

# 2014

## STRATEGIC RESPONSE PLAN

### SOMALIA



December 2013

Prepared by OCHA on behalf of the Humanitarian Country Team

## PERIOD:

January 2014 – December 2014

**Total population**

**7.5 million** (Official), based on 2005 estimates

**[10-11 million]**

(According to current projections)

**3.18 million**

**(Including 1.1 million IDPs)**

Estimated number of people in need of life-saving and resilience building humanitarian aid

**2 million (on average)**

people targeted for humanitarian aid in this plan (*varies across clusters*)

**Key categories of people in need:**

**870,000**

in emergency and crisis

**2.3 million**

in stressed phase

Source: FSNAU



Requested (USD)

**927,556,134.00**

## SUMMARY

### Strategic objectives

1. Provide timely and quality life-saving assistance to people in humanitarian emergency

2. Enhance resilience of vulnerable households and communities through investments that enhance the productivity of livelihoods, the provision of access to basic social services and predictable safety nets through community and social infrastructure, and secure land tenure and durable solutions for IDPs and returnees

3. Improve the protective environment by strengthening the quality and monitoring of responsive services, and by supporting traditional community mechanisms and legal frameworks, including preventive mechanisms

4. Strengthen the capacity and coordination of NGOs, affected communities and local, regional and national level authorities, to prevent and mitigate risks and implement effective emergency preparedness and response

### Priority actions

- Food assistance, 2100 kcal per person per day, to households in emergency and at least 500 to 1,000 supplementary kcal per child per day for vulnerable children in schools, on a monthly basis

- Provision of improved access to food via food, cash or vouchers for people with an acute food gap either throughout the year or during the lean season

- Timely provision of agricultural inputs (seeds, fertilizers), farming tools, and treatment / vaccination of livestock

- Preventative, curative and promotive nutritional support services to acutely malnourished children (0-59 months) and pregnant and

lactating women (PLW), women of reproductive age through quality access to Basic Nutrition Services Package (BNSP)<sup>1</sup>.

- Provision of basic health services to prevent excess morbidity and mortality
- Provision of emergency water, sanitation and hygiene to people in need (IDP's, people in drought and floods affected area, people in AWD/Cholera risk areas)
- Provision of safe and protected learning spaces through adequately equipped facilities, training of teachers in psycho-social support, life-saving lessons and basic pedagogical skills
- Provision of non-food items, transitional shelter and improved land tenure for IDPs
- Child protection and integration services to children associated with armed groups, prevention and response to family separation, medical, psycho-social and legal support to gender based violence (GBV) survivors (children and women) and for children in general and support to community based protection mechanisms and systems
- Gender mainstreaming and capacity building of partners, communities and local authorities.

#### PRIORITY HUMANITARIAN NEEDS

1. Acute and chronic food insecurity and high levels of acute malnutrition
2. Inadequate and poor quality basic services
3. Rights violations against civilians
4. Displacement and returns

Full HNO: <http://bit.ly/1bJQern>

### Parameters of the response

In 2014, an estimated 3.18 million people require humanitarian assistance in Somalia. The number of people in need as well as the number of people to be targeted and assisted varies across sectors. Due to the absence of regular and systematic assessments beyond that for food security and nutrition, most clusters have in the past adopted the Food Security and Nutrition Analysis Unit's (FSNAU's) overall estimates as the number of people in need for their respective clusters. Apart from the food security and nutrition focused clusters, this year, only the Health cluster used the FSNAU projection to estimate the number of people in need of its services. WASH, Shelter, Protection, and Education clusters used different internal methodologies and identified the number of people in need with estimates significantly lower than 3.18 million (see table on page 5).

For 2014, the Somalia Humanitarian Country Team (HCT) placed an emphasis on realistic ability to implement, which takes access and technical capacity of partners into consideration. It has also stressed accountability and risk management as an integral part of the access equation in 2014<sup>2</sup>. In line with this direction, clusters have used severity of needs, access, capacity and risk management to identify target people in 2014.

Food Security cluster will not be providing assistance to all of the 3.18 million people in need of assistance throughout the year or even in any given month. Most of the FSC responses are seasonally focused and not on a monthly basis. The Nutrition cluster targets all of the 660,000 people (under five children and pregnant and lactating women) in need of nutritional support estimated. The cluster managed to assist similar caseloads in the past as it has geographical access to beneficiaries and enough capable partners to reach these caseloads. Target beneficiaries in 2014 for other clusters range from 37 per cent (Education) to 60 per cent (WASH) of the total number of people in need of their services. Health, Shelter and Protection clusters target 45 to 55 per cent of people in need of these clusters' assistance.

The humanitarian community in Somalia will provide assistance to returning IDPs and refugees, particularly the Somali refugees that may opt for voluntary repatriation from neighbouring countries. The voluntary repatriation of

<sup>1</sup> The BSNP Intervention 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 (anaemia, diarrhea, pneumonia, kalazar, where appropriate etc), fortification, (home-based and food vehicles) and promotion of appropriate food fortification, monitoring and surveillance.

<sup>2</sup> See details under the section "scope and explanation of the strategy"

Somali refugees is expected to occur mainly from the Dadaab refugee camp which hosts 405,000 registered Somali refugees. During a six month pilot phase from January to June 2014, UNHCR will offer assistance to an estimated 10,000 Somali refugees opting to repatriate to three selected areas of origin in Somalia, namely Luuq (Gedo), Baidoa (Bay) and Kismayo (Lower Juba). The UNHCR Voluntary Repatriation Plan will be revised depending on achievements during the pilot phase and the number of voluntary returnees in that period. The Return Consortium and UN agencies have developed and incorporated projects in this appeal to provide integrated multi-sectoral assistance to returning Somali refugees and IDPs to ensure sustainable return and reintegration.

## CONTENTS

Summary.....	1
Contents.....	3
Strategy.....	5
Planning assumptions.....	6
Explanation and Scope of the strategy .....	7
Cross-cutting and context-specific issues .....	8
Constraints and how the HCT and clusters will address them .....	9
Response Monitoring .....	10
Strategic objectives and indicators .....	12
Cluster Response Plans .....	16
Education.....	16
Food Security.....	22
Health .....	28
Multi-Sector Project for Returning IDPs, non-Somali refugees in Somalia and returning Somali refugees.....	34
Nutrition .....	39
Protection.....	45
Shelter and NFI.....	51
WASH.....	55
Enabling Programmes .....	62



## STRATEGY

### People in need and targeted

Cluster	People in need	2014 Targeted beneficiaries			Geographical focus areas
		Male	Female	Total	
<b>Food Security</b>	3.17 million people (2.3 million stressed plus 870,000 in crisis and emergency)	1.57 million	1.63 million	3.17 million (not on a monthly basis; some of the people will be assisted seasonally)	All of Somalia; most in southern and central regions
<b>Nutrition</b>	756,000 Children (0 - 59months) and PLW	281,750 boys	378,250 (281,750 girls + 96,500 PLW)	660,000	<i>High Priority:</i> Lower and Middle Juba; Gedo; Bay, Bakool, Hiiran, Banadir, Middle and Lower Shabelle, Southern Galgaduud  <i>Middle Priority:</i> Northern Galgaduud, Mudug, Somaliland and Puntland
<b>Health</b>	3.17 million people	870,000	905,000	1.77 million	All of Somalia; most in southern and central regions
<b>WASH</b>	2.75 million people	808,500	841,500	1.65 million	<i>High Priority:</i> Lower and Middle Juba; Gedo; Bay, Bakool, Hiiran, Banadir, Lower Shabelle  <i>Middle Priority:</i> Middle Shabelle, Galgaduud, Mudug, Somaliland and Puntland
<b>Education</b>	1.74 million children	370,000	290,000	660,000 (out of school children)	<i>High priority:</i> Lower and Middle Juba; Gedo, Bay, Bakool, Hiiran, Banadir; Lower Shabelle, <i>Middle Priority:</i> Middle Shabelle, Galgaduud, (IDP sites and coastal areas in Puntland and Somaliland
<b>Shelter/NFIs</b>	1.1 million people	287,100	207,900	495,000 people	All of Somalia; most in southern and central regions
<b>Protection</b>	1.11 million Somalis (1.1 million IDPs), 10,000 migrants will be targeted, and a proportion of the host community <sup>3</sup>	229,000	331,000	560,000 people	All of Somalia; most in southern and central regions

<sup>3</sup> The exact number of people in need of protection assistance is not known. Violations affect different proportions of the population, with those in the conflict zones of south and central zones disproportionately affected.

## Planning assumptions

**Evolution of needs and humanitarian caseload:** In 2014, the humanitarian caseload<sup>4</sup> is expected to remain as predicated, i.e., 3.18 million people. However, the food security situation in some Agro-pastoral livelihoods of southern Somalia, in particular Gedo and parts of Hiiran, and Middle Shabelle river zone is expected to deteriorate. This is due to delayed crop planting because of a late onset and subsequent erratic *Deyr* rains (October to December) and the effect of floods in Middle Shabelle riverine zone. A below average crop harvest in these traditionally crop producing areas will lead to a below average overall cereal harvest in southern Somalia. This is expected to lead to an increase in cereal prices, which puts additional pressure on poor households' access to food. The number of people in stress (IPC Phase 2) and crisis (IPC Phase 3) could therefore increase and potentially lead to an increase in levels of malnutrition. The number of people in emergency (IPC Phase 4) could also increase, mainly among IDPs, due to the expected increase in cereal prices and deterioration of purchasing power, if timely and adequate food assistance is not provided to IDPs and urban poor. In the north, the food security situation could deteriorate in areas of Puntland affected by the tropical storm of November 2013. For non-food sectors, the number of people in need, as indicated in the Humanitarian Needs Overview (see link on page 2), is expected to largely remain the same. In November 2013, a Tripartite Agreement between the Governments of Somalia and Kenya and UNHCR was signed. The Agreement defines the roles and responsibilities of the signatories, and sets the first step in a process that recognizes the voluntary character of returns firmly based on international standards. The anticipated return of Somali refugees and IDPs may exert more pressure on the available basic services in Somalia. Likewise, the migration of people in rural areas to provincial towns, as part of perennial rural-urban migration, could lead to an increase in the humanitarian caseload, particularly in the already over-congested urban IDP settlements. However, if new conflict areas emerge or insecurity in some parts of the country worsens, the number of people in need may increase from the projected 3.18 million. Advances by AMISOM and SNDF into new territories could also lead to displacements which might increase the humanitarian caseload.

**Access:** The security situation in already accessible areas of southern and central Somalia may improve as the result of increased security operations by a reinforced AMISOM and the Somali National Defence Forces (SNDF). AMISOM and SNDF will also likely scale up military operations against Al Shabaab (AS) in 2014, thereby gaining control of more areas. As at November 2013, nine out of ten regional capitals in southern and central Somalia are in the hands of anti-Al Shabaab groups. Bu'ale, the capital of Middle Juba, remains the only regional capital under AS control. Most of the 870,000 people in food security "emergency" and "crisis" are in non-AS held urban areas. AS, however, still controls large areas in the south, mainly the rural areas, where the majority of 2.3 million people in "stressed" food security situation reside. The security situation in Juba regions, which comprises lower Juba, middle Juba and Gedo, is likely to improve following the Addis Ababa agreement between the Federal Government of Somalia (FGS) and the interim Juba Administration and subsequent inter-clan reconciliation conferences in Kismayo and Mogadishu. The outlook for 2014 is that although more areas may physically become accessible to humanitarian agencies, insecurity and other operational challenges will continue to adversely impact the ability to deliver assistance. More areas may become physically accessible to United Nations and international NGOs in 2014, but large parts of southern and central Somalia will continue to be reached only through local partners, whose capacity and credibility vary. Apart from physical access, accountability standards and the existence of reliable monitoring systems are critical for the delivery of assistance. While there are many reliable local partners who have played a key role in the provision of humanitarian assistance to vulnerable people in Somalia, there have also been concerns about the technical capacity and reliability of some partners. The challenge of reaching people in need while at the same time ensuring accountability and risk management principles are adhered to is made ever more difficult by the fact that, for many sectors, sizeable areas with high needs are areas with lowest quality access, such as rural areas of Bay, Bakool, the Shabelles and Jubas, with the least number of reliable partners. A case by case agreement on risk management, using Humanitarian Principals as a guide, is thus required within the broader principle provided in the sections below.

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<sup>4</sup> FSNAU assessments which provide figures for the overall number of people in need typically focus on food security and nutrition. As such, the humanitarian caseload referred to here is mainly the food security caseload.

