicator. In this regard, the estimated number of newly displaced derived from the Population Movement Tracking (PMT) under the Protection Cluster is considered in need of emergency shelter, in combination of information/needs assessments received from affected locations. The cluster has specific planning figures of 10,000 units/households (60,000 beneficiaries) for transitional shelter. The cluster has set low targets for voluntary return and relocations as these activities will be driven by the IDPs.

4.5.9 WASH Cluster

Cluster lead agency	UNICEF
Organizations Participating In Preparation of the Cluster Response Plan	Names (or acronyms) of organizations participating in the cluster
Number of projects	Total number of projects for this cluster
Cluster objectives	<ul style="list-style-type: none"> ◆ Ensure that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion ◆ Strengthen capacity for emergency preparedness, and disaster risk reduction
Number of beneficiaries	Provide total number here and disaggregated data in the separate table below
Funds required	Total funding requested for the year for cluster needs – you can take this info from OPS
Funds required per priority level	This info is available on OPS, but it may require some re-processing on Excel. If the cluster coordinator can't manage to produce it, OCHA CAP Section will fill it in. Example: Immediate (\$4,438,724), High (\$11,979,253), Medium (\$4,350,490).
Contact information	E-mail address of the cluster coordinator

Category	Population in need		
To be completed based on revised target beneficiary numbers			

Cluster Specific Needs Analysis

Safe water, sanitation and hygienic practice is essential to save lives during the acute food insecurity, malnutrition and large scale displacement which increased substantially during 2011. FSNAU reports that this situation is unlikely to change until the main harvest following the Gu rains in 2012.

People in Somalia have very low levels of access to safe water and sanitation. The majority of regions in the south have less than 20% access to protected water and less than 40% access to sanitation (FSNAU surveys). The poor access to safe water is a feature across Somalia. For the majority of regions in Somalia, less than 40% have access to protected water.

Cholera is endemic in Somalia, with regular Acute Watery Diarrhoea outbreaks following the rainy seasons.

Poor sanitary conditions in densely populated scattered settlements, combined with acute levels of malnutrition, endemic cholera and IDPs forced to drink from unsafe sources of water, including river water, is the recipe for large scale cholera outbreaks. In addition, the lack of toilets reduces the privacy and dignity of women and girls, and increases the risks to them from animal bites and rape as most of them wait until dark to defecate in the bush.

The WASH Cluster is monitoring the status of WASH interventions per district in the South, to identify outstanding needs on a monthly basis, and reduce gaps in response. A mapping of water-scarce areas, identifying priority areas for drought and famine response, was undertaken in mid-2011 and will be revised in 2012.

The WASH response is hampered by the lack of a WASH specific needs assessment, including a gender analysis and lack of systematic collection of sex and age disaggregated data to inform programming and monitoring and evaluation, and lack of a “live map” of water sources in Somalia. These have been identified by the WASH Cluster Strategic Advisory Committee as priority actions in our 3-5 year plan to improve the effective sustainable humanitarian WASH action in Somalia. The priority strategic issues addressed in the plan include: Capacity of WASH agencies, Monitoring and Accountability, Coordination, Needs in emergency and longer term, and Technical Guidance.

Cluster Response Strategy

The WASH Cluster Strategy is focused on ensuring that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion, including complementary activities with Nutrition, Health, Livelihood, Education and Food Clusters. The WASH Cluster requirement that any temporary water intervention, such as water access by voucher, also includes an exit strategy, such as protecting a shallow well, means that this will provide both lifesaving assistance, as well as improving resilience by providing a minimal package of basic services. The WASH Cluster Strategy also includes emergency preparedness, disaster risk reduction and capacity development of WASH Cluster partners. The capacity of WASH agencies was identified by the WASH Cluster Strategic Advisory Group, as the most priority strategic issue to address in able to improve the effective sustainable humanitarian WASH action in Somalia.

The WASH cluster strategy is to advocate and promote women's representation and active participation in all decision making fora such as WASH committees, trainings and capacity development activities, and recruitment.

The strategy is in line with the:

Acute food insecurity, malnutrition and large scale displacement response plan, and the AWD/Cholera preparedness and response plan

The strategy is supported by WASH Cluster:

- Minimum WASH Guidelines for Somalia
- Recommended convergent activities for Health/Nutrition/WASH, and for Education/WASH in Somalia
- Responsibilities matrix for WASH and Health Cluster for AWD preparedness and response in Somalia
- Gender Guide for Somalia
- Do No Harm Guide for Somalia, to reduce conflict arising from WASH interventions
- Water Access by Voucher Guideline, developed by the Somalia WASH Cluster – as introduced in January 2011
- Selection Criteria for Emergency Reserve and Common Humanitarian Funds (CHF)

These documents are available on the WASH Cluster Website:
<http://ochaonline.un.org/somalia/WASH>

Assumptions and Risks

The response is based on scaling up existing WASH agencies to their maximum capacity, before encouraging other agencies, given the inherent challenges working in Southern Somalia, such as the need for registration and in many areas clearance for movement of personnel or supplies. Agencies already working with local authorities have existing systems in place, and should therefore be able to implement projects at a faster rate. The response plan assumes this access remains and does not reduce.

The capacity of existing WASH agencies is also a limiting factor, with poor quality and failure to meet quality standards possible negative outcomes. The response plan includes as specific activities targeting capacity assessment and development for WASH agencies. The further strengthening of Regional WASH Clusters will improve information flow from districts to National and vice-versa to better understand the capacity, and meet the needs of Somalia based WASH members, especially those based in Southern Somalia.

An additional risk is land to build latrines, given restrictions from land-owners and space limitations.

Feasibility

(Agencies have been requested to include answers to these questions with their CAP proposals. This section will be updated after CAP proposals received)

Regional Focal points have been selected by Cluster members, to improve information sharing and coordination between implementing partners in Somalia

Monitoring Strategy and Explanation of Indicators

The WASH Cluster will use the 4W matrix, improved in 2011, to track the monthly progress of WASH agencies, identify gaps, and facilitate targeting of people most in need. Maps and tools derived from the 4W matrix will continue to be shared with partners, to validate data, and improve the strategic decision making of all WASH agencies. A best practice monitoring guide will be developed and used in common funded projects, for improved accountability and to enable independent review of project outcomes. The framework of a live map of water sources exists in SWIMs (Somalia Water

Information Management), under SWALIM (Somalia Water and Land Information Management); however there is limited information, and duplication with various other data sources. The 2012 strategy is to improve the data in SWIMs to produce and maintain a “live” map, which will improve the monitoring of the sustainability of WASH partner interventions.

The primary indicator for the WASH Cluster is the number of beneficiaries reached with sustained access to safe water, as reported by partner agencies through the WASH Cluster 4W matrix. This includes the following activities: Boreholes (new and rehabilitated), household water treatment (filters, not chlorination), ferry can distribution, rainwater catchments - dam and water pans (new and rehabilitated), roof catchments, shallow wells (new and improved/protected), new water points, berkads (new and rehabilitated), and new water reservoir/tanks. The indicator will be measured against the proportion of the total population in crisis (total number in AFLC, Humanitarian Emergency, Famine and IDPs) by FSNAU, who are estimated to have critically low access to water, less the number reached by 2011 activities. This figure is currently 2.6 million people (at 23 September 2011 – 4 million in crisis, less 1.4 million expected to be reached in 2011).

4.5.10 Enabling Programmes

Cluster lead agency	OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS (OCHA) UNITED NATIONS DEPARTMENT OF SAFETY AND SECURITY (UNDSS)
Organizations Participating In Preparation of the Cluster Response Plan	UNOCHA, UNDSS, FSNAU, NSP (DRC) and NGO consortium (CARE)
Number of projects	Total number of projects for this cluster
Cluster objectives	<ul style="list-style-type: none"> ◆ Strengthened coordination to support delivery of humanitarian assistance to the most vulnerable Somalis and to ensure equal access for women, girls, boys and men ◆ Enable humanitarian activities and personnel with safety and security programmes in Somalia
Number of beneficiaries	Provide total number here and disaggregated data in the separate table below
Funds required	Total funding requested for the year for cluster needs – you can take this info from OPS
Funds required per priority level	This info is available on OPS, but it may require some re-processing on Excel. If the cluster coordinator can't manage to produce it, OCHA CAP Section will fill it in. Example: Immediate (\$4,438,724), High (\$11,979,253), Medium (\$4,350,490).
Contact information	Kiki Gbeho - gbehok@un.org Omar Castiglioni - omar.castiglioni@undp.org

Cluster Specific Needs Analysis

In the past year the drought which has affected all of Somalia, and reached famine conditions in areas of the South, has been the focus of humanitarian response. Based upon the most recent climatic predictions, even with favourable rainfall, the continuing effects of drought and consequent displacement will continue to dominate operational demands well into 2012. Changes in the dynamics in the Southern regions have presented opportunities and simultaneous challenges. In Mogadishu the shift in political and military influence potentially offer a greater degree of access to the city for many humanitarian actors. The influx of humanitarian actors, including many new NGOs to establish coordination mechanisms, present a challenge of coordination to ensure the effective use of resources to meet the huge needs faced. In the Gedo, Bakool and Juba regions pockets of access provide similar opportunities and challenges; while humanitarian access in the majority of the South remains problematic. In Puntland the living conditions of IDPs, both newly displaced and longer term, is a persistent challenge - to a lesser but growing degree, in Somaliland. Throughout the country the needs

faced in 2011 will persist into 2012: the continued mobilisation of sufficient resources to meet them will be essential.