**Capacity:** The capacity of government institutions across the country to respond to disasters remains limited. It however varies among different zones, with Somaliland and Puntland having better capacity than southern and central zones. Large numbers of UN agencies, international and local NGOs are operating inside Somalia. Presence of humanitarian agencies will likely remain the same or may slightly increase as more areas become physically accessible. However, in 2014, more emphasis is being put on integrity and reliability of partners, in addition to physical presence and technical capacity. The number of partners operational in Somalia may remain the same or slightly increase; however, a rigorous screening of partners to determine their credibility and technical capacity will be conducted to enhance accountability measures. At the same time, sustained investment in capacity development of partners, which is a key focus area of the multi-year CAP, is expected to gradually lead to increased response capacity. Development sector coordination forums are also expected to be established in Mogadishu in 2014.

**Other development funding (“New Deal”):** As part of the “Somalia Compact” or the “New Deal”, donors pledged 1.8 billion Euros (~USD 2.4 billion) for the reconstruction of Somalia in September 2013. There are areas of convergence between programmes under the “New Deal” and activities that in the past years fell under humanitarian programmes. However, significant injection of development funds into Somalia through the “new deal” may start in the 2<sup>nd</sup> half of the year. This is due to the fact that there are several political issues that need to be resolved between political entities in Somalia before the implementation of the “new deal”. Pledges also generally take time to materialize into concrete contributions. The United Nations Multi-Partner Trust Fund for Somalia (Somalia UN MPTF), administered by the UNDP Multi-Partner Trust Fund Office, is however already operational and will cover activities throughout the five PSGs, recognizing the UN’s activities and mandates and focusing on immediate delivery and implementation of activities. The three-year (2013-2015) CAP will continue to be the the main humanitarian strategic plan and resource mobilization mechanism to ensure that gains made in previous years are not lost. The CAP will be progressively aligned with the MPTF to establish coherence. Currently, where areas of convergence are identified and government structures that can be supported exist, the humanitarian programme has adapted to enable a gradual hand-over of resilience activities to long-term development partners. A case in point is the Joint (UNICEF, UNFPA and WHO) Health and Nutrition Programme, which started in 2013. This approach will continue in 2014.

## Explanation and Scope of the strategy

The 2014 strategy is a continuation of the three-year (2013-2015) CAP strategy which seeks to provide an integrated life-saving and resilience strengthening assistance to people affected by the protracted crisis in Somalia. The focus will be on gradually reducing food insecurity (emergency and crisis caseloads), with the goal of preventing the re-occurrence of famine in any region of Somalia and reducing and maintaining malnutrition and mortality rates below emergency threshold levels. This will be achieved primarily through improving immediate household access to food, preventative and curative



Polio Vaccination in Somalia (Credit: UNICEF)

nutrition services, access to safe drinking water, sanitation, hygiene (WASH) and health services. Other life-saving activities include the provision of non-food emergency

assistance packages, provision of protection assistance to survivors of violations and continued injection of protection mainstreaming through trainings. Safe and protective learning spaces that ensure children and youth are kept out of life threatening situations will be provided. These life-saving interventions will target the 870,000 people in emergency and crisis<sup>5</sup> through various mechanisms, the majority of whom are IDPs.

A reduction in emergency caseloads, however, cannot be achieved without enabling vulnerable households and communities – including those who are in the margins and at risk of sliding back to food emergency and crisis levels – to cope and withstand shocks caused by natural and man-made disasters. This requires a concurrent investment in resilience strengthening activities. The other component of the humanitarian strategy thus seeks to strengthen the resilience of Somalis in need through provision of basic services, productive safety-nets and livelihood support. In addition to the 870,000 people, resilience programming will potentially target a further 2.3 million people categorized under “stress” phase, according to FSANU’s Integrated Phase Classification (IPC). All of the 2.3 million people will not be targeted with assistance every month. Most clusters will be assisting only a part of this group; however, effort will be made to cover as many beneficiaries as access, capacity and resources allow.

The physical presence of partners in a given geographical area is not a sufficient condition to classify areas as “accessible”. The reliability of partners is a key requirement for an area to be deemed “accessible”. In 2014, greater emphasis will be placed on improving the quality and reliability of service delivery and assistance by partners, including the strengthening of technical capacity and additional staff on the ground. The decision to provide assistance to the people in need will be measured against the risks associated with such response. The general HCT guidance is that in areas where the humanitarian imperative is so great despite access challenges, aid will be provided through partners operational in the area, with more flexible monitoring arrangements and additional risk adopted, while at the same time scaling up capacity development of these partners. In this context, the humanitarian imperative to respond overrides the possible risks in favour of delivering assistance. However, in areas where the needs are less severe and the interventions required are more in the line of “strengthening resilience”, the presence of reliable implementing partners and the existence of a strong monitoring system are necessary preconditions for the provision of assistance.

The implication of this dual approach to risk is that resilience programmes will mainly focus in areas with “full” or acceptable level of access, i.e., relatively more secure areas, where M&E is possible. This guiding principle will not be imposed rigidly; instead, clusters and agencies will be able to establish a threshold for acceptance of risks on a case by case basis. Activities that contribute to the resilience strategy will be implemented in areas that have been most impacted by the chronic emergency of the last two decades, such as Bay and Bakool.

In 2014, the HCT will develop an early action trigger benchmarks to respond to early warnings on disasters and refoulement of refugees. A set of early warning triggers has been developed in previous years, and a policy is in place to bring any early warning from credible sources onto the agenda of the HCT. The HCT will also organize a dialogue between all stakeholders on risk management/tolerance and “Do No Harm” principles in humanitarian operations.

## Cross-cutting and context-specific issues

### Returning IDPs and Refugees

Pursuing durable solutions to displacement for the large number of IDPs in Somalia, and the repatriation and sustainable reintegration of returning refugees, are key focus areas for the Somalia HCT in 2014. UNHCR is the lead agency, but the cross-cutting nature of the assistance to returning refugees and IDPs necessitates the collective action of humanitarian actors. Enhancing the absorption capacity in areas of return is essential to improve the conduciveness of sustainable reintegration, and while supporting voluntary repatriation and IDP returns, focus will further be on local integration of IDPs as a solution to displacement.

In mid-2012, the UN and NGOs started to provide support to IDPs volunteering to return to their areas of origin in Somalia. Around 40,000 IDPs were assisted to return in 2013 and received comprehensive assistance packages.

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<sup>5</sup> This definition of vulnerability is food security focused. The HCT and Inter-Cluster Working Group (ICWG) will be working to adjust this definition to incorporate the non-food caseloads.

In 2014, up to 80,000 IDPs will be assisted to return by involving more partners in the return programme and covering more geographical areas to accommodate the increasing number of IDPs who wish to return to their home areas. Local Integration will be pursued in more areas of Somalia as an alternative to return, where the latter is unfeasible or not preferred by the concerned IDPs. Local reintegration is a complex and gradual process and presents legal, socio-economic and cultural challenges that need to be carefully addressed.

The signing of a Tripartite Agreement between the Government of the Republic of Kenya, the FGS, and UNHCR, on the voluntary repatriation of Somali refugees in Kenya, paves the way for the return of Somali refugees in Kenya to their home country. To ensure successful and sustainable repatriation and reintegration in Somalia, UNHCR has adopted a phased approach and will be offering comprehensive assistance to Somali refugees in Kenya who decide to give up refugee status and return voluntarily to Somalia.

In addition to supporting return and reintegration efforts, humanitarian actors in Somalia will continue to assist newly displaced people. In 2013, an estimated 180,000 new displacements, mainly short-term, due to floods, storms and conflict were recorded by the Shelter cluster. The nature of short-term displacement is that emergency shelter and non-food items are the priority need of the affected people. Shelter and NFIs cluster plans to assist a similar caseload in 2014.

### Gender

The needs and rights of all affected people – women, girls, boys, and men – should be given due attention in the planning and implementation of humanitarian action. While there is no Somalia-specific broader gender policy which guides humanitarian programming, a gender based violence (GBV) strategy is being drafted and about to be adopted by the HCT. The gender marker is strictly applied at the project selection and prioritization stage, however, gender is not systematically embedded into other key aspects of the humanitarian programme cycle, such as needs assessment and response planning. Systematic collection and utilization of age and sex disaggregated data for humanitarian programming is an area that needs to be focused on. It is also important to regularly seek feedback on the quality of response provided from beneficiaries. In 2014, building on the GBV strategy, the HCT will oversee the development of a Somalia-specific gender policy, which will guide cluster and inter-cluster needs assessment and response planning.

### Protection

Protection of civilians remains key cross-cutting issues. The HCT recognizes the need to improve safe programming based on 'Do No Harm' principle ensuring that basic protection principles are weaved into the humanitarian response across all clusters. In line with the HCT's priorities, special focus will be put on the chronic issues of Gender-Based Violence and violations against children and women. For IDPs, lack of land and land disputes are a major obstacle to durable solutions both in areas of displacement and areas of return. Providing secure land tenure for IDPs, through strong advocacy with local authorities and host community structures, will reduce the risk of conflict, forced movements and evictions, and is therefore a critical precondition for a stabilized and dignified existence.

## Constraints and how the HCT and clusters will address them

### Population data

The quality and effectiveness of a humanitarian programme largely depends on the availability of timely and accurate data, including population estimates. In Somalia, available population estimates are highly unreliable. An estimate of 7.5 million people generated in 2005 is still used as the reference for the number of people in the country, regions, and districts, though the [2011 Somalia Famine Mortality Study](#) estimated the number of people in Somalia, building on Afripop<sup>6</sup> 2010 projections, at 10.3 million. Similarly, data on IDP numbers is equally unreliable.

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<sup>6</sup> Afripop project is a research initiative that develops geographically informative and up to date population estimates for various developing countries. Afripop used remote sensing approach to generate population data for Somalia.

This is problematic because it leads to misleading statistics on percentages of people in need or assisted. This is a deficiency the HCT identified and will address in 2014 with the expected release of a new population estimate conducted by UNFPA. This will ensure up-to-date and more reliable projections are used in lieu of previous estimates.

### **Insecurity and access challenges**

A large swathe of southern and central Somalia, specifically areas under the control of AS, are off limits for UN and NGOs international staff. This is a major problem particularly in light of the already weak existing local capacity. Even in areas where the UN has a foothold, threats and attacks against its staff and properties hampered the speed and scale of humanitarian interventions. The 19 June 2013 attack on the UN Common Compound in Mogadishu temporarily affected operations. Some United Nations international staff relocated to Mogadishu International Airport in order to allow continuation of critical programme activities while others relocated to Nairobi. Humanitarian operations are expected to resume to pre-June 2013 levels in Mogadishu once the maintenance and upgrading of safety standards are completed early 2014. The humanitarian community has in the past worked with local NGOs as an entry point in the delivery of interventions where access to the international staff of UN and NGOs is restricted and government structures are weak. This strategy will continue to be utilized. However, capacity assessments and capacity development of local partners will be given due attention to enhance the technical capacity and accountability of local partners. The humanitarian community will also exploit windows of opportunity that arise in previously difficult to access areas. This may include moving into areas that became temporarily accessible and implementing disaster risk reduction interventions that can prevent or reduce the impact of shocks.

### **Alignment of clusters and government coordination structures**

In May 2013, the HCT recommended a clearer alignment of cluster and sector coordination activities in Somaliland and Puntland, where the situation called for more early recovery and development assistance, without losing focus on humanitarian issues. This transition is already taking place in the north for some clusters with functional line ministries, such as Health, Nutrition and Education. More recently, the FGS expressed a desire to take on a more active role in cluster coordination activities in Mogadishu. This could be an opportunity to bring FGS authorities on board and help identify and define the modalities of working together in the cluster response. However, the alignment must be handled carefully so that cluster objectivity and neutrality is maintained. In 2014, the HCT will provide strategic guidance on how clusters should interact with sectors, which are led by government line Ministries. The particular challenge regarding this issue remains the weak capacity of line Ministries and in some cases the absence of relevant government structures to align with.

## **Response Monitoring**

At the strategic level, outcome level indicators are identified to monitor and measure progress. Cluster level output indicators will also be monitored more frequently through the humanitarian dashboard. At the operational level, the CAP database provides greater detail on projects, including regional and district level breakdowns of targeted beneficiaries. The main challenge remains ensuring humanitarian assistance is reaching target beneficiaries, particularly in areas where access is difficult. The reliability of data on response reported in standard reporting and monitoring tools, such as implementation reports and 4Ws, will be enhanced through third party monitoring<sup>7</sup> and triangulation. In areas where access is less challenging, field supervision will be the primary monitoring tool. Feedback from beneficiaries will also be actively sought and acted upon. In partnership with the UN Somalia Risk Management Unit (RMU), screening of partners' capacity and reliability will be thoroughly conducted and the feedback will be used for future selection of partners. The RMU services will also be expanded to international NGOs.

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<sup>7</sup> Third party monitors are Somali consultants/contractors who can access areas that are not accessible to funding agencies and monitor the quality and progress of activities delivered.

Clusters have shown strong interest in utilizing the results of the Common Humanitarian Funding (CHF) partner capacity assessment. The Somalia CHF has established a four-pillar accountability framework to support fund management. These pillars are: (i) Capacity Assessment and Risk Management (ii) Monitoring (iii) Reporting and (iv) Audit. In 2013, the CHF conducted a capacity assessment of 112 partners considering four capacities i.e. institutional, management, financial and technical. As a result of this assessment 72 partners have been identified as eligible for future funding from the CHF.

## STRATEGIC OBJECTIVES AND INDICATORS

### STRATEGIC OBJECTIVE 1: Provide timely and quality life-saving assistance to people in humanitarian emergency

Indicator	Baseline <sup>8</sup>	Mid 2014	End 2014 <sup>9</sup>	End 2015	Monitoring responsibility & method
GAM <sup>10</sup> (MUAC) and SAM (MUAC) kept within emergency threshold levels in emergency response	Gam >10%	< 10%	<10%	<10%	Rapid nutrition assessment/ MUAC Screening reports
	SAM >1%	<1%	<1%	<1%	
Percentage of communicable diseases outbreaks responded to within 96 hours	70%	75%	80%	85%	Communicable disease surveillance & reporting systems (CSR)
Number of people assisted with temporary access to safe water	964,000	632,500	1,265,000	1,265,000	4WD-Matrix WASH cluster partners reports WASH cluster team field visits and reports Regional and zonal WASH cluster focal points field visits and reports
Number of learners benefiting from school feeding or alternative food support programs in affected areas	103,805	60,000	120,000	135,000	National Cluster reports; Sub-cluster reports; training reports; partner MEAL mechanisms; CAP partner reports
Number of newly <sup>11</sup> displaced households in need receiving non-food items	250,000	100,000	250,000	250,000	Distribution reports Photos, 4W matrix PDM Reports
Stabilisation or improvement of overall IPC classification in livelihood zones over two seasons as a result of continued humanitarian assistance	2 Livelihood Zones in crisis; 32 stressed <sup>12</sup>	TBD	TBD	TBD	FSNAU seasonal assessments Regional FSC meeting to validate reports
An Early Action trigger criteria for emergencies developed and operational			by mid - 2014		HCT discussion paper; minutes

<sup>8</sup> Baseline, where given, indicate the current status as at 2013.

<sup>9</sup> End-year targets do not necessarily indicate the cumulative of the first and second parts of the year. It varies across clusters. Some clusters assist the same caseloads at both MYR and End-year, while it is cumulative for others.

<sup>10</sup> Reference range for GAM and SAM: [www.fsnao.org](http://www.fsnao.org)

<sup>11</sup> This includes short-term, medium and long-term displacements

<sup>12</sup> According to the post-Deyr 2013 FSNAU assessment

**STRATEGIC OBJECTIVE 2: Enhance resilience of vulnerable households and communities through investment that enhance the productivity of livelihoods, the provision of access to basic social services and predictable safety nets through community and social infrastructure, and secure land tenure and durable solutions for IDPs and returnees**

Indicator	Baseline	Mid 2014	End 2014	End 2015	Monitoring responsibility & method
Percentage of districts with people covered by basic health services (1 health facility for 10,000 people)	45%	50%	55%	65%	4W matrix
Percentage of case coverage of severely malnourished boys and girls under five in IMAM programme	<50%	60%	60%	65%	SQUEAC Surveys, FSNAU surveys
Number of people with sustained access to safe water in line with national standards/WHO guidelines	790,000	425,000	850,000	650,000	4Wd-Matrix; Strategic water points database and mapping; WASH cluster partners reports; WASH cluster team field visits and reports; Regional and zonal WASH cluster focal points field visits and reports
Percentage of people with poor food consumption/poor household dietary diversity	14.4%	<15%	<15%	<15%	FSNAU seasonal reports
Number of learners benefiting from safe and protective, constructed or rehabilitated learning spaces or schools	292,187	330,000	660,000	720,000	National Cluster reports; Sub-cluster reports; training reports; partner MEAL mechanisms; CAP partner reports
Number of people with improved land tenure and transitional shelter		80,000	250,000	250,000	Distribution reports, Land tenure documents, evaluation report, 4W matrix
Agricultural production remains at or above the PWA (PWA stands for what) in areas where interventions occur		135,263 MT	135,263MT	135,263MT	FSNAU seasonal reports
Livestock exports remain above the 5 year average		3.5 million heads/annum	3.5 million heads/annum	3.5 million heads/annum	FSNAU seasonal reports
Number of certified Open-Defecation-Free (ODF) communities	8	75	150	200	4Wd-Matrix WASH cluster partners reports WASH cluster team field visits and reports Regional and Zonal WASH cluster focal points field visits and reports

Indicator	Baseline	Mid 2014	End 2014	End 2015	Monitoring responsibility & method
Percentage of Community Education Committees and teachers trained in DRR approaches including the maintenance and management of learning spaces during emergencies	2,645	2,500	4,500	5,000	National Cluster reports; Sub-cluster reports; training reports; partner MEAL mechanisms; CAP partner reports
Number of women and men assisted with return, reintegration, and resettlement	n/a	35,000	70,000	200,000	Cluster 4W reporting, Working Group confirmation, and triangulation of information through the Return Consortium
Number of IDPs assisted with permanent shelter		25,000	65,000	130,000	Reports, Land Certificates 4W matrix

### STRATEGIC OBJECTIVE 3: Improve the protective environment by strengthening the quality and monitoring of responsive services, and by supporting traditional community mechanisms and legal frameworks, including preventive mechanisms

Indicator	Baseline	Mid 2014	End 2014	End 2015	Monitoring responsibility & method
Percentage of identified children, associated with armed forces /groups and child survivors of abuse and other violations who receive child protection and reintegration services		30%	61	100%	CAAC WG, MRM, CPIMS, Protection Cluster 4W, partner reports, and CP WG reports
Number of GBV survivors who access medical, psycho-social, and legal support		12,000	25,000	30,000	GBVIMS, partner reports, GBV WG reports, and Protection Cluster 4W
Number of functional, community based mechanisms to prevent, identify, and respond to protection violations, including gender and child concerns		125	250	300	Partner reports, Protection Cluster 4W, field visits and WG reports

### STRATEGIC OBJECTIVE 4: Strengthen the capacity and coordination of NGOs, affected communities and local, regional and national level authorities, to prevent and mitigate risks and implement effective emergency preparedness and response

Indicator	Baseline	Mid 2014	End 2014	End 2015	Monitoring responsibility & method
Number of drought, flood, hydro met, water sources, land degradation, land use monitoring systems maintained	7 water and land monitoring systems	7	7	7	Reports, minutes of stakeholder meetings, the FAO-SWALIM products, client request records and data provision forms. In areas where there is lack of access and information, remote sensing methods will be used

Indicator	Baseline	Mid 2014	End 2014	End 2015	Monitoring responsibility & method
Number of LNGOs whose institutional capacity has been enhanced through capacity building training		6	30	30	4W reporting matrix on a quarterly basis; Desk review on capacity assessment and unified gaps; Triangulation of reports on capacity assessments, trainings and mentoring sessions involving target agencies; half-yearly quarterly feedback sessions at cluster level
Average CRC score of FSC member having completed training (10 per cent above cluster average)	TBD after 1 <sup>st</sup> CRC	10% of FSC members	25% of FSC members	35% of FSC members	FSC member reports Regional FSC meeting to validate reports Triangulation with planned information from partners and implementation reports from donors
Percentage of partners trained in the identification, screening and referral of malnourished children	<50%	60%	70%	80%	Training reports, 4Ws matrix
Number of trainings carried out by Protection Cluster that include components of children and gender	24	12	24	24	Cluster 4W, Cluster participation database
Number of Regional and District Education Officers (REOs & DEOs) trained in contingency planning, reporting, monitoring and school management <i>(targets fixed per term)</i>	7 (1 female) REOs	13 REOs 20 DEOs	10 REOs <sup>13</sup> 20 DEOs	0 45 DEOs <sup>14</sup>	Cluster partner reports (incl. photos); national Cluster reports; sub-cluster reports; training reports; partner MEAL mechanisms

<sup>13</sup> This target is only attainable if all regions in Somalia are allocated a Regional Education Officer by the End of 2014.

<sup>14</sup> This target is dependent on the number of recruited and deployed District Education Officers by the End of 2015.

## Cluster Response Plans

### Education



Lead agency: UNICEF & Save the Children  
Contact information: Tyler Arnot ([educationclustersomalia@gmail.com](mailto:educationclustersomalia@gmail.com))



PEOPLE IN NEED  
**1.7 million**



PEOPLE TARGETED  
**660,000**



REQUIREMENTS (US\$)  
**51,668,714.00**



# OF PARTNERS  
**19**

The Education Cluster will continue emergency education interventions for communities affected by conflict, drought, floods and other disasters across Somalia, implementing programmes that use learning and learning spaces as entry points for life-saving activities and knowledge. The cluster will also emphasize on activities that contribute to the resilience of education systems as well as the resilience of communities through learning.

In order to provide quality education in a protected environment, learning spaces will be secured and teachers will be trained and supported to provide learners with psychosocial support and life-saving skills such as health, nutrition and hygiene education, peace building activities, mine/unexploded ordinance awareness, and promotion of gender inclusive education. Communities and families will be encouraged to participate through mobilization campaigns and by working to build the capacity of community education committees (CECs) to manage and maintain learning spaces, particularly during emergency.

The cluster will work at the national, regional and local levels to ensure it is providing guidance on, and coordination of interventions that constitute a thorough and contextually relevant response to Education in Emergency (EiE). This will mean consultative processes to localize globally recognized standards to Somalia. Additionally, the cluster will work to improve the resilience of communities by ensuring children and youth have the skills to cope with and survive emergencies. This will ensure the investment made by the humanitarian interventions of today, show returns in the future by improving the efficiency of recovery and development programs across all sectors. For this to happen, those stakeholders who will lead formal, post-emergency systems will need to be given the tools needed to handle future shocks while those involved in present sector-related activities will need to be incorporated into Cluster planning. This will make processes of transition and handover more transparent, efficient and conceivable.

#### Education Cluster Strategy 2014 – 2015

The cluster seeks to strengthen resilience through learning. It will work to ensure that every child/youth has access to quality and relevant learning. This demands coincidental effort to:

1. Guarantee Access to Protective Learning Spaces
2. Ensure Quality Learning with Life-Saving Messages, and
3. Build Resilience of Education Systems through Relevant Training of Service Providers

#### Guaranteeing Access

Guaranteeing Access to learning spaces must be of primary consideration if the life-saving and resilience-strengthening aspects of learning are to reach the 1.7 million children currently out-of-school. Beyond the traditional and universally recognized benefits of education, providing access to learning spaces has secondary benefits borne unto entire communities. The cluster will ensure that learning spaces are safe for children which in turn will create a sense of normalcy for families during times of stress and create an entry-point for psychosocial support for children who are suffering from the pathologies of crisis. Greater access to education can protect children from life-

threatening activities such as child labor, recruitment into armed-militias, sexual exploitation, human trafficking, drug use, and crime. This access to protective learning spaces will also provide families with a sense of stability. Learning opportunities for children allow parents and older siblings to pursue livelihood activities and to seek out livelihood opportunities in addition to tending to child-rearing responsibilities. Finally, greater access will provide an entry-point for cross-sector intervention such as WASH, Nutrition and Health.

### **Ensuring Quality & Life-Saving Learning**

Learning is a critical aspect of life that not only prepares learners to take on the future development of their nation, but provides skills that enable children to survive crisis. Strengthening the capacity of this most vulnerable segment of society, children and youth – will strengthen the resilience of whole Somali communities during emergencies. Enhancing the quality of learning will do more than provide academic rigor, it will encourage the retention of children in safe places while providing lessons that are in and of themselves, life-saving. Learning and learning spaces will also continue to be entry-points for psychosocial benefits, peace-building efforts, health, nutrition, WASH, and activities that build inclusiveness.

### **Strengthening Resilience through Capacity at All-Levels**

The gains being made by the Education cluster will be built on in the medium and long term. This will be done by ensuring a continuation of the planning being pushed forward by the Education cluster, including for the eventual transition to Sector-lead development of the formal education systems. Preparing administrative officials to handle emergencies today while ensuring that EiE and contingency plans are built into Sector planning represent a key link between the humanitarian initiatives of today and these development activities. The sum of these preparations will help the efforts to ensure that children return to school in the shortest possible time following a shock. The capacity to handle emergencies and reestablish learning will be built at the community level as well so that learning is resumed through localized efforts when a centralized response is not immediately forthcoming. Teachers, Community Education Committees (CECs), and regional and district-level education officers will be trained with the skills needed to manage and maintain safe learning spaces during emergency.