Gender is a cross cutting theme within the coordination mechanism. However, drought, famine, displacement and conflict impact women, girls, boys and men in different ways. It is a challenge to provide equal access to assistance and protection, in particular for women and girls. Gender gaps and disparity for the population in crisis reveals problems of unequal access to services and assistance. Mainstreaming gender based violence, systematic collection of sex and age disaggregated data to inform programming and the need to highlight gender concerns based on a gender analysis are necessary. The IASC Gender Marker is an effective tool to engage clusters and humanitarian teams to mainstream gender. Nevertheless barriers in implementation, monitoring and evaluation remain challenges to be addressed.

Cluster Response Strategy

COORDINATION: In the South, in areas of increased access and humanitarian activity, coordination structures will be augmented to meet the needs presented. The strategic hubs previously identified will continue to be reinforced when permissible, to serve the requirements of the actors present: Galkayo for the Central regions, Dollow, Mandera/Belethawa, Elwak/Elwak Somalia, Liboi/ Dhobley for the Kenyan and Ethiopian border regions and Mogadishu. Mogadishu will receive particular attention with, security allowing, the gradual transfer of the centre of gravity for coordination shifting there from Nairobi. To address the needs of the many IDPs in Mogadishu, the district level approach to the provision of basic services will be expanded and enhanced with the use of a satellite locations approach combined with a flexible strategy for the escort of the convoys of UN and humanitarian counterparts. South Central remains a full priority and the use of different combinations of security and humanitarian approaches is of paramount consideration. In Puntland and Somaliland too, staffing levels will increase to better serve the humanitarian community and regional authorities. A special focus in 2012 will be placed upon building and reinforcing the capacity of these regional authorities to better prepare for, mitigate and respond to the cyclical natural crises to which the region is prone. Throughout Somalia the nascent regional ICWGs will continue to be supported to take on an ever increasing role in directing humanitarian response at the field level. Building on the foundations established in 2010 and progress made in 2011, OCHA will further refine, develop and strengthen the operation of the CHF as its role in providing strategic funding to the cluster system. The Radio Ergo broadcast service will facilitate communication between the humanitarian community and Somali communities by enabling key humanitarian issues to be conveyed effectively to a mass Somali audience, even in areas where physical access is restricted. The FSNAU bi-annual food security and nutritional analysis, which forms the foundation for humanitarian response planning will be included within this year's enabling programmes, as part of efforts to strengthen shared assessment and monitoring activities.

SECURITY: The increasing UN and INGO presence in Mogadishu requires a commensurate increase in security provision to enable operations conducted to reach those in need, ensuring a minimised risk to the humanitarian personnel involved. This will be facilitated through the deployment of additional Field Security Coordination Officers and Local Security Assistants, together with the roll out of enhanced radio communications systems, the concept of Satellite Locations with safe havens and a flexible approach on road movement and security escort of the UN personnel and humanitarian counterparts. The improvement of the Emergency Communications System through an upgrade of the existing Radio Rooms and a network of VHF repeaters will also be implemented in Somaliland, Puntland and South Central when permissible to increase our tracking capability of the UN and humanitarian field missions and minimize our time of reaction to security incidents, including an adequate and rehearsed response in the form of Medevacs, Emergency Evacuation or Relocation, Search and Rescue. Other required capabilities in such a High Risk Complex Security Environment, like critical Incident Stress Management, Hostage Incident Management (including negotiation) and the possibility of doing Hit and Run Humanitarian Interventions in unstable areas with Security regulating the tempo of the humanitarian response are also available. Programmes running in 2011 to ensure the security of staff will be maintained and take into account gender responsive needs and risks for women and men in hostile situations, including: security awareness training, medical emergency

response teams, stress counselling services and the maintenance of an aircraft dedicated to evacuation and assessment activity.

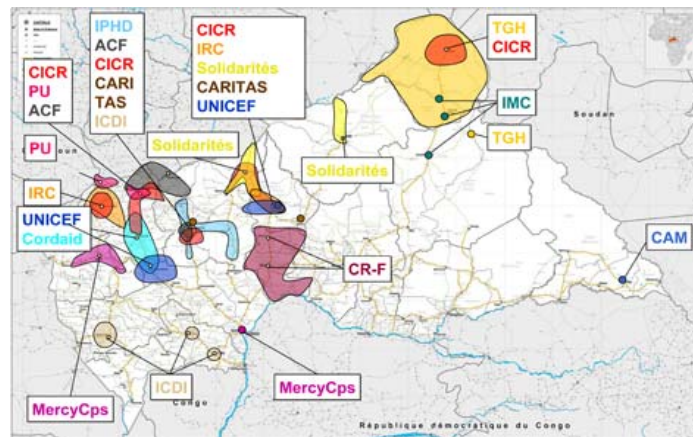
Assumptions and Risks

The plan as outlined is based upon the assumption of a maintenance of the status quo in most regions of the country: relative calm in Puntland and Somaliland, increasing stability in the Centre and in Mogadishu but continued conflict in other areas of the South. In Puntland, any continuation or expansion of the recent conflict in Galkayo could lead to further instability and consequent difficulties of humanitarian service delivery to areas on both sides of the ‘green line’. The most significant, and far-reaching, risks to the implementation of the planned approach would be a reversal of the trajectory of increased stability in Mogadishu through a resurgence of forces hostile to international presence or the implosion of TFG-allied forces to a state of warlords and clan conflict. Equally significant and damaging would be direct external military intervention in Somalia, seeing widespread conflict, displacement and the perception of politicization and militarization of aid.

Feasibility

The strategy as outlined is realistic in its objectives, constituting a consolidation, augmentation and extension of existing structures. Provided the funds are made available, and in due consideration of the risks outlined above, the planned activities are entirely achievable.

E. Map or table of proposed coverage per site IMU to insert



4.6 Logical framework of humanitarian action plan

Each cluster identified two to three key objectives with indicators and targets that is linked to the overall strategic priorities for Somalia CAP 2012. The clusters have also identified Mid-year and End-year targets. These indicator targets will be monitored periodically. [See Annex II.]

Overall progress is monitored by the Strategic Priorities Monitoring Matrix (attached below) which will measure cross-cluster collaborative achievements. The HCT monitors progress against the four strategic Priorities using these broad indicators which show both outcome and impact of humanitarian action in Somalia.

4.7 Cross-cutting issues

4.7.1. Capacity Development

Capacity development is a cross-cutting issue of relevance to all clusters and constitutes an important element that strengthens the link between humanitarian relief and resilience/early recovery.

Capacity development is an essential element of humanitarian response in any protracted crisis and as such, also in Somalia. Lack of security and access have often limited direct implementation by international NGOs and UN agencies and consequently the international community has relied on national partner organisations and national staff based in Somalia for the formulation, implementation, monitoring and evaluation of humanitarian activities. This constitutes an important characteristic of humanitarian action in Somalia which has the potential to greatly strengthen capacities of authorities, organizations and communities within Somalia to be more actively involved in humanitarian work as real partners rather than simply beneficiaries of outside assistance.

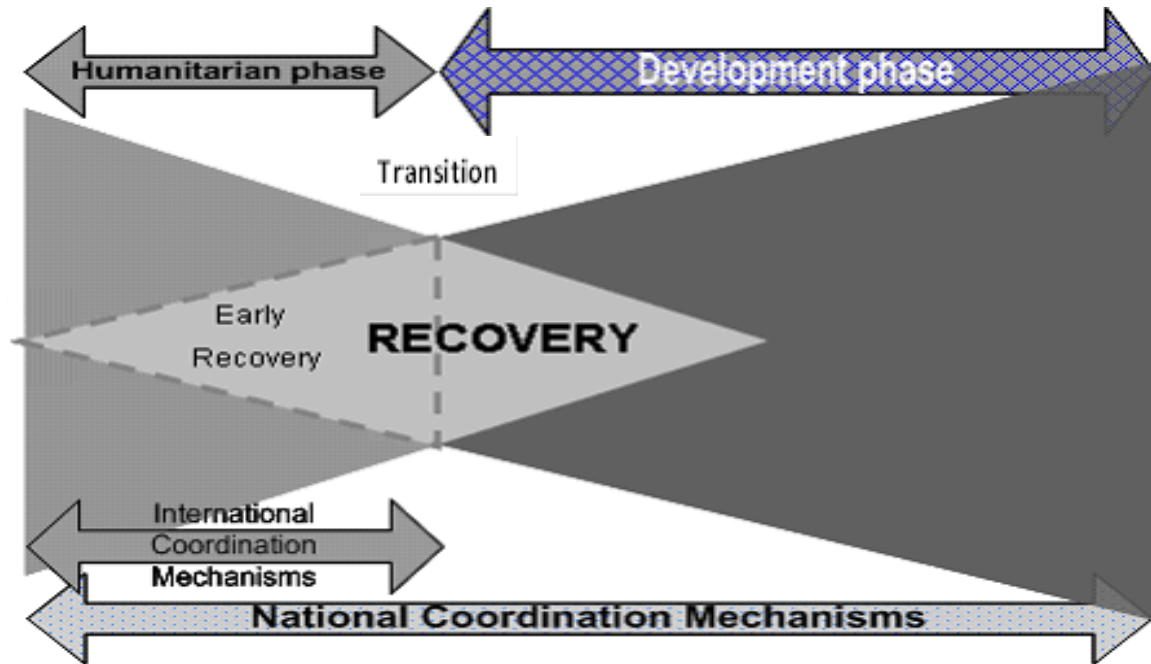
“Capacity” can be defined as the ability of people, organizations and the society (through an enabling environment) to manage their affairs successfully, while “capacity development” is understood as the process whereby people, organizations and society as a whole strengthen, create, adapt and maintain capacities to sustain themselves over time. Depending on the context, existing capacities and capacity gaps may vary greatly. However, it is generally agreed that the following capacities, *inter alia*, contribute greatly to enhance humanitarian action:

- Facilitation of assessments that enhance social inclusion and the equitable access to resources
- Enhancement of inclusion to ensure women and men, boys and girls, benefit from relief activities
- Strengthening monitoring to ensure a robust system of data and information analysis to promote results based management
- Developing human resources to equip individuals with knowledge and skills to pursue their livelihoods
- Strengthening organizational capacities of communities and CBOs providing services
- Promoting the role of the private sector to support access to basic needs and services
- Promoting the sustainable use of the natural environment and its regeneration

4.7.2 Early Recovery

Early Recovery “is a multidimensional process of recovery that begins in a humanitarian setting.” It is guided by development principles that seek to build on humanitarian programmes and catalyse sustainable development opportunities. It aims to generate self-sustaining, nationally owned, resilient processes for post crisis recovery. It encompasses the restoration of basic services, livelihoods, shelter, governance, security and rule of law, environment and social dimensions, including the reintegration of displaced populations.” Indeed, it is recovery that starts early as demonstrated in the diagram below.