### **Cluster Specific Needs Analysis**

Somalia's formal education system is in its nascent stages and still unable to accommodate the massive number of children who are out-of-school. The "Go to School" Initiative will enroll more in the formal system, but it will still be challenged in reaching many children, particularly the many who are affected by emergencies every year. Chronic poverty, political instability, widespread insecurity, destruction and occupation of education infrastructure, a dearth of learning materials, and a lack of trained educators create serious institutional challenges for the ministries and agencies working to improve and expand learning opportunities. Over 1.7 million children between the age of 5-17 years remain out-of-school in southern and central Somalia alone<sup>15</sup>. In 2013, the Education Cluster managed to reach just 576,707 children (252,228 girls) across the three zones in Somalia. If the continued trend of under-funding of humanitarian education projects continues, vulnerable children and youth will remain exposed to life-threatening situations and Somalia will continue to lack a sufficient professional cohort needed to step out of protracted emergency.

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<sup>15</sup> According to updated figures from a rapid assessment conducted by the Education Cluster in ten regions in 2011

## STRATEGIC OBJECTIVE 1: Provide timely and quality life-saving assistance to people in humanitarian emergency

### Cluster objective 1:

Ensure vulnerable children (girls and boys) and youth affected by emergencies have access to safe and protected learning environments that encourage retention and increased enrolment in learning.

### Outcome-level indicator:

Number of learners benefiting from school feeding, or alternative food support programs, in affected areas

### Top-priority activities:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
School feeding and alternative food support in learning spaces	High Priority: Lower and Middle Juba; Gedo; Bay, Bakool, Hiiran, Banadir, Lower Shabelle	Number of learners benefiting from school feeding or alternative food support programs in affected areas	60,000 (25,200 girls)	120,000 (52,800 girls)	135,000 (64,800 girls)
	Mid-Priority: Middle Shabelle, Galgaduud, Mudug, Somaliland and Puntland.				

## STRATEGIC OBJECTIVE 2: Enhance resilience of vulnerable households and communities through investment that enhance the productivity of livelihoods, the provision of access to basic social services and predictable safety nets through community and social infrastructure, and secure land tenure and durable solutions for IDPs and returnees

### Cluster objective 2:

Ensure vulnerable children (girls and boys) and youth affected by emergencies have access to safe and protective learning spaces where they are provided with lessons that impart life-saving messages and skills.

### Outcome-level Indicator 1:

Number of learners benefiting from safe and protective, newly constructed or rehabilitated learning spaces or schools.<sup>16</sup>

### Top-priority activities:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Enrolment of students in newly constructed and newly refurbished Temporary Learning	High Priority: Lower and Middle Juba; Gedo; Bay, Bakool, Hiiran, Banadir, Lower Shabelle	Number learners benefiting from safe and protective temporary learning	288,750 (121,275 girls)	577,500 (254,100 girls)	629,250 (302,040 girls)

<sup>16</sup> Each space equates to one classroom and can be added to expand existing schools.

Activity	Locations	Indicator	Target		
Spaces.	Mid-Priority: Middle Shabelle, Galgaduud, Mudug, Somaliland and Puntland	spaces constructed with appropriate and gender sensitive WASH facilities			
		Number children benefiting from accessible, safe and protective classrooms rehabilitated with appropriate and gender sensitive WASH facilities	33,000 (14,520 girls)	66,000 (29,040 girls)	72,600 (34,848 girls)
Construction and rehabilitation of temporary learning spaces (TLS)	High Priority: Lower and Middle Juba; Gedo; Bay, Bakool, Hiiran, Banadir, Lower Shabelle	Number temporary learning spaces established with appropriate and gender sensitive WASH facilities	200	400	400
	Mid-Priority: Middle Shabelle, Galgaduud, Mudug, Somaliland and Puntland				
Rehabilitation of already existing schools	High Priority: Lower and Middle Juba; Gedo; Bay, Bakool, Hiiran, Banadir, Lower Shabelle	Number rehabilitated classrooms with appropriate WASH facilities	150	300	300
	Mid-Priority: Middle Shabelle, Galgaduud, Mudug, Somaliland and Puntland				
Provision of basic teaching and learning supplies, and recreational materials	High Priority: Lower and Middle Juba; Gedo; Bay, Bakool, Hiiran, Banadir, Lower Shabelle	Number children (girls/boys) benefiting from teaching and learning supplies, including recreational materials	330,000 (138,600 girls)	660,000 (290,400 girls)	720,000 (345,600 girls)
	Mid-Priority: Middle Shabelle, Galgaduud, Mudug, Somaliland and Puntland				

### Outcome-level indicator 2:

Number of learners accessing non-formal learning opportunities such as accelerated basic education classes and vocational/skills training particularly targeting youth (male and female)

### Top-priority activities:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Youth accessing non formal education	High Priority: Lower and Middle Juba; Gedo; Bay, Bakool, Hiiran, Banadir, Lower Shabelle	Number of youth (male/female) benefiting from non-formal education and vocational training	8,250 (3,465 females)	16,500 (7,260 females)	18,150 (8,712 females)
	Mid-Priority: Middle Shabelle, Galgaduud, Mudug, Somaliland and Puntland				

**Cluster objective 3:**

Improve the quality of education by recruiting, paying incentives to and training teachers, building the capacity of CEC members, school administrators to implement and manage quality and resilient education programs.

**Outcome-level indicator:**

- (i) Number of teachers and administrators recruited, paid emergency incentives and trained with a focus on improving equity in the education profession.
- (ii) Number of teachers integrating life-saving messages on key issues (such as DRR/CRR, health and hygiene, mine/UXO risk education, gender-based violence, and peace education) into classroom teaching

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Teachers trained on psycho-social support and basic pedagogical support basic	High Priority: Lower and Middle Juba; Gedo; Bay, Bakool, Hiiran, Banadir, Lower Shabelle	Number of teachers receiving training in life-saving messages, psycho-social support and pedagogical support skills	6,600 (2,904 female)	13,200 (5,808 female)	14,520 (6,970 female)
	Mid-Priority: Middle Shabelle, Galgaduud, Mudug, Somaliland and Puntland				
Teacher recruitment and receiving emergency incentives	High Priority: Lower and Middle Juba; Gedo; Bay, Bakool, Hiiran, Banadir, Lower Shabelle	Number of teachers and school administrators (female/male) recruited and receiving emergency incentives	3,300 (1,452 female)	6,600 (2,904 female)	7,260 (3,485 female)
	Mid-Priority: Middle Shabelle, Galgaduud, Mudug, Somaliland and Puntland				
CEC and teachers trained in DRR component	High Priority: Lower and Middle Juba; Gedo; Bay, Bakool, Hiiran, Banadir, Lower Shabelle	Percentage of Community Education Committees and teachers trained in DRR approaches including the maintenance and management of learning spaces in emergencies	2,500	4,500	5,000
	Mid-Priority: Middle Shabelle, Galgaduud, Mudug, Somaliland and Puntland				

**STRATEGIC OBJECTIVE 4: Strengthen the capacity and coordination of NGOs, affected communities and local, regional and national level authorities, to prevent and mitigate risks and implement effective emergency preparedness and response**

**Cluster objective 4:**

Support the establishment, strengthening and resilience of education systems, structures and policies by ensuring EiE programming is included in planning and policy development.

**Outcome-level indicator:**

Number of Regional and District Education Officers (REOs & DEOs) trained in contingency planning, reporting, monitoring and school management.

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Trainings that build skills in reporting, monitoring and school management (needs assessment, EiE, contingency planning)	High Priority: Lower and Middle Juba; Gedo; Bay, Bakool, Hiiran, Banadir, Lower Shabelle  Mid-Priority: Middle Shabelle, Galgaduud, Mudug, Somaliland and Puntland	Number of Regional and District Education Officers (REOs & DEOs) trained in contingency planning, reporting, monitoring and school management (targets fixed per term)	13 REOs 20 DEOs	10 REOs 20 DEOs	45 DEOs



## Food Security



**Lead agency: FAO & WFP**

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PEOPLE IN NEED

3.17  
million



PEOPLE TARGETED

3.17  
million



REQUIREMENTS (US\$)

**383,877,347.00**



# OF PARTNERS

**43**

Over the past 8 years, the humanitarian community in Somalia has responded to three major crises (2005-2006, 2008-2009 and 2011) with the most severe emergency leading to the declaration of Famine in July 2011. Since 2002, pastoral, agro-pastoral and agricultural livelihoods within Somalia have fluctuated between Famine/Emergency/Crisis and Food Secure/Stressed. As a result of a combination of shocks such as poor rainfall and/or floods, global price fluctuations and eruption of resourced-based or regional inter-state conflict, between 3.1 and 6.5 million Somalis have been, to some degree, affected by food insecurity leading to livelihood asset depletion.

For the FSC, the three year CAP will enable the development of a cogent response strategy that will focus the activities of the FSC members at not only assisting year on year the number of people in emergency, but a three year plan to address vulnerable Somali households from falling into an emergency food security classification. The three year nature of the CAP allows the FSC to incorporate the building of households and community capacities to enable them to withstand shocks and broaden their abilities to adapt to changing conditions. This includes a greater emphasis on the reduction and management of shocks (rather than singular reliance on crisis responses) and enhanced investments in building productive, human, social, natural and financial resources within households and communities; while at the same time, recognizing the different roles, capacities and needs of women and men, girls and boys. For example, through investment that combines the provision of seasonal livelihood inputs and construction of durable livelihood/community assets, the ability of vulnerable households and communities to adapt and withstand shocks will be strengthened. This will lead to a year on year reduction of the number of rural Somali households that are in emergency or crisis. For vulnerable urban households, with a limited ability to enter into the informal or formal service sector of the economy employable skill development and alternative livelihood options will be delivered. Finally, throughout 2014-2015, the FSC will mainstream the two core quality programming areas of protection and gender equality programming to offer a streamlined, efficient and effective approach in addressing cross-cutting issues.

Moving into the second year of the three year CAP (2013-2015), the FSC notes some key lessons learned from the previous year including dynamic security environment and ability to assist vulnerable households' limited response.

### Explanation of number of beneficiaries targeted

Taking into account the on-going activities of agencies not included in the CAP, the FSC's target for 2014 is 3.17 million Somalis to be assisted either with life-saving, livelihood or safety nets programmes. By building on gains made in 2013 and interventions to be made in 2014, the FSC foresees that in 2015, through the combination of life-saving and livelihood programming, the number of people in both emergency and crisis would reduce as follows:

- Emergency phase reduced by 15 per cent
- Crisis phase reduced by 5 per cent

- Stressed phase increased by 10 per cent

Since 2013, the FSC has devised a revision to its formula for determining potential caseloads whereby, depending on the access level, non-humanitarian activities are excluded from the targets. This analysis was based upon the June 2013 OCHA access map/information. Practically the FSC recommends that in areas with less access should only focus on response objective one; in areas of higher access multiple objectives are recommended.

Consequently, the FSC anticipates a caseload of 3.17 million people in 2014. The targeted caseload outlined above, particularly for the anticipated households in emergency and crisis, are not a year on year transfers to the same households within the administrative/livelihood footprint. Instead, the decreasing targets are more planning figures which will be revised after each seasonal food security assessment.

### Top-priority actions, beneficiaries, and locations

- The first priority of the FSC will be the life-saving and safety nets interventions/responses. These activities will either stabilise acutely food insecure households or individuals and or provide the necessary support to protect vulnerable households from slipping in to a state of acute food insecurity:
- Priority caseloads are households in IPC emergency and crisis Phases in both urban and rural areas of Somalia

## STRATEGIC OBJECTIVE 1: Provide timely and quality life-saving assistance to people in humanitarian emergency

### Cluster objective 1A:

Provide immediate improved household access to food to Somali people in Emergency throughout the year and Crisis during the livelihood lean seasons.