Early Recovery is recognised as shortening the time span of emergencies, enhancing the resilience of communities, discouraging the creation of dependency, and enhancing socio-economic potential. International comparative experience also suggests that those providing relief are also very well placed to help build resilience of communities through early recovery activities. Significantly, this involves a process of empowering local communities, both men and women, to help define their needs both for the short and long term. This also enables agencies and communities to address other HCT agreed cross-cutting themes such as gender and capacity development as these lend themselves well to the concept of Early Recovery.



again employ the Gender Marker as a means to measure success and hold cluster members accountable. The Gender Marker is a method of scoring projects based on their consideration of and response to the different needs, roles, and capacities of women, girls, boys and men.

Humanitarian work aims to save lives by ensuring that access to essential basic services, assistance and protection is provided on an equal basis for women, girls, boys and men. Gender roles are polarised in Somalia's deeply patriarchal society and the on-going humanitarian emergency highlights women, girls, boys and men experience famine, drought and displacement in distinct ways with different needs and have differential access to and control over assistance to food, clean water, shelter, livelihoods, health, sanitation and protection. Gender roles and responsibilities can and do change dramatically in times of crisis as men and women adopt different coping strategies for survival. Humanitarian programming reflects and addresses these changing dynamics.

Gender is a process that works towards achieving gender equality by focusing on the fundamentals of gender mainstreaming within humanitarian emergency. The 2009, 2010 and 2011 CAP had Gender as a cross cutting theme. Positive strategic steps were taken to mainstream gender at all levels, these included: 1) an agreement by all clusters to collect sex and age disaggregated data; 2) the successful roll out of the Gender Marker last year as a tool to measure progress on gender and resulted in 80 per cent of Somalia CAP 2011 project included a minimum amount of gender mainstreaming; 3) each cluster identified 2-3 minimum gender standards that each project must reflect in order to receive a good gender score; and 4) scale-up response to the current famine, drought and displacement with focus on mainstreaming gender based violence and protection issues within clusters response.

In the end, the focus on women in the strategic priorities and in the cluster objectives and the commitment to disaggregate beneficiary data by sex did not promote a holistic gender analysis that identified and addressed women's, girls', boys' and men's specific needs. The challenge to mainstream gender remains, this is evident in the difficulties encountered with the on-going humanitarian emergency to ensure needs assessments are informed by a gender analysis and the importance of sex and age disaggregated to target women, girls, boys and men based on need and vulnerability in programming.

To continue to work on strengthening gender mainstreaming in humanitarian response each cluster revised their gender minimum standards and agreed that in order to be accepted in the CAP 2012 each project should score 1 and over. The collection of sex and age disaggregated data is adopted by all clusters and pre-requisite to a gender analysis. **One strategic priority out of four concerns equal access**

to humanitarian services for vulnerable women, men, girls and boys, and the XXX cluster objectives remain committed to addressing gender disparity especially for women.

The actual implementation of these commitments will be a challenge. The difficulty in gathering meaningful sex disaggregated data in 2009, 2010, and 2011 is evidence that implementation will require consistent follow up and technical support. In addition, capacity development on gender with the on-going humanitarian crisis will require technical assistance in areas of gender mainstreaming and gender based violence. The IASCGenCap adviser will continue to provide on-going support to the clusters and their project teams.

CLUSTER	GENDER MARKER CODE ²⁸				Total Number of Projects
	0	1	2A	2B	
Agriculture and Livelihoods					
Education					
Enabling Programmes					
Food Assistance					
Health					
Logistics					
Nutrition					
Protection					
Shelter and Non-food Items					
Water, Sanitation and Hygiene					
Grand Total					
Requirements as % of total					

Once I have the scores – I can add a paragraph on the results.

4.7.3.2 Protection Against Sexual Exploitation and Abuse

The four PSEA field networks in Woqooyi, Galbeed, Bari, Mudug, Lower Juba regions and Nairobi network continued to operate in 2011, although in an *ad hoc* manner and the field network reported its activities under the Gender Based Violence Working Group umbrella.

The PSEA network is funded through UNCT. The PSEA Nairobi network will hold refresher courses and core training for SEA focal points, workshops on the Secretary General's Bulletin on Protection from Sexual Exploitation and Abuse, and joint consultative meetings by UN agencies with AMISOM senior personnel on developing a code of conduct based on PSEA guidance.

In 2010, concerns were expressed on the impact of the extensive trainings held on PSEA due to lack of any reporting on SEA and limited level of awareness of beneficiaries on how to complain in safety and confidence. To address this concern, an evaluation was planned to monitor progress against PSEA obligations in 2010. This review was delayed and will be undertaken by the end of 2011. It is an important step towards enhanced efforts to protect populations of concern from sexual exploitation and abuse by understanding the status of implementation, possible blockages, and provide recommendations on the way forward.

The 2012 plan of action on PSEA will be based on the recommendations of the evaluation review and will specifically scale up activities in this area to ensure women, girls, boys and men beneficiaries can

make complaints in confidence and safety. At the same time, it will strengthen mechanisms by all humanitarian agencies to prevent and respond to complaints on SEA effectively.

5. Conclusion

Annex I: List of projects

Annex II: Needs Assessment Reference List

Annex III: Log frame Cluster Indicators Monitoring Matrix

AGRICULTURE AND LIVELIHOODS

CLUSTER OBJECTIVE 1 – Supports HCT Strategic Priority 1: Provide immediate and integrated life-saving assistance to people living in famine and humanitarian emergency, to reduce mortality and prevent further displacement

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
To increase access to food and water and purchasing power for populations in Famine and HE	Provision of food vouchers	Number of men and women who access 2100 kcal per person per day constantly by the end of the year 2012 in all the livelihood zone affected by famine and HE	788,000 men and women in Famine and HE	1,576,000 men and women in Famine and HE
	Provision of water vouchers	Number of men and women whose core breed (40 sheep and goats) access sufficient quantities of water in the pastoral and agro-pastoral livelihood zone of Somalia	930,000 men and women in HE	1,086,000 men and women in HE
	Conditional and unconditional cash transfers.	Number of men and women who access a cash injection sufficient to cover the income gap for populations in famine and HE people	788,000 men and women in HE	1,576,000 men and women in HE

CLUSTER OBJECTIVE 2 – Supports HCT Strategic Priority 2 Stabilize and prevent the deterioration of livelihoods for populations in Famine, HE and AFLC through the protection and restoration of livelihood assets and through early recovery, resilience building, emergency preparedness, DRR and social/productive networks.

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
To provide , protect and increase production capacity of livelihood assets and reduce exposure to the effects of natural shocks for population in crisis ²⁹	1. Rehabilitation of public infrastructure (feeder roads, markets)	Number of men and women with access to improved productive assets.	251,000 men and women in crises	501,000 men and women in crises
	2. Rehabilitation of water catchments 3. Reinforcement of river embankments 4. Rehabilitation of irrigation canals	Number of men and women with access to emergency seeds and agricultural inputs provided to 100% of the cluster farming population in HE and AFLC	501 men and women (Deyr)	501 men and women (Gu)
	5. Distribution of agricultural inputs (seeds, tractor hours, tools, fertilizers, fuel vouchers) 6. Fodder production 7. Destocking 8. Livestock redistribution 9. Animal treatment and vaccination 10. Distribution of fishing gear. 11. Soil and water conservation through cash for work and food for work 12. Income Generation Activities ³⁰	3,000,000 animals vaccinated against the most common diseases in Somalia, during the course of 2012 for the pastoralist in HE and AFLC.	1,500,000 animals	3,000,000 animals

²⁹ According with IPC classification populations in AFLC are more likely to be targeted with Objective 2 as they are more likely to have livelihood assets as opposed to those in Famine and HE who may have lost all their assets and production capacity.

³⁰Such as bee keeping, petty trade, poultry farming.

³ The target beneficiaries should receive 2 separate sets of agric inputs during the course of the year it is important to guarantee 100% coverage for both the seasons.