### Outcome-level indicator:

Stabilisation or improvement of overall IPC classification in livelihood zones over two seasons as a result of continued humanitarian assistance. (*Source FSNAU seasonal assessments*)

### Top-priority activities:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Provision of improved access to food via food, cash (conditional and unconditional) or vouchers for people in Emergency throughout the year	Adwal, Bakool, Bari, Bay, Galgadug, Gedo, Hiiran, Lower Juba (Middle), Middle Juba (Lower), Mudug, Nugaal, Sanaag, Middle Shabelle (Middle), Lower Shabelle (Lower), Sool, Togdheer, Woqooyi Galbeed	Percentage of individuals in Emergency accessing the FSC's recommended Kcal minimum standard up to 2100 kcal per person per day on a monthly basis in all rural livelihood zones	On average 95% of the target people reached per month	On average 95% of the target people reached per month	On average 95% of the target people reached per month
Provision of improved access to food via food, vouchers or cash for people in Crisis during their livelihood lean seasons	Adwal, Bakool, Bari, Bay, Galgadug, Gedo, Hiiran, Lower Juba (Middle), Middle Juba (Lower), Mudug, Nugaal, Sanaag, Middle Shabelle (Middle), Lower Shabelle (Lower), Sool, Togdheer, Woqooyi Galbeed	Percentage of individuals in Crisis the FSC's recommended Kcal minimum standard up to 2100 kcal per person per day on a monthly basis in	On average 75% of the target people reached per month	On average 75% of the target people reached per month	On average 75% of the target people reached per month

Activity	Locations	Indicator	Target		
		all rural livelihood zones			
Provision of improved access to food to acutely food insecure IDPs	Adwal, Bakool, Bari,, Gedo, Hiiran, Lower Juba (Middle), Middle Juba (Lower), Mudug, Nugaal, Sanaag, Middle Shabelle (Middle), Lower Shabelle (Lower), Sool, Togdheer, Woqooyi Galbeed	% of acutely food insecure IDPs in transit to refugee camps receiving emergency improved access to food	100% of target people	100% of target people	100% of target people

**Strategic objective 2: Enhance resilience of vulnerable households and communities through investment that enhance the productivity of livelihoods, the provision of access to basic social services and predictable safety nets through community and social infrastructure, and secure land tenure and durable solutions for IDPs and returnees**

#### Cluster objective 2A:

Provide reliable, predictable and appropriate support to prevent vulnerable people and households from falling in to a state of acute food insecurity (e.g. 'crisis') through existing public services or community mechanisms.

#### Outcome-level indicator:

Percentage of people with poor food consumption/poor household score / dietary diversity below 15% (Source FSNAU seasonal assessments)

#### Top-priority activities:

Activity	Locations	Indicator	Target	Indicator	Target
			Mid-year 2014	End-year 2014	End-year 2015
Regular and predictable support to individuals with chronic illness receiving treatment in public health services in food insecure areas through.	Adwal, Bakool, Banadir, Bari,, Gedo, Hiiran, Lower Juba (Middle), Middle Juba (Lower), Mudug, Nugaal, Sanaag, Middle Shabelle (Middle), Lower Shabelle (Lower), Sool, Togdheer, Woqooyi Galbeed	Percentage of vulnerable individuals receiving short term improved access to food	80% of target people per month	80% of target people per month	80% of target people per month
Regular and predictable support to households with indicators of food insecurity (e.g. malnourished children, chronically ill family member) in food insecure areas with improved access to food through existing public services or community mechanisms.	Adwal, Bakool, Banadir, Bari,, Gedo, Hiiran, Lower Juba (Middle), Middle Juba (Lower), Mudug, Nugaal, Sanaag, Middle Shabelle (Middle), Lower Shabelle (Lower), Sool, Togdheer, Woqooyi Galbeed.	Percentage of vulnerable households receiving short term improved access to food	80% of target people per month	80% of target people per month	80% of target people per month
Regular and predictable support to self-targeted households in food insecure areas with	Adwal, Bakool, Banadir, Bari,, Gedo, Hiiran, Lower Juba (Middle), Middle Juba (Lower), Mudug, Nugaal, Sanaag, Middle	Percentage of self-selected households that receive daily	80% of target people per month	80% of target people per month	80% of target people per month

Activity	Locations	Indicator	Target	Indicator	Target
improved access to food through existing public services or community mechanisms.	Shabelle (Middle), Lower Shabelle (Lower), Sool, Togdheer, Woqooyi Galbeed	improved access to food.			

### Cluster objective 2B:

Provide seasonally appropriate and livelihood specific inputs to increase the productive capacity of rural livelihoods; invest in the construction of rural livelihood assets to prevent further deterioration and/or restoring households and community productive assets to build resilience to withstand future shocks; and develop alternative livelihood strategies for vulnerable people allowing them to enter into the formal and informal economy.

### Outcome-level indicators:

- (i) Agricultural production remains at or above the PWA (135,263MT), and
- (ii) Livestock exports remain above the 5 year average (3,500,000heads/annum) in areas where interventions occur: (*Source FSNAU seasonal assessments*)

### Top-priority activities:

Activity	Locations	Indicator	Target	Indicator	Target
			Mid-year 2014	End-year 2014	End-year 2015
Provide livelihood specific and seasonally appropriate inputs to pastoral, agro-pastoral, and agricultural households in Crisis and Stressed	Adwal, Bakool, Bari,, Gedo, Lower Juba (Middle), Middle Juba (Lower), Mudug, Nugaal, Sanaag, Middle Shabelle (Middle), Lower Shabelle (Lower), Sool, Togdheer, Woqooyi Galbeed	Percentage of individuals/households receiving a basket of livelihood inputs (seeds, tools, animal vaccinations/treatments. Irrigation pump hours, tractor hours, etc...) to targeted rural households in Crisis and Stressed	75% of agricultural, agro-pastoral and pastoral households assisted with livelihood inputs for the Gu and Deyr Seasons	75% of agricultural, agro-pastoral and pastoral households assisted with livelihood inputs for the Gu and Deyr Seasons	50% of agricultural, agro-pastoral and pastoral households assisted with livelihood inputs for the Gu and Deyr Seasons
Invest in the development of durable community livelihood assets that strengthen the resilience of rural communities to withstand shocks.	Adwal, Bakool, Bari,, Gedo, Lower Juba (Middle), Middle Juba (Lower), Mudug, Nugaal, Sanaag, Middle Shabelle (Middle), Lower Shabelle (Lower), Sool, Togdheer, Woqooyi Galbeed.	Percentage of individuals that have participated in the construction of light assets such as feeder roads, desilting of irrigation canals	40% of target people per annum	40% of target people per annum	40% of target people per annum
Support the development of 'light' community and household infrastructure and community livelihood capacity	Adwal, Bakool, Bari,, Gedo, Lower Juba (Middle), Middle Juba (Lower), Mudug, Nugaal, Sanaag, Middle Shabelle (Middle), Lower Shabelle (Lower), Sool, Togdheer, Woqooyi Galbeed	Percentage of individuals that have participated in the rehabilitation of light assets such as feeder roads, desilting of irrigation canals	40% of target people per annum	40% of target people per annum	40% of target people per annum

Activity	Locations	Indicator	Target	Indicator	Target
Provision of alternative livelihood skills trainings to vulnerable households	Adwal, Bakool, Bari,, Gedo, Lower Juba (Middle), Middle Juba (Lower), Mudug, Nugaal, Sanaag, Middle Shabelle (Middle), Lower Shabelle (Lower), Sool, Togdheer, Woqooyi Galbeed	Percentage of individuals that have participated in the construction of durable livelihood assets such as water catchment sites, charcoal dams, soil bunds, tertiary irrigation canals, etc.	10% of target people per annum	15% of target people per annum	15% of target people per annum

### STRATEGIC OBJECTIVE 4: Strengthen the capacity and coordination of NGOs, affected communities and local, regional and national level authorities, to prevent and mitigate risks and implement effective emergency preparedness and response

#### Cluster objective 4A:

Contribute to the development of the capacity of Food Security NGO community, national, regional and local authorities and the exchange of food security analysis and information of response.

#### Outcome-level indicator:

Average CRC score of FSC member having completed training 10% above cluster average. *Source: FSC minutes & reports*

#### Top-priority activities:

Activity	Locations	Indicator	Target	Indicator	Target
			Mid-year 2014	End-year 2014	End-year 2015
Improved the capacity of FSC members in the areas of project management, targeting, M&E, and cross-cutting issues of protection and gender	Adwal, Bakool, Banadir, Bari,, Gedo, Hiiran, Lower Juba (Middle), Middle Juba (Lower), Mudug, Nugaal, Sanaag, Middle Shabelle (Middle), Lower Shabelle (Lower), Sool, Togdheer, Woqooyi Galbeed	FSC members trained is identified themes	10% of FSC members	25% of FSC members	35% of FSC members
Facilitate the exchange and dissemination of food security information of recognised food security agencies for improved action	Adwal, Bakool, Banadir, Bari,, Gedo, Hiiran, Lower Juba (Middle), Middle Juba (Lower), Mudug, Nugaal, Sanaag, Middle Shabelle (Middle), Lower Shabelle (Lower), Sool, Togdheer, Woqooyi Galbeed	Better integration of FSC assessments into IPC analysis and appropriate information for action	1 assessments	2 assessments	2 assessments
Strengthen the coordination and understanding of FSC agencies in their responses to address acute humanitarian needs and livelihood activities that strengthen resilience	Adwal, Bakool, Banadir, Bari,, Gedo, Hiiran, Lower Juba (Middle), Middle Juba (Lower), Mudug, Nugaal, Sanaag, Middle Shabelle (Middle), Lower Shabelle (Lower), Sool, Togdheer, Woqooyi Galbeed	FSC members trained is identified operational areas	10% of target people per annum	25% of FSC members	35% of FSC members





**Health**



**Lead agency: World Health Organization (WHO)**  
**Contact information: Alaa Abou Zeid ([abouzeida@who.int](mailto:abouzeida@who.int))**



PEOPLE IN NEED  
**3.17**  
 million



PEOPLE TARGETED  
**1.8 million**



REQUIREMENTS (US\$)  
**96,787,305.00**



# OF PARTNERS  
**41**

After 20 years of conflict, the health care system in Somalia remains extremely weak, poorly resourced, and inequitably distributed. The challenging operational context characterized by insecurity and access restrictions further erodes the health system’s ability to provide adequate and quality services to people in need. The pull out of Médecins Sans Frontières (MSF) in August 2013 underlined the difficult access conditions under which health partners are delivering health services, particularly in southern and central Somalia. Eruption of polio outbreak in May 2013 added to the burden on the health system with more than 180 confirmed cases till end of October 2013.

Without a properly functioning health system, Somalia continues to face cyclical health challenges. Outbreaks of Acute Watery Diarrhea, malaria and other communicable diseases are rampant in many parts of Somalia mainly due to lack of safe water and poor sanitation. Poor access to basic child health services such as immunization, together with poor access to skilled birth attendance or emergency obstetric care increases the risk of child and maternal morbidity and mortality, which is among the highest in the world in Somalia. There is a dearth of health professionals and the capacity of the available health staff to deliver services is constrained mainly due to insecurity and lack of adequate resources.

The Health cluster will continue to provide life-saving humanitarian assistance by providing timely, integrated, and effective basic health services to people in need. The primary focus of the cluster will be on the most basic needs of the most vulnerable groups, namely IDPs, women, children, and minorities. Key priorities include increasing access to essential life-saving health services at primary health care facilities, while concurrently scaling-up of support to major hospitals to provide life-saving secondary health care services, such as Comprehensive Emergency Obstetric Care CEmOC and emergency surgeries. Other priorities are the provision of a minimum integrated package of health care services as indicated in Essential Package of Health Services (EPHS), with particular attention given to child health, specialized services for emergency obstetric care, emergency care for sick patients, prevention and timely response to outbreaks of different communicable diseases including polio, SGBV services for victims of sexual violence, mental health and psychosocial support and an immunization services package beyond life-saving interventions. The cluster also aims to contribute to recovery and resilience of people and transition endeavours through enhanced support to National authorities and development partners and provision of technical and capacity building support to partners.

The cluster works with over 140 health partners including UN agencies, NGOs, government, other clusters (in particular the Nutrition, WASH and Protection), and communities for the provision of emergency and recovery health services in Somalia. The cluster will continue to coordinate health interventions at Zonal and Regional levels in collaboration with the Ministries of Health in different Zones (Somaliland, Puntland, and at the Federal level).

## STRATEGIC OBJECTIVE 1: provide timely and quality life-saving assistance to people in humanitarian emergency

### Cluster objective 1A:

Strengthen control of epidemic-prone communicable diseases through expansion of surveillance, emergency preparedness and response with life-saving interventions for various target people (IDPs, returnees, vulnerable groups).

**Outcome-level indicator:** outbreak preparedness and response timely detects outbreaks timely and effectively outbreaks effectively contained

### Top-priority activities:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Preposition emergency supplies in high risks areas prone to natural disasters, epidemics and IDPs settlements	Hargeisa, Garawe, Bossasso, Mogadishu, Baidoa, Dhobley, Kismayo, Belet Weyne	Number of established emergency prepositioning hubs.	6	8	10
Timely investigate rumors of disease outbreaks by trained staff from Ministry of Health, WHO and partners surveillance teams	All regions in Somalia	Percentage of rumors of outbreak investigated and verified within 72H	65%	70%	80%
Timely respond to confirmed disease outbreaks by trained staff from Ministry of Health, WHO and partners surveillance teams	All regions of Somalia	Percentages of confirmed diseases outbreaks responded to within 96H	65%	70%	80%

### All Other:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Train surveillance teams from Ministry of Health, WHO and NGOs on rumor investigation and outbreak response	Togdheer, Bari, Nugaal, Mudug, Mogadishu, Middle Shabelle, Lower Shabelle, Bay, Gedo,	Number of regions with teams trained on rumor verification and outbreak response	8	11	15

Activity	Locations	Indicator	Target		
	Lower Juba, Hiiran				
Update the forms to be used by the surveillance teams for rumor investigation and data collection	Whole Somalia	Number of forms updated	1	3	3
Strengthen the surveillance system and ensure adequate number of facilities reporting on time	All regions in Somalia	Reporting rate for surveillance for whole Somalia	85%	90%	95%

### Cluster objective 1B:

Increased access to life-saving primary and secondary health care services including emergency health services and life-support services to the most vulnerable people including IDPs, women and children

**Outcome-level indicator:** Reduce mortality rates, maternal and child morbidities and mortalities

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Support establishing health care facilities to cover gaps and provide quality PHC services to the most needy people including women and children	Lower Juba, Bay, Middle Shabelle, Lower Shabelle, Hiiran, Mudug	Number of primary health care facilities / 10,000 people	0.7	0.8	1.0
		Percentage of districts with people covered by basic health services (1 health facility /10,000 people)	50%	55%	65%
Increase number of fixed sites providing routine immunization to children under 5 and mothers including measles and polio	All regions in Somalia	Measles vaccination coverage for under 1 years old children	60%	65%	70%
Provide essential medical supplies to support service provision at primary and secondary health care facilities	Mogadishu, Lower Jubba, Bay, Bakool, Hiiran, Middle Shabelle, Galgaduud, Mudug, Sool, Sanag	Number of health facilities receiving regular medical supplies	80	100	140

### Top-priority activities:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Increase capacity and skills of health care workers through training on treatment guidelines for basic morbidities such as AWD, malaria, IMCI, essential and emergency new born	Whole Somalia	Proportion of health facilities with staff received training on treatment guidelines for common morbidities.	20%	40%	50%

Activity	Locations	Indicator	Target		
care, support to trauma patient, support to trauma patient,					
Support implementation of Essential Package of Health EPHS Services through increased awareness and support to PHC facilities	Mogadishu, Gedo, Galgaduud, Middle Shabelle, Bay, Mudug, Nugal,	Number of PHC facilities implementing the 6 core programs for EPHS	30	50	70
at community and health facility levels especially for cases of complicated deliveries and trauma patients with focus on management of major killer diseases: acute respiratory tract infections, acute diarrheal diseases, malaria and newborn causes	Middle Shabelle, Lower Shabelle, Lower Juba, Hiiran, Bay, Mudug, Galgaduud, Sool.	Number of districts with ambulance services available	5	10	20

#### Cluster objective 1C:

Increase access to high-impact reproductive health, maternal, newborn and child health services as per national priority package for Somalia

**Outcome-level indicator:** Number of health facilities providing Basic Emergency Obstetric Care / 500,000 people

#### Top-priority activities:

Activities	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Expand the provision of basic emergency obstetric / newborn care BEmONC	All regions of Somalia	Number of functional health facility with Basic Emergency Obstetric Care (BEmONC) per 500,000 people	2	3	4
Support to secondary health care facilities / hospitals to provide life-saving health services including CEMOC and trauma management services.	Mogadishu, Middle Shabelle, Lower Shabelle, Bay, Gedo, Lower Juba, Middle Juba, Galgaduud, Nugal, Sool	Number of secondary health care facilities/hospitals providing Comprehensive Emergency Obstetric Care per 500,000 people	0.8	1.0	1.1
Establish and support child health and pediatric services in primary and secondary care for timely management or referral of sick children	All regions of Somalia	Number of facilities with pediatric services providing care for severe cases of diarrhea, pneumonia and	1	2	3

Activities	Locations	Indicator	Target
		malaria per 500,000 people	

**All other:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Capacity building for nurses and midwives to assist normal delivery and deal with complications including referral	Lower Juba, Middle Jubba, Bay, Bakool, Lower Shabelle, Mudug, Bari, Sool, Sanag	Percentage of health facilities with trained staff to assist normal delivery	20%	25%	40%
Plan and distribute reproductive health kits to health facilities to support normal delivery	Lower Juba, Middle Jubba, Bay, Bakool, Lower Shabelle, Mudug, Bari, Sool, Sanag	Number of health facilities receiving RH kits	20	60	80

**STRATEGIC OBJECTIVE 2: Enhance resilience of vulnerable households and communities through investment that enhance the productivity of livelihoods, the provision of access to basic social services and predictable safety nets through community and social infrastructure, and secure land tenure and durable solutions for IDPs and returnees**

**Cluster objective 2A:**

Strengthen community involvement in health through community health workers programs, lady health workers program and integrated community care management program to improve health outcomes and advocacy to improve health behavior and health seeking behavior and increase awareness on service availability at the community level

**Outcome-level indicator:** Improved health habits and behaviour with improved health outcomes

**Top-priority activities:**

Activities	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Coordinate different community-based health programs specially among government, UN and NGOs for more efficiency and avoid overlaps	Mogadishu, Middle Sahbelle, Lower Shabelle, Bay, Nugal,	Map with different community based health programs under any agency showed within distinct activities and locations	0	1	1

**All other:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Identify, make available and share the sources of advocacy materials on	Mogadishu, Garowe	Number of top health topics with advocacy	1	5	7

Activity	Locations	Indicator	Target		
different health issues with health partners		materials identified and shared with partners			
Develop a common plan for advocacy that will utilize the available human resources with all health partners to unify the messages and ensure higher impact at community level	Mogadishu, Baidoa, Jowhar, Kismayo, Garowe, Bossaso	Number of districts with community health workers/promoters conduct community awareness activities under one plan	5	8	20

**Strategic objective 4: Strengthen the capacity and coordination of NGOs, affected communities and local, regional and national level authorities, to prevent and mitigate risks and implement effective emergency preparedness and response**

#### Cluster objective 4A:

Support national health system early recovery to ensure better provision of basic health services through strengthened coordination, technical support and capacity building to all stakeholders to ensure the satisfaction of the needs of the most vulnerable people and as per the National Strategic Health Plan for Somalia

**Outcome-level indicator:** National health system is able to manage the delivery of health services to Somali people

#### Top-priority activities:

Activities	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Training of different stakeholders on national standards including Essential Package of Health Services EPHS.	Mogadishu, Middle Shabelle, Lower Shabelle, Bay, Nugaal, Bari, Sanaag	Number of health facilities with staff trained on EPHS	20	50	100

#### All other:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Introduce health management information system HMIS in more health facilities	Mogadishu, Lower Shabelle, Bay, Bakool, Gedo, Lower Juba, Galgaduud, Nugaal, Sool, Sanaag	Increase in number of health facilities reporting through the HMIS	10%	25%	50%
Ensure coordination with the Health authorities, health partners and other stakeholders.	Garawe, Bossasso, Galkayo, Mogadishu, Baidoa, Beletweyne, Jowhar, Marka, Kismayo, Dhobley, Dolow	Number of monthly Health cluster meetings are conducted in each location per year	5	10	12
Conduct monitoring and assessment of health services in health facilities	Mogadishu, Middle Shabelle, Bay, Nugaal	Number of health facilities assessed /	3	10	15

Activity	Locations	Indicator	Target
using the national standardized forms		region	



**Multi-Sector Project for Returning IDPs, non-Somali refugees in Somalia and returning Somali refugees**

**Lead agency: UNHCR, UNHABITAT**  
**Contact information: XX, [XX@unhcr.org](mailto:XX@unhcr.org)**

<p>PEOPLE IN NEED <b>2 million</b></p>	<p>PEOPLE TARGETED <b>105,000</b></p>	<p>REQUIREMENTS (US\$) <b>75,305,583.00</b></p>
<p># OF PARTNERS <b>15</b></p>		

The Multi-Sector Response Plan includes activities that target the following groups in Somalia: Non-Somali refugees, returning Somali refugees, and returning IDPs.

**1. Non-Somali refugees and asylum seekers in Somalia, and returning Somali refugees**

The 2013-2015 CAP highlight the specific and diverse needs of the, returnee, refugee and asylum seeker population in Somalia.

As of January 2013, there were 2,258 (1,121 female and 1,137 male) registered refugees and more than 13,000 applicants for refugee status through a total of 4,834 asylum applications covering individuals and families. The majority of refugees and asylum seekers in Somalia are from Ethiopia, with a small number of refugees from Eritrea and other countries. Most refugees and asylum-seekers are predominantly urban, living in Hargeisa, Bossaso, Garowe, and to a lesser extent in Gaalkacyo. In addition, a small refugee population in Mogadishu is registered by UNHCR.

Issues relating to the interface between migration and asylum continue to affect the standard of treatment of undocumented asylum-seekers in Somalia. While refugees and asylum seekers account for a small proportion in Somalia, they frequently travel alongside migrants. Bossaso and Hargeisa are significant hubs for migrants attempting to cross the Gulf of Aden. UNHCR will continue to strengthen its involvement in the protection and assistance to this group in the coming years.

The priority response areas identified in the 2013-2015 CAP for non-Somali refugees and asylum seekers in Somalia are as follows:

- i. Provide safe and equal access to asylum procedures for women, men, girls, and boys seeking asylum, including determination of refugee status in Somalia
- ii. Provide safe and equal access to basic services for refugees and vulnerable asylum seekers
- iii. Facilitate the achievement of durable solutions
- iv. Develop gender-sensitive policies, legislative frameworks, and response measures to ensure the protection of refugees and asylum seekers

- v. Promote peaceful co-existence with local communities
- vi. Strengthen community capacity and support self-reliance
- vii. Build capacities (including technical cooperation) of relevant authorities/bodies on protection

In 2014, UNHCR and partners will focus on the implementation of the UNHCR 'Policy on Refugee Protection and Durable Solutions in Urban Areas' with emphasis on registration/documentation, community outreach, access to basic services and material assistance to extremely vulnerable refugees and asylum seekers. This focus is in line with and continuation of the 2013-2015 CAP. Registration of asylum seekers in Somaliland and Puntland will be supported mainly through the capacity building of local authorities/bodies. Refugee Status Determination (RSD) will be used as a strategic protection tool rather than routine processing for all asylum seekers. Given the limited resettlement opportunities, only people identified as having serious legal and/or physical protection or medical needs will be prioritized for this solution. UNHCR will provide technical support to relevant authorities throughout the process.

A strong emphasis is placed on integrated national services and self-reliance through vocational skills training and alternative livelihoods. Advocacy with the relevant authorities to address barriers to self-reliance will be supported. To improve living conditions, basic services will be provided through national/local institutions, where applicable. Refugees and extremely vulnerable asylum seekers will have access to quality medical assistance including specialized care and referral of emergency cases. Primary and secondary education will be provided to refugee girls and boys, and measures to increase enrollment and retention of school-going children will be implemented. Due to funding shortages, other forms of assistance, including material assistance target the most vulnerable people through a vulnerability assessment. Community-based protection mechanisms will be supported to ensure that the knowledge, skills and capacities among refugees and asylum seekers are utilized. UNHCR supports initiatives aimed at ensuring peaceful co-existence to address protection risks that may arise between the refugees/asylum seekers and the host communities.

## **2. Returning Somali refugees and durable solutions for IDPs (voluntary return and local integration)**

### **2.1. Returning Somali refugees**

Some Somali refugees in Kenya are expected to start to return voluntarily to their home country in 2014, following the signing of a Tripartite Agreement in November 2013 between the governments of the Republic of Kenya, the Federal Republic of Somalia, and UNHCR on the voluntary repatriation of Somali refugees in Kenya. The majority of the refugees concerned originate from southern and central Somalia. UNHCR has launched a pilot phase to support the reintegration of 10,000 refugees deciding to return to Luuq (Gedo), Baidoa (Bay) and Kismayo (Lower Juba) districts from January to June 2014. Although the pilot phase focuses on a limited caseload, successful reintegration of returnees requires significant efforts and resources. Access to basic services (health, education, water and sanitation, shelter, food, etc.), supportive measures for a protective environment, as well as livelihoods opportunities in the receiving areas will be significantly enhanced. In addition, economic opportunities that boost self-reliance of returnees and local community are critical for the viability of returns as a durable solution.