CLUSTER OBJECTIVE 3 – Supports HCT Strategic Priority 3: Provide vulnerable populations, including but not limited to IDPs, with a minimum package of basic services

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
To increase access to a basic livelihood support package in order to counter negative coping mechanisms for populations in transit and in camps.	Cash for work opportunities.	Number of Livelihoods opportunities (CFW opportunities, income generating activities, skills transfer) provided to 273,000 IDPs either in transit or in camps during the course of 2012	136,500 men and women in transit or in IDP camps	273,000 men and women in transit or IDP camps.
	Income generating activities ³¹			
	Livelihood skills transfer			

³¹ Such as bee keeping, petty trade, poultry farming

EDUCATION

CLUSTER OBJECTIVE 1 – Supports HCT Strategic Priority xx

Objective (overarching goal to be achieved by the Cluster)	Activities (key actions of importance to assist in reaching objective)	Success Indicator (indicators should assist in measuring the objective)	Indicator target for end-May	Indicator target for year-end
Increase access to education for children, youth and adults in humanitarian emergencies	Support additional learning spaces (including single sex spaces) in areas with high population influxes and overcrowded classrooms	<i>Number of temporary learning spaces constructed and existing school structures rehabilitated</i>	40 classrooms constructed, 40 tents and temporary structures installed and 50 rehabilitated	80 classrooms constructed with 80 tent and temporary structures and 100 rehabilitated
	Establish WASH facilities at schools, with separate latrines for girls and boys	<i>Number of children (disaggregated by sex) benefiting from school WASH facilities</i>	100,000 children (60,000 boys and 40,000girls)	200,000 children (120,000 boys and 80,000 girls)
	Support non-formal education opportunities such as literacy classes, vocational/skills training, and/or recreational activities for targeted youth and adults (male and female)	<i>Number of youth and adults (disaggregated by sex) engaged in non-formal education opportunities such as literacy classes, vocational training and/or recreational activities</i>	15,000 youth (10,000 boys and 5,000girls)	30,000 youth (20,000 boys and 10,000 girls)
	Provide schools with supplies, including basic learning materials, textbooks, and recreational materials	<i>Number of children (disaggregated by sex)benefiting from teaching and learning supplies, including recreational materials</i>	200,000 children (120,000 boys and 80,000 girls)	400,000 children (240,000 boys and 160,000 girls)
	Expand school feeding programs or alternative food support for schoolchildren in emergency-affected areas	<i>Number of schoolchildren (disaggregated by sex) benefiting from school feeding or alternative food support</i>	40,000 children (20,000 boys and 20,000 girls)	60,000 children (30,000 boys and 30,000 girls)

CLUSTER OBJECTIVE 2 – Supports IASC Strategic Priority xx

Objective (overarching goal to be achieved by the Cluster)	Activities (key actions of importance to assist in reaching objective)	Success Indicator (indicators should assist in measuring the <u>objective</u>)	Indicator target for end-May	Indicator target for year-end
Improve the quality of education, integrating essential services and life-saving messages into formal and non-formal education	Provide training and incentives for teachers and school administrators (male and female)	<ul style="list-style-type: none"> Number of teaching personnel (disaggregated by sex) trained in pedagogy, child-centered teaching methodologies, and/or school management Number of teachers and school administrators (disaggregated by sex) receiving incentives 	3,000 teachers (2,000 male and 1,000 female)	5,000 teachers (3,500 male and 1,500 female)
	Integrate life-saving messages on key issues (such as disaster preparedness, health and hygiene, MRE, GBV, and peace education) into classroom instruction- taking into account differential needs and risks for boys and girls	Number of learners and teachers (disaggregated by sex) benefiting from life-saving messages at schools and/or Child Friendly Spaces (CFS)	200,000 children and teachers (120,000 male and 80,000 female)	400,000 children and teachers (240,00 male and 160,000 female)
	Train teachers and CFS facilitators in disaster preparedness and awareness	Number of teachers and CFS facilitators (disaggregated by sex) trained in disaster preparedness and awareness	1,000 teachers and CFS facilitator (600 male and 400 female)	1,500 teachers and facilitator (900 male and 600 female)
	Train teachers in psychosocial support	Number of teachers (disaggregated by sex) trained in psychosocial support	1,500 teachers (900 male and 600 female)	2,000 teachers (1,200 male and 800 female)

CLUSTER OBJECTIVE 3 – Supports IASC Strategic Priority xx

Objective (overarching goal to be achieved by the Cluster)	Activities (key actions of importance to assist in reaching objective)	Success Indicator (indicators should assist in measuring the <u>objective</u>)	Indicator target for end-May	Indicator target for year-end
Support the establishment and strengthening of education systems, structures and policies in emergency-affected areas	Train Community Education Committees (CECs) in school monitoring , management, and record keeping	<i>Number of Community Education Committees(disaggregated by gender) trained in school monitoring, management and record keeping</i>	500 community education committees	800 community education committees
	Improve planning, monitoring and budgetary capacity of regional education authorities, including Education Umbrellas, where they exist	<i>Number of regional education authorities (disaggregated by gender) trained in planning, monitoring and finance</i>	80 regional education authorities	140 regional education authorities
	Train CECs in Disaster Risk and Preparedness	<i>Number of CECs (comprising on men and women) that have been trained in DRR and have developed DRR plans</i>	200 CECs	400 CECs

FOOD

CLUSTER OBJECTIVE 1 – Supports HCT Strategic Priority 1

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Focusing on populations in famine, HE and AFLC, provide immediate household access to food through emergency food, voucher and cash responses to populations in crisis with an emphasis on close coordination with the nutrition cluster ensure complementary blanket and targeted nutrition interventions as necessitated by the nutrition situation.	General food distribution to emergency-affected persons and IDPs inside Somalia	<ul style="list-style-type: none"> • Number of GFD beneficiaries • Number of households receiving cash or voucher responses improving food access 	<ul style="list-style-type: none"> • 1.5 million people • 50,000 households per month receiving cash or voucher responses 	<ul style="list-style-type: none"> • 1.5 million people • 50,000 households per month receiving cash or voucher responses
	Provision of unconditional cash or voucher responses to affected populations in market surplus areas			
	Coordination of food and nutrition responses with nutrition cluster	<ul style="list-style-type: none"> • Percentage of GFD/Cash/Voucher programmes complemented with nutrition objectives • Number of beneficiaries provided with prepared food 	<ul style="list-style-type: none"> • 30 per cent 	<ul style="list-style-type: none"> • 30 per cent
	Provision of prepared food (e.g. Wet Feeding) in Mogadishu			

CLUSTER OBJECTIVE 2 – Supports HCT Strategic Priority 2

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
In coordination with the Agriculture Livelihoods cluster, improve household access to food and prevent further deterioration of household asset holdings by restoring productive assets and building resilience to withstand future shocks (focus on populations in AFLC and BFI)	Food/cash/voucher for work/assets and food for training	<ul style="list-style-type: none"> • Number of persons supported through food/cash/voucher for work/assets/training 	<ul style="list-style-type: none"> • 100,000 max per month 	<ul style="list-style-type: none"> • 100,000 max per month

CLUSTER OBJECTIVE 3 – Supports HCT Strategic Priority 2

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
<p>In coordination with the livelihood and agriculture, education, WASH and health clusters, invest in livelihood support activities (focus on populations in BFI) and the strengthening of existing public services which serve as social safety-nets (focus on areas of relative stability, primarily in the north), so as to protect vulnerable populations from falling into crisis.</p>	<p>Emergency school feeding Girls' take-home ration</p>	<ul style="list-style-type: none"> • Number of children receiving school meals 	<ul style="list-style-type: none"> • 115,000 children each month 	<ul style="list-style-type: none"> • 115,000 children each month
	<p>Institutional feeding for TB/HIV patients (inpatient)</p>	<ul style="list-style-type: none"> • Number of girls receiving take-home rations 	<ul style="list-style-type: none"> • 34,000 girls per month 	<ul style="list-style-type: none"> • 34,000 girls per month
	<p>Institutional feeding for TB/HIV patients and families</p>	<ul style="list-style-type: none"> • Number of TB/HIV inpatients receiving prepared food (e.g. Wet feeding) • Number of TB/HIV outpatients receiving take-home family rations 	<ul style="list-style-type: none"> • 4,200 inpatients monthly average • 6,500 TB/HIV outpatients monthly (32,000 family members) 	<ul style="list-style-type: none"> • 4,200 inpatients • 6,500 TB/HIV outpatients monthly (32,000 family members)
	<p>Provision of incentive family rations to pregnant women to encourage deliveries under medical attention</p>	<ul style="list-style-type: none"> • Number of pregnant women that delivered under medical attention who receive food assistance 	<ul style="list-style-type: none"> • 30,000 	<ul style="list-style-type: none"> • 30,000

HEALTH**CLUSTER OBJECTIVE 1 – Supports HCT Strategic Priority 1&3**

Objective (overarching goal to be achieved by the Cluster)	Activities (key actions of importance to assist in reaching objective)	Success Indicator (indicators should assist in measuring the objective)	Indicator target for end-May	Indicator target for year-end
Ensure equitable access and provision of basic and life-saving health services to affected and vulnerable population	1. Provision of primary health care services through primary health units and Health centres.	Provision of basic Package of health services within 2Km settlement with more than 10,000 population	Addition of 25 PHC facilities in target areas	Addition of 50 PHC facilities in target areas
	2. Provision of targeted primary health services through mobile clinics for vulnerable groups,			
	3. Provision of reproductive health services to IDPS and host communities	1 Functional reproductive health facility per region	6 functional RH facilities	12 functional RH facilities
	4. Secondary care via hospitals and referral health centres for emergency obstetric care.	Establishment of EMOC centres in Major district hospitals	6 EMOC centres established	12 Emoc centres established
	5. Management of trauma	Establishment of Trauma management centres in Major district hospitals	3 trauma management centres in selected districts	6 trauma management centres in selected districts
	6. Provision of essential medicine s supplies and equipments	Supply of 1 st line essential medicine and equipment to Primary Health Units, Health centres and referral hospitals	Essential supplies to 25 additional PHC facilities	Essential supplies to 50 additional PHC facilities
	7. Management of nutritional complication	Establishment of specialised units for complications for malnutrition	Establishment of specialised nutrition units in 6 district hospitals	Establishment of specialised nutrition units in 12 district hospitals
	8. mental health services	Establishment of specialised units for provision of basic package of mental health services.	Establishment of 2 specialised units for mental health services	Establishment of 4 specialised units for mental health services
	9. Advocacy for improved health seeking behaviour and increasing awareness on service availability	Development and dissemination of advocacy campaigns for improved health seeking behaviour and knowledge of health services availability	Development and implementation of behaviour change campaigns 6 districts	Development and implementation of behaviour change campaigns 12 districts