Only a coordinated and comprehensive support by a wider range of UN agencies and partners can address the challenges related to the reintegration of refugees within their communities of origin. Support to all of the community members regardless of their status (returnees or host) is crucial for the peaceful co-existence of the returnees and the local communities. The three selected pilot areas (Luuq, Baidoa and Kismayo) enjoy some advantages: Federal/Regional government presence, UN/NGO access and presence, availability of services, and preferred by Somali refugees as well as IDPs a potential area of return. However, these areas remain far from fully conducive for returns and the influx of returnees is likely to stress limited coping mechanisms.. The successful and sustainable reintegration of returnees in Somalia depends on support to multiple sectors to:

- i) Returning refugees, and in particular those with specific needs, have optimal access to basic services (health, education, WASH, shelter and nutrition)
- ii) Community mobilization is strengthened and expanded
- iii) Peaceful co-existence with local communities is promoted
- iv) Protection related services, including access to legal assistance and remedies, in communities of return are enhanced

- v) Self-reliance and livelihoods of returning refugees and host communities members is adequately supported

## 2.2. Returning IDPs

A comprehensive approach towards durable solutions will be adopted through simultaneous support to returning IDPs and refugees opting for return as a solution to their displacement. More than 40,000 IDPs have been assisted to return since 2013 by the UNHCR-led Return Consortium. This assistance will continue and the focus will remain on efforts to:

- i) Support and promote informed and voluntary decision by the IDPs about their preferred and most durable solution. This is essential for the sustainability of the decision they make and as well as to avoid new cycles of displacement.
- ii) Provide access to basic service to support the initial phase of the return (transport, access to NFI/shelter and food) and reintegration through comprehensive livelihood support based on alternative livelihoods strategies, skills and in-come generation opportunities in areas of return
- iii) Protect communities in areas of return from shocks which may affect them during the reintegration process

There is an increasing realization that a shift in strategy regarding support to protracted IDPs is required. Protracted IDPs are those who have remained in situ in urban areas for well over a decade and who have somewhat integrated into the economic system of the marginalized sections of the society, and who see no realistic possibility of returning to their areas of origin. In Puntland, encouraging developments with regard to IDP policies are seen with IDP policy guidelines passed and adopted in 2012. The former Transitional Federal Government in Somalia ratified the Kampala Convention on IDPs in 2012 and the Federal Government of Somalia is currently working on a new national IDP policy with technical assistance from the office of the UN Special Rapporteur on IDPs. In addition, Somaliland is currently revising its IDP policy. While efforts to support the return and reintegration of IDPs continue to receive support, UNHCR and partners will give special attention to those IDPs who have opted for local integration. Local integration in urban areas requires skills transfers, access to apprenticeship and education programmes, and alternative livelihoods linked to the urban and semi-urban lifestyle and market demands. To achieve this, IDPs will be supported to make informed and voluntary decisions regarding their preference for solutions durable to their displacement, self-reliance will be promoted in collaboration with local authorities, and a reintegration assistance package is provided to those who choose to return. In addition, alternative livelihood options and inclusion in social welfare schemes will be explored.

### Cluster objective 1:

Women, men, girls and boys have equal access to fair protection processes and documentation

#### Top-priority activities:

Activity	Locations	Indicator	Target	Indicator	Target
			Mid-year 2014	End-year 2014	End-year 2015
Capacity building	All Zones of Somalia	Number of technical support interventions provided to authorities	12	24	24
		Number of gender sensitive trainings conducted	6	12	12
		Number of male/female trained	50	50	60
Registration conducted on an individual basis with minimum set of data	All Zones of Somalia	Number of people provided with information on registration procedures	13,000	13,000	15,000

Activity	Locations	Indicator	Target	Indicator	Target
required and documentation		Number of males and females registered on an individual basis with minimum set of data required and documents provided	1,500	3,000	3,000
Access to and quality of status determination procedures improved	All Zones of Somalia	Number of male/female provided with information on status determination procedures	2,000	4,000	4,000
		Number of males and females whose status has been determined and a decision issued	1,800	3,600	3,600

**Cluster objective 2:**

Women, men, girls and boys have equal access to basic needs, essential services and durable solution

**Top-priority activities:**

Activity	Locations	Indicator	Target	Indicator	Target
			Mid-year 2014	End-year 2014	End-year 2015
Access to basic needs and essential services provided or supported	All Zones of Somalia	Number of male/female accessing primary health care	2,519	7,038	7,500
		Number of health facilities supported	4	4	4
		Number of male/female enrolled in primary school	700	750	800
		Number of male/female enrolled in secondary school	200	250	300
		Number of male/female attending adult education classes	50	70	90
		Number of education facilities constructed or supported	6	6	6
		Self-reliance and livelihoods improved	All Zones of Somalia	Number of male/female provided with vocational/technical skills training	250
Durable solution and Peaceful co-existence with local communities promoted	All Zones of Somalia	Number of male/female enrolled in livelihood schemes	100	100	100
		Number of peaceful co-existence projects implemented	4	4	4
		Number of cases identified and processed for resettlement	138	276	276

**Cluster objective 2:**

Policies, legislative frameworks and response measures contain protection safeguards

**Top-priority activities:**

Activity	Locations	Indicator	Target	Indicator	Target
			Mid-year 2014	End-year 2014	End-year 2015

Activity	Locations	Indicator	Target	Indicator	Target
Law and policy developed and Strengthened	All Zones of Somalia	Number of workshops held to promote compliance with protection standards	3	6	6
		Number of technical support interventions provided to authorities	3	6	6
		Number of materials (on policies and laws) produced or disseminated	3	6	6

### Cluster objective 2:

Achieving durable solution for returning refugees to Somalia through comprehensive reintegration support in Luuq, Baidoa and Kismayo Districts

### Top-priority activities:

Activity	Locations	Indicator	Target	Indicator	Target
			Mid-year 2014	End-year 2014	End-year 2015
Provide durable solutions for returning refugees and IDPs in southern and central Somalia	Southern and central Somalia	Number of male/female returnees receiving standard repatriation package according to standards	7000	10000	
		Number community based projects implemented at district level	2	3	
Provide durable solutions for IDPs in southern and central Somalia	Southern and central Somalia	Number of returnee HHs assisted with safe, successful transport <sup>17</sup> to village of origin	12500	25000	
		Number of returnee and receiving HHs assisted with RC Standard Minimum Package	12500	25000	
Provide durable solutions for IDPs who opt for local integration	Southern and central Somalia	Percentage of beneficiaries opting for local integration who are able to locally integrate	10%	20%	20%
		Number of persons receiving local integration assistance package	9,000	18,000	18,000
		Number of self-reliance programmes implemented	4	6	6
		Number of persons accessing basic services	9,000	18,000	18,000

<sup>17</sup>“Safe, successful transport” defined as returnees reaching intended destination without injury or death.



## Nutrition



Lead agency: UNITED NATIONS CHILDREN'S FUND (UNICEF)

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PEOPLE IN NEED

756,0000



PEOPLE TARGETED

660,000



REQUIREMENTS (US\$)

99,303,471.00



# OF PARTNERS

52

From the 2013 FSNAU Post-Gu' Seasonal Food Security and Nutrition Assessments on average 1 in every 7 children are malnourished, as estimated 206,000 children of which 41,000 were severely malnourished. The sustained critical to very critical malnutrition levels in IDPs requires concerted efforts across clusters through working closely with community health workers to ensure the social-economic and protection environment for the IDPs is enhanced. The six years trend analysis on the variability and chronicity of prevalence of malnutrition also highlights the same regions identified by the Post-Gu' assessments as worrying indicating that if the humanitarian efforts are to reverse this trend a lot of investment and efforts are required to break the complexity causes of malnutrition in these regions and no stand-alone programme can reverse these long term negative effects.

The Nutrition cluster will enhance the engagement of the community, humanitarian actors, and the government to ensure that nutrition services are provided to the most vulnerable boys, girls, men and women. A mixture of mobile and static services agreed by partners during the rationalization process of 2013 will ensure equal access to the basic nutrition services across the country. Improved access in parts of southern and central Somalia, which is home to over 70 per cent of the population and about two thirds of the malnutrition caseloads, has increased the potential for improved nutrition programme delivery.

In 2013 the cluster has implemented nutrition programmes through 31 Stabilization centres (SC), 1011 Out-patient Therapeutic care Programmes (OTP), 1,019 Targeted Supplementary Feeding Programmes (TSFP), 178 reporting IYCF sites (this is thought to be much higher), 46 Blanket Supplementary Feeding Programme (BSFP) sites and 23 TB/HIV programme sites. In Somaliland and Puntland, 138 maternal child health and nutrition (MCHN) services are provided through health centres.

In 2014-2015 the nutrition cluster will continue to monitor the progress of program implementation using sphere standards, for treatment of acute malnutrition including, cure rates, defaulter rates, death rates, non-respondents rates amongst others, Somalia national IMAM<sup>18</sup> guidelines/protocol and response plan indicators. The 4W matrix (Who does What and Where and When) SC/OTP/TSFP, IYCF, NHHP<sup>19</sup> databases will be used monthly to track admissions and performance indicators by site. The FSNAU nutrition assessments will be conducted annually post-Deyr and post-Gu' to establish the rates of occurrence of malnutrition among children 6-59months. The assessments will inform the cluster which programs in what regions need to scale up or down depending on the

<sup>18</sup> Integrated Management of Acute Malnutrition (IMAM) is an appropriate facility and community approach for the treatment and rehabilitation of severe and moderate acute malnutrition

<sup>19</sup> NHHP-Nutrition Health and Hygiene Promotion

nutrition situation. In the event that nutrition assessments are not feasible, FSNAU, nutrition cluster and partners will conduct periodic rapid assessments. UNICEF, WFP and OCHA (for CHF) will use third party monitoring of partner projects in inaccessible areas to ensure that guidelines and protocols are respected.

In 2013-2015, the nutrition cluster will use a variety of response strategies to best match the vulnerable people being treated. The main target beneficiaries will be 0-59months boys and girls, pregnant and lactating women as well as women of reproductive age. The cluster will focus on basic life-saving activities as well as community resilience-building activities. For curative services, the cluster will use mobile and static sites (SC/OTP/TSFP) for service provision. In pastoral communities, mobile nutrition services will be deployed along migratory routes to best serve the people.

In the northern zones, preventative nutrition programmes will be provided targeting children aged 6-23 months through health centres. Infant and young child feeding (IYCF) promotion will be prioritized to build community and household resilience. The activities will focus on the establishment of mother to mother support groups, and training counselors to support mothers on IYCF issues

The cluster will continue to prioritize giving assistance to the most needy wherever they are. According to the post-Gu' FSNAU assessments have highlighted sustained critical to very critical levels of malnutrition in most IDPs across the country, Bay, Bakool pastoral and agro pastoral, all Gedo and Shabelles livelihood zones, Juba riverine and agro-pastoral livelihoods, eastern Golis, Bari, Kismayo and Beletweyne urban areas, coastal areas of the central to north east zone, and Sool, Sanaag, Nugaal valley, Hawd and Guban livelihoods zones.

### People in need and target beneficiaries

Category of people in need	Estimated (Average) Number of people in need			Beneficiaries Targeted - 2014			Beneficiaries Targeted - 2015		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Children (6-59 Months)	849,000	849,000	1,698,000	330,000	330,000	660,000	258,000	258,000	516,000
Pregnant and Lactating women	-	246,500	246,500		96,500	96,500		75,000	75,000
Totals	849,000	1,095,500	1,944,500	330,000	429,500	762,500	258,000	333,000	591,000

### Explanation of number of beneficiaries targeted

The primary target group for nutrition services is mainly children under the age of five, as well as pregnant and lactating women, the first groups to exhibit signs of malnutrition, with advanced age groups targeted as funding allows.