CLUSTER OBJECTIVE 2 – Supports HCT Strategic Priority 2

Objective (overarching goal to be achieved by the Cluster)	Activities (key actions of importance to assist in reaching objective)	Success Indicator (indicators should assist in measuring the objective)	Indicator target for end-May	Indicator target for year-end
Prevent and control epidemic-prone and communicable diseases	13. Establish disease early warning and alert systems EWARS). Including data collection from service providers analysis and dissemination	Expansion of EWARS in additional targeted areas	50 additional EWARS sites	100 additional EWARS sites
	14. Rumour verification, outbreak investigation and response	Rumour verification and/or outbreak response initiation within 96 hours of case reporting	70% of all outbreak cases investigated within 96 hrs	80% of all outbreak cases investigated within 96 hrs
	15. Epidemic preparedness contingency planning and implementation	Contingency plans prepared and essential supplies prepositioned for all district on area based approach	6 contingency plan for 6 districts (1 per district)	12 contingency plan for 12 districts (1 per district)
	16. Establishment and strengthening and expanded program on immunization	Implementation of CHD package in all 3 zones of Somalia	Implementation of round 1 of CHD package	Implementation of round 2 of CHD package
	17. Establish of community based care for child survival interventions	Implementation of ICCM package for child survival in target districts	6 ICCM programs implemented in 6 districts	12 iCCM programs implemented in 6 districts

CLUSTER OBJECTIVE 3 – Supports HCT Strategic Priority All (1,2,3,4)

Objective (overarching goal to be achieved by the Cluster)	Activities (key actions of importance to assist in reaching objective)	Success Indicator (indicators should assist in measuring the <u>objective</u>)	Indicator target for end-May	Indicator target for year-end
Coordinate integrated health responses at national and sub-national levels, and across borders and inter- cluster/sectors	1. Strengthen Nairobi and field level coordination	Recruitment of sub cluster focal persons in each zone	Recruitment of 3 sub-cluster focal persons	Same
	2. Decentralise health cluster coordination at each regional level through cluster focal agencies	Induction of sub regional focal agencies in each region	Induction of 6 sub regional focal agencies in each region	Induction of 12 sub regional focal agencies in each region
	3. Strengthen inter cluster collaboration at Nairobi and field level	Regular inter-cluster planning and coordination meetings at Nairobi and field level	1 meeting per month per zone and Nairobi level	13 meetings per year
	4. Assessment and regional health profiling	Carry out assessments to prepare regional health profiles for strategic health planning and operational decision making	6 regional health profiles prepared	12 regional health profiles prepared

LOGISTICS

CLUSTER OBJECTIVE 1 – Supports HCT Strategic Priority 1

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
OBJECTIVE 1: Coordinate support to strategic services for the efficient delivery of humanitarian assistance	Provide interagency storage capacity via available warehouses, Mobile Storage Units (MSUs), etc	Total storage space made available No of agencies/organizations using storage facilities	5,000 m ² 12	5,000 m ² 12
	Provide interagency cargo transport facility by sea	Monthly space made available for humanitarian community cargo on chartered vessel	1,000 mt	1,000 mt
	Provide interagency cargo transport by air	Monthly space made available for cluster participants through airlift.	20 mt	10 mt
	Produce and disseminate Information Management Products	Number of bulletins, maps and other Logistics information produced and shared	20	20
	Provide passenger transport via UNHAS air services	Number of passengers served per month	1,350 passengers per month	1,350 passengers per month

CLUSTER OBJECTIVE 2 – Supports HCT Strategic Priority 2

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
OBJECTIVE 2: Coordinated and prioritized rehabilitation of logistics infrastructure in Somalia	Rehabilitation of fenders along wharf – Bossaso Port	Replacement/installation of fenders along wharf (Bossaso Port) Provision of required equipment	Aids to Navigation installed	Pilot boat provided. Fire fighting kits provided.
	Provision of pilot boat, fire fighting kit, cargo handling gear, provision and installation of Aids to Navigation – Bossaso Port			
	Capacity building of Bossaso, Mogadishu, and Somaliland port personnel	4 pilots and 6 additional staff trained at each port (10 staff at each port)	20 personnel trained (covering at least two ports)	30 personnel trained (covering three ports)
	Provision of electronic equipment at Mogadishu Port	Electronic equipment provided for	Electronic Equipment at	Electronic equipment at

		Tower at Mogadishu Port (radio, radar)	Mogadishu Port tendered for.	Mogadishu Port Tower provided.
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CLUSTER OBJECTIVE 3 – Supports HCT Strategic Priority 2

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
OBJECTIVE 3: Improve Logistics preparedness and contingency	5. Revise the Logistics Capacity Assessment	Published LCA, available to the humanitarian community	LCA published	Regularly update of published LCA
	6. Pre-position mobile storage units (MSUs) for rapid deployment	Mobile storage units available for the humanitarian community	12 big and 8 small MSUs available in contingency stock	12 big and 8 small MSUs available in contingency stock
	7. Maintain an updated Cluster website, with key logistics information and updates, including maps	Key logistics information available for the humanitarian community on the website	Updated website	Updated website
	8. Maintain regular cluster meetings	Cluster meetings arranged as required based on intensity of response	Cluster meetings arranged as required based on intensity of response	Cluster meetings arranged as required based on intensity of response
	9. Joint contingency planning with the humanitarian community for logistics response	Contingency plan available	Contingency plan available	Contingency plan available

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NUTRITION

SECTOR OBJECTIVE 1 - Objective Code: 0601

Objective	Activities	Success Indicator	Indicator target for end-May	Reviewed Indicator target for year-end
I. Acutely malnourished children and pregnant and lactating women are treated by having access to and utilizing quality services for the management of acute malnutrition.	1. Support access to an utilization of nutrition existing services (SC, OTP, TSFP etc) or to new established one for the management of acute malnutrition(technically and supplies) including gender analyses ³²	1a. % coverage of acutely malnourished boys, girls, pregnant and lactating (P/L)	U5: 207,000 (30%), PLW: 57,520 (20%)	60% U5: 414,000 (60%) PLW: 115,040 (40%)
		1b. % increase of geographical coverage of nutrition services	30%	60%
		1c. % acutely malnourished children and pregnant and lactating women (P/LW), referred and admitted to nutrition centres for the management of acute malnutrition by the community mobilization and outreach screening services.	U5 SAM: 120,750 (30%) U5 MAM: 134,550 (30%) PLW: 57,520 (20%) Community Mobilization and Outreach Screening Services: 40%	U5 SAM: 241,500 (60%) U5 MAM: 269,100 (60%) PLW: 115,040 (40%) Community Mobilization and Outreach Screening Services: 80%
		1d. % of centres for the management of acute malnutrition attaining SPHERE standards (cured>75%, defaulters<15%, death <10% (SAM treatment program) or death< 3%(MAM treatment program) and reporting rate	70 % OTP/SC 50% Targeted SFP 90% reporting	70 % OTP/SC 50% Targeted SFP 90% reporting
	2. Ensure adoption and utilization of standardised protocols for the treatment of acute malnutrition in Somalia, updated as necessary	2a. % of partners using standardised guidelines and tools for management of acute malnutrition.	90%	90%

³²Gender analyses like issues on access of the services from household to nutrition service and sex-disaggregated data to monitor any changes in KAP assumption around feeding and nutrition practices for girl and boys and PLW

Annex III: Log frame Cluster Indicators Monitoring Matrix

	3. Maintain a quality nutrition surveillance system and analyse and review the anticipated caseload biannually of acutely malnourished children and pregnant and lactating women	3a. Nutrition updates published bimonthly	3	6
		3b. Nutrition cluster brief prepared and shared monthly	6	12

SECTOR OBJECTIVE 2 - Objective Code: 0602

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
II. Expansion of women and children's access to evidence-based and feasible nutrition and nutrition related services, available through the use of the Basic Nutrition Services Package (BNSP) interventions linking nutrition to health, WASH, and Food security programming	1. Strengthen Nutrition partners to adopt and implement the essential components ³³ of the BNSP.	1a. % of partners using more than 50% of the essential components of the BNSP.	50%	100%
		1b. % of children receiving appropriate Micro nutrient interventions (Vitamin A, Deworming, Zinc etc) through Child Health Days/NIDs and routine health care services	80%	90%
		1c. % of pregnant and lactating women receiving micronutrient supplementation (Vitamin A, FeFo, MMN) through Child Health Days/NIDs and routine health care services.	20%	40%
		1d. %coverage of children <5 in areas where blanket SFP is implemented	70% rural area 90% urban area	70% rural area 90% urban area
	2. Expand MCHN services to functional MCHNs for U2 and pregnant and lactating women in Somaliland and Puntland	2.a % of identified functional MCH clinics supporting the provision of supplementary food to the target population.	40%	100%
		2.b. % children 6months -23 months	40%	100%

³³ The essential component are listed in the Basic Nutrition Service Package

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		reached with supplementary food through MCHN programme.		
		2.c. % of pregnant and lactating women reached with supplementary food through the MCHN	40%	100%
	3. Expand BSFP intervention in targeted districts	3a. % of U5 and PLW reached with BSFP in targeted areas	30%	60%
	4. Partners are engaged in implementation of the IYCF strategy and action plan	4a. IYCF activities being implemented as per the action plan	50%	100%
	5. Health and Nutrition information, education and communication to beneficiaries and communities.	5a. No of sensitization sessions conducted	50%	100%
		5b. no of community mobilizations/sensitization meetings held	50%	100%
	6. Nutrition services linked to WASH, Health, Livelihoods/food security	6a. % of nutrition projects in CAP 2012 with link to WASH, Health and food security at objective and operational level	50%	100%
		6b. % of targeted caregivers in nutrition programmes trained in home based water treatment	40%	80%
		6c. % of caregivers in nutrition service programmes trained on using soap/ash/sand for handwashing.	40%	80%

SECTOR OBJECTIVE 3 - Objective Code: 0603

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
III. Strengthening capacity of nutrition partners : LNGO/CBO/INGO, local communities and line	1. Organize training nutrition partners, in particular LNGOs/CBOs/INGOs on essential components of BNSP	1a. % of nutrition partners/staff trained to the management of acute and chronic malnutrition including implementation of essential components of BNSP	50%	100%

Annex III: Log frame Cluster Indicators Monitoring Matrix

ministries to deliver quality and sustainable, BNSP services through a variety of approaches.	2. Develop a cluster wide capacity building and training plan including quality emergency nutrition intervention and surveillance	2a. Multi-year cluster Capacity building plan developed and endorsed by the cluster	1	1
		2b. Number of training work plan developed	1	1
		2c. % of implementation of the work plan	40%	80%
	3. Enhance coordination and communication structures within and outside Somalia	3a. Number of nutrition cluster meeting are held in and outside Somalia	6 in Nairobi	12 in Nairobi
			6 in Puntland 6 in Somaliland 24 in SCZ	12 in Puntland 12 in Somaliland 48 in SCZ

PROTECTION

CLUSTER OBJECTIVE 1 – Supports HCT Strategic Priority 4

Objective (overarching goal to be achieved by the Cluster)	Activities (key actions of importance to assist in reaching objective)	Success Indicator (indicators should assist in measuring the objective) (disaggregated by sex and age where possible)	Indicator target for end-May	Indicator target for year-end
<u>Service Delivery and Community Mobilisation</u> Strengthen the resilience of survivors of rights violations and vulnerable communities through the provision of protection related services.	Establish and strengthen multi-sectorial prevention and response (including referral mechanisms) to men, women, boys and girls who are survivors of protection violations	Number of direct beneficiaries (survivors of protection violations accessing services (medical, legal, psychosocial, family tracing, child friendly spaces, assisted voluntary return, etc.), emergency support and community-based projects (disaggregated by age and sex)	4,000	13,500
	Increase gender sensitive livelihood initiatives for men and women facing protection threats	Number of beneficiaries assisted through protection initiatives (number of child friendly spaces, neighbourhood watch and livelihood initiatives)	15,000	35,000
	Strengthen community safety and security initiatives through community watch projects (including incident reporting) and infrastructure improvement suitable for women and men, boys and girls	Number of indirect beneficiaries (Catchment population/number of directly targeted populations (disaggregated by age and sex, if possible)	300,000	750,000

Annex III: Log frame Cluster Indicators Monitoring Matrix

CLUSTER OBJECTIVE 2 – Supports HCT Strategic Priority 4

Objective (overarching goal to be achieved by the Cluster)	Activities (key actions of importance to assist in reaching objective)	Success Indicator (indicators should assist in measuring the <u>objective</u>) (disaggregated by sex and age where possible)	Indicator target for end-May	Indicator target for year-end
<u>Capacity Building and Advocacy</u> Strengthen capacities of key duty bearers, including formal and informal institutions, to enhance the overall protective environment and improve response to protection violations	Provide capacity building for service providers to ensure timely and comprehensive response to the needs of survivors of violations, as well as in emergency situations	Number of service providers (incl. protection monitoring partners) supported through capacity building (disaggregated by age and sex)	80	200
	Build and strengthen the capacity of formal and non formal authorities through training and other capacity building activities, including on policies and legislative frameworks in line with human rights standards, to promote effective protection response to vulnerable men, boys, women and girls	Number of formal and non-formal personnel working for authorities trained on human rights standards, policies and good practices (disaggregated by sex)	80	200
	Undertake advocacy initiatives to enhance the overall protective environment for women and girls, men and boys.	Number of joint advocacy initiatives undertaken	4	10

Annex III: Log frame Cluster Indicators Monitoring Matrix

CLUSTER OBJECTIVE 3 – Supports HCT Strategic Priority 4

Objective (overarching goal to be achieved by the Cluster)	Activities (key actions of importance to assist in reaching objective)	Success Indicator (indicators should assist in measuring the objective)	Indicator target for end-May	Indicator target for year-end
<u>Information Management</u> Inform advocacy and programme response through accurate monitoring and reporting of protection violations	Conduct periodic protection mappings, profiling exercises and needs assessments in key locations,	<ul style="list-style-type: none"> Number of mappings, profiling exercises and assessments conducted 	5	10
	Strengthen protection monitoring and reporting mechanisms of displacement and violations against women, men, girls and boys	<ul style="list-style-type: none"> Number of information management systems operational Number of reports disseminated (PMN, PMT ...etc.) 	4 20	4 50

SHELTER/NFI

CLUSTER OBJECTIVE 1 – Supports IASC Strategic Priority xx

Objective (overarching goal to be achieved by the Cluster)	Activities (key actions of importance to assist in reaching objective)	Success Indicator (indicators should assist in measuring the <u>objective</u>)	Indicator target for end-May	Indicator target for year-end
Contribute to the protection of displaced and other vulnerable groups from life-threatening elements through the distribution of Emergency Assistance Packages (EAPs)	1. Procure and store contingency stocks of EAPs at key locations / plan for local procurement and strengthen the coordination for response capacity	Percent of target beneficiaries receiving EAPs disaggregated by age and sex	505,000 of the target achieved	1,010,000 of the target achieved
	2. Identify the needs of women, girls, boys and men in affected communities			
	3. Distribute harmonised and minimum EAP package to vulnerable households			
	4. Conduct post-distribution monitoring and share the result with the cluster			

CLUSTER OBJECTIVE 2 – Supports IASC Strategic Priority xx

Objective (overarching goal to be achieved by the Cluster)	Activities (key actions of importance to assist in reaching objective)	Success Indicator (indicators should assist in measuring the <u>objective</u>)	Indicator target for end-May	Indicator target for year-end
<p>Improve the living conditions of the displaced population in stabilised settlements through site planning and the provision of transitional shelter</p>	<p>1. Consult with affected IDP women and men and authorities and conduct needs assessments to identify the appropriate transitional shelter option</p>	<p>Number of beneficiary households receiving transitional shelter disaggregated by age and sex</p>	<p>15,000</p>	<p>35,000</p>
	<p>2. Establish and keep updated a dynamic settlement information management system, whereby key data about each settlement is uniformly and consistently gathered and shared with all actors through the cluster</p>			
	<p>3. Consult with local authorities, traditional leaders and religious leaders on land tenure issues to understand the history of the land and who currently has claims of tenure and obtain land title of existing settlements sites and transfer it to the affected IDPs</p>			
	<p>4. In close consultation with women and men from the affected communities, local authorities, religious leaders and transitional leaders, demarcate and prepare a site plan (for existing sites) with essential basic services, infra-structure, public spaces, fire breaks and housing integrated therein.</p>			
	<p>5. Provide the appropriate response package, including transitional shelter</p>			
	<p>6. Implement shelter projects with community participation and where possible maximising livelihood opportunities through the shelter intervention</p>			

CLUSTER OBJECTIVE 3 – Supports IASC Strategic Priority xx

Objective (overarching goal to be achieved by the Cluster)	Activities (key actions of importance to assist in reaching objective)	Success Indicator (indicators should assist in measuring the objective)	Indicator target for end-May	Indicator target for year-end
Facilitate access to durable solutions for the displaced population through return and relocation where possible and appropriate	1. Through the Population Movement Tracking system (managed by Protection Cluster) identify return trends	Number of households receiving assistance to facilitate their return to their place of origin disaggregated by age and sex	5,000	15,000
	2. Identify IDPs wishing to return and ascertain voluntariness			
	3. Provide the initial response package, including shelter assistance at place of origin			
	4. Ensure linkage between the cluster’s assistance and other key priority areas including agriculture and livelihood			
	5. Support local initiatives on voluntary relocation with coordination of assistance, standards, legal advice and the provision of basic services	Number of households assisted to relocate disaggregated by age and sex	5,000	15,000
	6. Consult with all parties including local authorities, traditional and religious leaders in order to coordinate assistance, advocate for best practice, document process and share experiences			
	7. Obtain land title of existing settlements sites and transfer it to the affected IDPs in order to secure durability of voluntary relocations			
	8. In close consultation with women and men from the affected communities, local authorities, religious leaders and traditional leaders, demarcate and prepare a site plan (for new sites) with essential basic services, infra-structure, public spaces and fire breaks			
	9. Provide the appropriate response package, including shelter assistance at the relocation sites			

WASH

CLUSTER OBJECTIVE 1 – Supports CAP 2012 Strategic Priority “Integrated life-saving assistance”, “Resilience building” and “Minimal package of basic services”

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator year-end
Ensure that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion, including complementary activities with Nutrition, Health, Education, Livelihood, and Food	Provision of safe water to people in need, including emergency provision to IDPs and in AWD/Cholera responses, and sustained access to safe water through the rehabilitation of existing water systems and construction of new strategic water facilities for improved longer term resilience of the community	1. Number of people, disaggregated by sex, with access to temporary water (eg. water access by voucher, chlorination of shallow wells - that is: temporary provision of safe water)	1.3 million	2.6 million people in crisis (as per FSNAU)
		2. Number of people, disaggregated by sex, with sustained access to safe water (eg. Construction/ protection of a shallow well, rehabilitation of a borehole, strategic water catchments, household water filters - that is: improved access to safe water remains after the project finishes)	1.3 million	2.6 million people in crisis (as per FSNAU)
	With the full and equal participation of women and men in the household, community or institution, support the construction and rehabilitation of appropriate and gender-sensitive sanitation facilities	3. Number of people disaggregated by sex, with increased access to appropriate sanitation facilities	0.6 million	1.3 million
	Promote dissemination of key hygiene messages, and practices, according to the differential needs of men and women according to locations, addressing also underlying causes of malnutrition to both women and men equally in communities, and key institutions (nutrition feeding centres, health facilities, schools, child friendly spaces)	4. Number of people, disaggregated by sex, who have been reached by hygiene promotion campaigns, including in nutrition feeding centres, health facilities and schools	2.3 million	3.7 million crisis (total population of medium/high risk cholera districts)

CLUSTER OBJECTIVE 2 – Supports CAP 2012 Strategic Priority “Emergency preparedness and Disaster Risk Reduction (DRR)”

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Strengthen capacity for emergency preparedness, and disaster risk reduction	Assess capacity of Somalia based WASH Cluster members, and develop a capacity building plan, for effective sustainable humanitarian WASH action, to result in improved knowledge, ability and resilience of the community and address gender gaps	1. Capacity assessment and capacity development plan for WASH Cluster members in Somalia	Capacity Assessment Capacity Development Plan	
	Capacity development of WASH Cluster members implementing WASH projects in Somalia, in areas identified as capacity gap areas, including hygiene promotion and sustainable boreholes, using effective training methodologies as per the development plan	2. Number of WASH Cluster members, disaggregated by gender, with improved ability to implement equitable, sustainable humanitarian WASH action in Somalia by attending training	50	200 WASH Cluster members (at least 10% women)
	Improved emergency preparedness by Zonal / Regional WASH Clusters via Zonal / Regional emergency response plans (including for AWD/Cholera), pre-positioned emergency supplies, and (for Somaliland and Puntland) emergency response teams (to support, not replace community ownership)	3. Zonal/Regional emergency response plans developed and in use, linked to pre-positioned emergency supplies	Emergency response plan for one zone	Emergency Response plan per zone
	Adapt early warning system in high-risk areas to be more effective for communities and local organisations, and improve live map of water sources (SWIMS) to improve strategic planning for disaster risk reduction .	4. Early warning early action systems strengthened and in use 5. SWIMs live water map up to date and in use	AWD early warning, early action system used	AWD, Flood and Drought, early warning early action system used SWIMs live map up to date

ENABLING PROGRAMMING

CLUSTER OBJECTIVE 1 – Supports HCT Strategic Priorities

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Strengthened coordination to support delivery of humanitarian assistance to the most vulnerable Somalis and to ensure equal access for women, girls, boys and men	Provide secretariat support to enable strategic and field coordination (HC, HCT, ICWG and Clusters)	Existing Regional ICWG forums maintained, more forums established and functioning	7 regional ICWG functioning	7 regional ICWG functioning
	Provide information analysis and information products to support operational needs and situational understanding (maps, 3W and reporting)	Minimum set of 3W products established and regularly updated	3W data set fully updated per quarter	3W data set fully updated 4 times
	Provide and coordinate information to support decision making and advocacy on key issues (messages, talking points)	Number of UN Info Group communications strategy planned activities completed	2 activities completed	5 activities completed
	Assist in prioritizing resources based on identified needs and gaps ensuring gender as key cross cutting theme by: facilitating field-level assessments, consultation through and on behalf of assigned clusters, advising on the use of the pooled funds (CERF and CHF) and other humanitarian financing mechanisms, strengthen implementation of IASC Gender Marker on mainstreaming gender and guiding the process of monitoring CAP projects	% 2011 CAP funded	40%	60%

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	Provide policy guidance on protection, IHL and Human and Women's Rights Law	% prioritized pooled funding projects that are gender-sensitive, and responding to assessed needs, and gaps/selected cluster indicators	100%	100%
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CLUSTER OBJECTIVE 2 – Supports HCT Strategic Priorities

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Enable humanitarian activities and personnel with safety and security programmes in Somalia	Provide security training to UN and NGO staff working in Somalia to be gender responsive to the differential needs of women and men in hostile situations	<p>Security Briefing and Hostage Incident Management modules (module one)</p> <p>In-country training for local UN and Humanitarian personnel based in Somalia; (Refresher Security Training) for UN personnel with SSAFE training in Afghanistan or Iraq; any other tailored training for UN Staff working embedded in South Central</p>	<p>At least 32</p> <p>4 Module two 3 Module Three 5 SSAFE trainings; 4 Emergency Trauma Bag and Incident Command trainings; 2 Radio Operator's trainings</p>	<p>At least 80</p> <p>8 Module two (in-country training) 8 Module Three (Refresher Security Training) for UN personnel with SSAFE training in Afghanistan or Iraq; 15 SSAFE trainings; 9 Emergency Trauma Bag and Incident Command trainings; 4 Radio Operator's trainings</p>
	Maintain a dedicated aircraft (UNHAS) to facilitate UNDSS security risk assessments, medical evacuations and staff relocations	An appropriate response mechanism comprising a dedicated aircraft fitted for Medevac and search and rescue, medical emergency response teams, stabilization rooms at the main UN hubs and night landing capability is in place to improve the survival possibilities of our UN personnel and humanitarian counterparts.	at least 6MEDEVACS (two of them with night landing), 20 Interagency (UN + INGOs) security assessments, 10 airstrip assessments; 10 escorts to humanitarian missions; 4 emergency relocation of humanitarian personnel and 2 search and rescue missions.	at least 12 Medevacs (four of them with night landing), 30 Interagency Security Assessment Missions, 20 airstrip security and safety assessments; 24 escorts of humanitarian missions to unstable areas; 8 emergency relocations of humanitarian personnel

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				and 4 search and rescue missions.
	Increase DSS security presence and information flow by employing additional Field Security Coordination Officers (FSCOs) and Local Security Assistants (LSAs) and ensure representation of women in the field in recruitment	A timely coordinated and successful response to contingencies and emergencies that can save lives of UN personnel and humanitarian counterparts.	At least 2 FSCOs and 2 LSAs per UN and Humanitarian hubs (Hargeisa, Bossasso, Garowe, Galkayo); six FSCOs and nine LSAs helping to enable operations in Mogadishu and two FSCOs and four LSAs focused in South Central.	Same numbers as in May for the security professionals but an expanded network of 4 more LSAs deployed at strategic places in South Central.
	Expand the Security Information and Operations Centre (SIOC) for Somalia to strengthen the capacity and capabilities of the UN security management system	Under the coordination of the SIOC, our FSCOs and LSAs will ensure a quick reaction to security incidents organizing emergency evacuations/relocations, search and rescue operations, MEDEVAC/CASEVAC, Hostage incident Management, in close coordination with DO,SMT,ASC,ASMTs, FSCOs, Single Agency Security Officers (SASOs) and Security Focal Points (SFPs) of the UN AFPs and Humanitarian counterparts.	SIOC full staffed with a Chief SIOC, 2 Operations Officers, 2 Information Security Analysts and 2 LSAs	Expanded SIOC reinforced by 2 additional professionals (Operations and Information Analyst) to be deployed in Mogadishu together with 2 LSAs.
	Maintain a flow of real time security related information and analysis to UN Agencies and NGOs	Business continuity in the field of the UN AFPs and humanitarian counterparts enabled; Occurrence of major security incidents that can affect the UN Personnel or Humanitarian Counterparts in the field prevented and minimized,	Number of Daily Situation Reports and Weekly Sitreps with Security Analysis aimed at the decision-makers. Number of Flashes and Security Warnings using the HF, VHF, e mail and SMS system. Level of coordination and information exchange with the UN AFPs, INGOs, Member States, Somalia local governments and religious and armed groups to ensure that an Early Warning Security Information Network	Number of Daily Situation Reports and Weekly Sitreps with Security Analysis aimed at the decision-makers. Number of Flashes and Security Warnings using the HF, VHF, e mail and SMS system. Level of coordination and information exchange with the UN AFPs, INGOs, Member States, Somalia local governments and religious and armed groups to ensure that an Early Warning Security Information Network

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	<p>Maintain a psycho-social support office for all UN agencies working for Somalia and to respond effectively to the different needs of women and men</p>	<p>Individual UN personnel is dealing with their stressors and having a better understanding of the way the cumulative stress is affecting their interpersonal relationships.</p>	<p>Stress Counselor counseling at least fifty UN and Humanitarian Personnel; training in stress management at least three hundred staff; training as Basic Peer Support Volunteers at least twenty five UN and Humanitarian Personnel; doing Advanced training for another 25 PSVs already trained; at least five interventions in Critical Incident Stress Response and Post Traumatic Stress Disorder.</p>	<p>Stress Counselor counseling at least one-hundred UN and Humanitarian Personnel; training in stress management at least six hundred staff; training as Basic Peer Support Volunteers at least twenty five UN and Humanitarian Personnel; doing Advanced training for another fifty PSVs already trained; at least twelve interventions in Critical Incident Stress Response and Post Traumatic Stress Disorder.</p>
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Annex III: [if needed]

Annex [Y]: Donor response to the 2011 appeal

[Tables to be inserted by CAP Section]

Table [v]. Requirements and funding per cluster

Table [w]. Requirements and funding per organization

Table [x]. Total funding per donor (to projects listed in the Appeal)

Table [y]. Non-appeal funding per sector

Table [z]. Total humanitarian funding per donor (Appeal plus other)

Annex [Z]: Acronyms and abbreviations

ANNEX V. ACRONYMS AND ABBREVIATIONS

3/4W	Who Is Doing What Where
AAHI	Action Africa Help International
ACF	<i>Action Contre la Faim</i> (Action Against Hunger)
ACTED	Action for Technical Cooperation and Development
ADRA	Adventist Development and Relief Agency
AFLC	Acute Food and Livelihood Crisis
AFRECA	African Rescue Committee
AIM-WG	Assessment and Information Management Working Group
AMA	African Muslim Agency
ARC	American Refugee Committee
ARD	Action for Relief Development
AMI-France	Aid Medical International – France
AMISOM	African Union Mission in Somalia
APD	Agency for Peace and Development
APDN	Agro-Pastoral Development Network
ASWJ	Ahlu Sunnah Wal Jama'a
AToN	Aids to Navigation
AVSI	Association of Volunteers in International Service
AWD	Acute Watery Diarrhoea
ARI	Acute Respiratory Infections
BFI	Borderline Food Insecure
BNSP	Basic Nutrition Services Package
BNSP	Basic Nutrition Services Package
BSFP	Blanket Supplementary Feeding Programme
BWDN	Bay Women Development Network
CA	Conservation Agriculture
CAFDARO	Community Activity for Development and Relief Organization
CAP	Consolidated Appeal Process
CARE	Cooperative for Assistance and Relief Everywhere
CBO	Community Based Organisation
CCD	Control of Communicable diseases
CCM	Community Case Management
CEC	Community Education Committees
CERF	Central Emergency Response Fund
CESVI	<i>Cooperazione e Sviluppo</i>
CFR	Case Fatality Rate
CFS	Child Friendly Spaces
CFW	Cash-for-Work
CGI	Corrugated Galvanised Iron
CHAP	Common Humanitarian Action Plan
CHD	Child Health Days
CHF	Common Humanitarian Fund

CIMS	Contractor Information Management System
CISP	<i>Comitato Internazionale per lo Sviluppo dei Popoli</i>
CMA	Christian Mission Aid
CMRs	Cargo Movemetns
COOPI	<i>Cooperazione Internazionale</i>
COSVI	Coordinating Committee of the Organisation for Volunteer Services
CPWG	Child Protection Working Group
CRCs	Cluster Review Committee
CRS	Catholic Refugee Services
CTC	Cholera Treatment Centre
CWS	Church World Service
DDG	Danish Demining Group
DDR	Disaster Risk Reduction
DF	Dialog Forening
DRC	Danish Refugee Council
EAP	Emergency Assistance Packages
ECHO	European Commission Humanitarian Aid Office
EHF	Elevate Hope Foundation
EMOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunization
ERF	Emergency Relief Fund
EWARS	Early Warning Alert Systems
FAC	Food Assistance Cluster
FAO	Food and Agriculture Organization of the United Nations
FERO	Family Empowerment and Relief Organization
FEWSNET	Famine Early Warning System Network
FFA	Food-for-Assets
FFT	Food-for-Training
FFW	Food-for-Work
FGM	Female Genital Mutilation
FHI	Family Health International
FSD	Foundation for Sustainable Development
FSNAU	Food Security and Nutrition Analysis Unit
FSNWG	Food Security Nutrition Working Group
FTS	Financial Tracking Service
GAA	Gravure Association of America
GAM	Global Acute Malnutrition
GBV	Gender-based Violence
GBVIMS	Gender-based Violence Information Management Systems
GFD	General Food Distribution
GRT/UNA	<i>Gruppo Per Le Relezionni Transculturali</i>
GTZ	German Technical Cooperation
HADMA	Humanitarian Assistance and Disaster Management Agency
HADO	Horn-Africa Aid & Development Organization
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDI	Human Development Index
HDR	Human Development Report
HE	Humanitarian Emergency
HH	Household
HHWT	House Hold Water Treatment
HIDO	Heralding Development Organization

HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immuno-Deficiency Syndrome
HKI	Hellen Keller International
HOA	Horn of Africa
HRF	Humanitarian Response Fund
IA	Interagency
IASC	Inter-Agency Standing Committee
I-CCM	Integrated Child Case Management
ICRC	International Committee of the Red Cross
ICWG	Inter-Cluster Working Group
IDP	Internally Displaced Person
IDSR	Integrated Diseases Surveillance and Reporting Network
IHL	International humanitarian law
ILO	International Labour Organisation
IM	Information Management
IMAM	Integrated Management of Acute Malnutrition
IMC	International Medical Corps
INGO	International Non-Governmental Organisation
INTERSOS	<i>Coordenação das Organizações de Serviço Voluntário</i>
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IPDH	International Partnership for Human Development
IR	Islamic Relief
IRC	International Rescue Committee
IRD	International Relief and Development
IYCF	Infant and Young Child Feeding
JRS	Jesuit Refugee Services
KAP	Knowledge, Attitude and Practices
LCA	Logistics Capacity Assessment
LNGO	Local Non-Governmental Organization
LSA	Local security assistant
LWF	Lutheran World Federation
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition
MCH	Mother and Child Health Centre
MCHN	Maternal Child Health Nutrition
MdM	Medecins du Monde (Doctors of the World)
MEDAIR	Medical Environmental Development with Air Assistance
MERLIN	Medical Emergency Relief International
MRE	Mine Risk Education
MRM	Monitoring and Reporting Mechanism
MSUs	Mobile Storage Units
MT	Metric Tons
MYR	Mid-Year Review
NCA	Norwegian Church Aid
NDMA	National Disaster Management
NE	North East
NERAD	National Environmental Research and Disaster-Preparedness
NFI	Non-Food Item
NGO	Non-Governmental Organization
NID	National Immunization Days
NPA	Norwegian People's Aid

NRC	Norwegian Refugee Council
NW	North West
O&M	Operation and Maintenance
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner of Human Rights
OIC	Organisation of Islamic Conference
OPS	On-line Projects System
OTP	Outpatient Treatment Programme
PAI	Population Acton International
PDM	Post-Distribution Monitoring
PHC	primary health care
PHC	Primary Health Care
PHRN	Peace and Human Rights Network
PLW	Pregnant and Lactating Women
PMN	Protection Monitoring Network
PMT	Population Movement Tracking
PSEA	Prevention from Sexual Exploitation and Abuse
RAHMO	RAHMO Development Organization
RC/HC	Resident Coordinator / Humanitarian Coordinator
RCO	Resident Coordinator's Office
RH	Reproductive Health
RI	Relief International
RMSN	Resource Management Somali Network
RMU	Risk Management Unit
SACOD	Somali Action for Community Development
SADO	Sustainable Agro-Pastoral Development Organisation
SAF	Somali Aid Foundation
SAM	Severe Acute Malnutrition
SC UK	Save the Children - United Kingdom
SC	Save the Children
SC	Stabilisation Centre
SCR	Security Council Report
SCZ	South Central Zone
SEA	Sexual Exploitation Assault
SECADEV	Secours Catholique du Development
SFP	Supplementary Feeding Programme
SGBV	Sexual and Gender-Based Violence
SHARDO	Shabelle Relief and Development Organization
SIOC	Security Information and Operations Centre
SMT	Security Management Team
SOADO	Somalia Organic Agriculture Development Organisations
SOP	Standard Operating Procedures
SP	Strategic Plan
SPDS	Somali Peace and Development Society
SPHERE	A Project on Minimum Humanitarian Standards in Disaster Response
SRA	Security Risk Assessment
S-SAFE	Safer and Secure Access to Field Environment in Somalia
SSWC	Save Somali Women and Children
STI	Sexually Transmitted Infection
SWALIM	Somali Water and Land Information Management
SWIMs	Somali Water Information Management

TB	Tuberculosis
TFG	Transitional Federal Government
TOR	Terms of Reference
TSFP	Targeted Supplementary Feeding Programmes
UK	United Kingdom
UMCOR	United Methodist Committee on Relief
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNEP	United Nations Environmental Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHAS	United Nations Humanitarian Air Service
UNHAS	United Nations Humanitarian Air Services
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNOPS	United Nations Office for Project Services
UNRWA	United Nations Relief and Works Agency
UNSAS	United Nations Somalia Assistance Strategy
UNTP	United Nations Transitional Plan
USAID	United States Agency for International Development
VSF-Suisse	Vétérinaires Sans Frontières
WASH	Water, Sanitation and Hygiene
WCBA	Women of Child Bearing Age
WFP	World Food Programme
WHO	World Health Organization
WVI	World Vision International

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**OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS
(OCHA)**

**UNITED NATIONS
NEW YORK, N. Y. 10017
USA**

**PALAIS DES NATIONS
1211 GENEVA 10
SWITZERLAND**