## STRATEGIC OBJECTIVE 1: Provide timely and quality life-saving assistance to people in humanitarian emergency

**Cluster objective 1A:** To mitigate risks associated with malnutrition among vulnerable boys, girls (6-59 months), pregnant and lactating women (PLW) in severe emergencies

**Outcome-level indicator:** Acutely malnourished boys and girls under five; and PLW in severe emergencies identified and treated

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Screen, identify and admit acutely malnourished boys and girls under five; and PLW in severe emergencies	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Percentage of children and PLW screened in acute emergency affected people	80%	80%	80%
Treatment of identified acutely malnourished boys and girls under five and PLW in severe emergencies	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Percentage of identified acutely malnourished boys and girls under five; and PLW admitted for treatment	90%	90%	90%
BSFP for children and PLW at risk of malnutrition in severe emergencies	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Percentage of children and PLW at risk of malnutrition reached	70%	70%	70%

**STRATEGIC OBJECTIVE 2: Enhance resilience of vulnerable households and communities through investment that enhance the productivity of livelihoods, the provision of access to basic social services and predictable safety nets through community and social infrastructure, and secure land tenure and durable solutions for IDPs and returnees**

**Cluster objective 2A:**

To contribute to the reduction of malnutrition related ailments and mortality among vulnerable boys, girls (0-59 months), pregnant and lactating women (PLW) through systematic equal access to quality integrated curative and preventive food-based nutrition interventions

**Outcome-level indicator:** Increased access and treatment of boys, girls, pregnant and lactating women for management of acute malnutrition (in SC, OTP, TSFP) through static and seasonal mobile services

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Treatment of acutely malnourished boys and girls under five years	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Percentage of acutely malnourished boys and girls under five years of age admitted for treatment	50% (281,750)	100% (563,500)	100% (516,000)
Treatment of acutely PLW	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Percentage of acutely malnourished pregnant and lactating women admitted for treatment	50% (48,250)	100% (96,500)	100% (75,000)

**All Other:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Screening and referral of boys and girls under 36 months	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Percentage reduction in number of boys, girls under 36 months of age screened and referred for nutrition treatment between baseline and end line (enrolment and phasing out of seasonal intervention)	20% Reduction	20% reduction	20% reduction

**Cluster objective 2B:** To improve women, boys and girl's access to evidence-based and feasible nutrition and nutrition related resilience activities, available through the Basic Nutrition Services Package (BNSP) interventions linking nutrition to Health, WASH, Food Security, Education and child protection programmes

**Outcome-level indicator:** Improved access to quality basic services

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Reviewing and validation of IYCF yearly micro-plans	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of IYCF early micro-plans reviewed and validated	Yearly micro plans for IYCF reviewed and validated in each zone	Yearly micro plans for IYCF reviewed and validated in each zone	Yearly micro plans for IYCF reviewed and validated in each zone
IYCF Counseling of pregnant women and women with children (0-24 months)	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Percentage increase in pregnant women and women with children (0-24 months) reached through IYCF support groups and interpersonal counseling (IPC)	Increase 10% from baseline	Increase 15% from baseline	Increase 25% from baseline
Multiple-micronutrient supplementation of boys and girls (0-24 months)	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of boys, girls (6-24 months) reached with multiple micronutrient supplements	20,000 children	25,000 children	50,000 children
Multiple-micronutrients or iron/folate supplementation of PLW	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Percentage of pregnant and lactation women reached with multiple-micronutrients or iron/folate supplements	85% of women attending ANC are supplemented	85% of women attending ANC are supplemented	95% of women attending ANC are supplemented

Activity	Locations	Indicator	Target		
Vitamin A supplementation of boys and girls (0-59 months)	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Percentage of boys and girls under five reached with Vitamin A supplementation	90% of children under five (1,350,000)	90% of children under five (1,350,000)	90% of children under five (1,350,000)

**All Other:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
De-worming of boys and girls (12-59 months)	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Percentage of boys, girls under five de-wormed	90% boys, girls under five dewormed (1,350,000)	90% boys, girls under five dewormed (1,350,000)	90% boys, girls under five dewormed (1,350,000)
Integration of WASH, Health and Food Security activities into nutrition projects	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Percentage of nutrition projects in CAP with linked to WASH, Health and food security at objective and operational level	50%	60%	65%
Integration of preventive and curative food-based nutrition services into a comprehensive package of care at MCH clinics level	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Percentage of functional MCH clinics incorporating preventive and curative food-based nutrition services into a comprehensive package of care.	60%	80%	80%

**Cluster objective 2C:** To contribute to the availability of timely and quality community and health centre-based nutrition information, programme coverage and operational research (OR) into responses to the causes of malnutrition and related problems

**Outcome-level indicator:** Surveys, Studies and operational research conducted to inform and enhance nutrition programming

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Conduct post-Gu and post-Deyr surveys	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of post-Gu and post-Deyr surveys conducted	1	2	2
Conduct IYCF and Micronutrient studies	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Cluster endorsed operational research/M&E conducted as appropriate	-	One IYCF KAP study is conducted	One Micronutrient study is conducted
Conduct SQUEAC surveys	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of SQUEAC coverage surveys conducted	5	10	10

### STRATEGIC OBJECTIVE 4: Strengthen the capacity and coordination of NGOs, affected communities and local, regional and national level authorities, to prevent and mitigate risks and implement effective emergency preparedness and response

**Cluster objective 3:** To strengthen the coordination and capacity of all nutrition partners including communities and line ministries to deliver quality and sustainable emergency nutrition services through a variety of approaches

**Outcome-level indicator:** Capacity of nutrition actors, government, stakeholders and communities to coordinate and deliver nutrition services enhanced

#### Top-priority activities:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Establishing Capacity Development Plans	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Capacity development plans established	3 capacity development plans evaluated and updated	3 capacity development plans evaluated and updated	3 capacity development plans evaluated and updated
Community engagement/ participation in projects implementation	Somaliland, Puntland and South Central Zone	Percentage of LNGOs, local and regional authorities whose work reflects their Community Engagement/Participation Strategy	Increase by 10% of baseline	Increase by 15% of baseline	Increase by 25% of baseline
Conducting monthly national nutrition cluster meetings	Somaliland, Puntland and South Central Zone	Number of monthly national nutrition cluster coordination meetings	6 in Mogadishu	12 in Mogadishu	12 in Mogadishu
Conducting monthly/ bi-monthly sub-national clusters/ Nutrition working groups coordination meetings	Somaliland, Puntland and South Central Zone	Number of monthly/ bi-monthly sub-national cluster/ Nutrition working group coordination meetings	6 in SML 15 IN PL 54 in SCZ 75	12 in SML 30 in PL 108 in SCZ 150	12 in SML 30 in PL 108 in SCZ 150

#### All Other:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Training of implementing partners in nutrition hygiene and health promotion	Somaliland, Puntland and South Central Zone	Percentage of implementing partners trained in nutrition hygiene and health promotion	40%	70%	80%
Training of community-based health workers (CHWs) in at least 5/8 essential components of the BNSP	Somaliland, Puntland and South Central Zone	Number of community-based health workers (CHWs) trained in at least 5/8 essential components of the BNSP	Increase by 10% of baseline	Increase by 15% of baseline	Increase by 25% of baseline
Training of implementing partners in the identification, screening and referral of malnourished boys and girls (6-59 months)	Somaliland, Puntland and South Central Zone	Percentage of implementing partners trained in the identification, screening and referral of malnourished boys and girls (6-59 months)	60%	70%	80%



## Protection



Lead agency: UNHCR, DRC  
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PEOPLE IN NEED

**1.1 million**



PEOPLE TARGETED

**560,000**



REQUIREMENTS (US\$)

**56,806,047.00**



# OF PARTNERS

**40**

Rights violations and corresponding protection concerns in Somalia remain alarmingly high. The diversity of vulnerable people, their exposure to threats and different protection needs, the complex environment that Protection Cluster members work in and the challenges humanitarian agencies face in terms of access and weak governing systems across Somalia requires a targeted, practical and realistic response.

Analysis by the cluster indicates that current protection programming focuses on providing responses to specific cases after violations occur, but has little impact on prevention, or overall behavioural and structural change. A functional protection environment based on reliable security provisions and a fair justice system that upholds the rights and ensures the dignity of vulnerable groups generally remains absent. A specific stand-alone strategic objective on protection for CAP 2014 was developed. This highlights the urgent need for a strengthened protection environment in combination with improved quality of services.

In 2013, the Protection cluster identified ten key protection areas that required attention. They ranged from issues on GBV and child protection to rights violations, land disputes, to improving protection coordination and accountability. The ability to address all these protection issues varied through the course of the year. Successful implementation depended on funding and capacity of partners to implement quality programmes.<sup>20</sup>

The 2014 Protection cluster response plan reflects five themes of protection that are embedded in the ten key protection areas above, but need to be highlighted in order to ensure focused attention. These are:

- 1) Attention to improving minimum standards through adhering to Mental Health and Psychosocial Support (MHPSS) standards and levels of care, as well as Clinical Management of Rape;
- 2) Inclusion of people with disabilities and the elderly in protection programming where possible;
- 3) Increased focus on Housing Land & Property issues not only from the coordination stand-point but also in terms of programmatic response;
- 4) Greater focus on IDP relocations, evictions, and returns throughout the country; and
- 5) Attention to migrants who are returning to, or are stranded in Somalia.

While the Protection cluster has nuanced its response plan and widened the scope of its activities for 2014, this does not imply an increase in the overall target people. In line with the cluster's continued emphasis on quality of services over quantity of assistance, the targeted people is being reduced by 200,000 people to 560,000. This

<sup>20</sup> A more detailed version of the cluster response plan can be found on the Protection cluster website: <https://somalia.humanitarianresponse.info/clusters/protection>

reflects the reality that protection activities are process-intensive and especially capacity building exercises for partners and counterparts require time and resources. As a result, fewer people will receive services which, however, in return are of better quality and more sustainable.

The Gender-Based Violence Working Group developed a comprehensive 3-year-strategy (2014 - 2016). Four key priority areas are covered: (a) prevention of GBV; (b) improved responses and quality multi-sectoral services to survivors; (c) institutional and behavioural change through increased Access to Justice/Rule of Law; and (d) improved coordination. The GBV strategy contributes directly to the new protection strategic objective in CAP 2014, as well as the Protection cluster response plan. A key element in 2014 will be to link up with the Health cluster to integrate protection messages during awareness raising health campaigns and to provide timely medical responses to GBV survivors.

The Child Protection Working Group (CPWG) has also developed a three-year strategy (2013-2015) and similarly is in line with the protection strategic objective and the cluster response plan. In 2014, the CPWG will focus on protection of children from abuse, violence, exploitation and neglect. Preventing violations will be achieved through capacity development of duty bearers, the use of trained child protection actors, and improved delivery of services at all levels. This includes advocacy, awareness raising and coordination. The three-year strategy takes into consideration the importance of information gathering and management systems for greater accountability and evidence based programmatic impact.

For 2014, an increase of IDP returns and local integration is anticipated which requires a clearer understanding of Housing Land and Property (HLP) issues. The Protection cluster, in concert with the Shelter cluster, will initiate a two tier response: 1) improve the limited understanding among the humanitarian community on HLP by initiating capacity building initiatives; and 2) establish a HLP Working Group to ensure a coordinated approach on how to respond to HLP issues.

Ensuring sustainability for returnees and durable solutions in general requires a multi-sector approach, particularly safe livelihood options, health and education services. The Protection cluster will continue to play a critical and central role in ensuring that the protection lens is used in programmatic and policy initiatives.

All cluster activities will follow the principle of ensuring that women/girls and men/boys benefit equally from services based on their specific needs and roles, with a view to advancing gender equality. In light of this principle, the cluster will emphasise the inclusion of groups often forgotten such as: the elderly, people with disabilities, minorities, mixed migrants, and marginalised pastoralists who have lost their livelihoods.

As initiated in 2013, the Protection cluster will continue its cooperation with the United Nations Risk Management Unit in an effort to improve the accountability and transparency of its Members. Efforts to establish a more rigorous vetting mechanism of Members, particularly those providing response services will be undertaken throughout 2014.

### **STRATEGIC OBJECTIVE 3: Improve the protective environment by strengthening the quality and monitoring of responsive services, and by supporting traditional community mechanisms and legal frameworks, including preventive mechanisms**

#### **Cluster objective 1:**

Women, men, girls and boys affected by conflict and humanitarian emergencies have equal access to timely, effective, and quality protection response services

#### **Outcome-level indicator:**

Number of women, men, girls and boys that have equal and timely access and to quality response services / Target: 68,600 people

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Provide equal access to timely and effective responses to survivors	Accessible districts of South Central, Somaliland, Puntland	Number of male/female survivors who receive legal counselling in line with set standards	2,000	4,000	5,000
	Accessible districts of South Central, Somaliland, Puntland	Number of male/female survivors who receive psychosocial assistance in line with set standards	6,000	15,000	20,000
	Accessible districts of South Central, Somaliland, Puntland	Number of male/female survivors who receive medical assistance, including post rape treatment within 72 hrs, in line with set standards	3,500	7,000	8,000
	Accessible districts of South Central, Somaliland, Puntland	Number of male/female survivors receiving material assistance in line with set standards	19,000	38,000	48,000
	Accessible districts of South Central, Somaliland, Puntland	Number of children formerly associated with armed forces and groups released and reintegrated to the community	1,000	1,600	800
	Somalia wide	Number of MHPSS guidance notes on standards of care and levels of care available	1	2	2
	Somalia wide	Number of mental health and psychosocial support staff trained in line with international standards on levels of care and in accordance with MHPSS WG training tools	75	150	300
	Somalia wide	Standardized job descriptions (with educational background and competencies) available for all levels of MHPSS care providers	Yes	Yes	Yes
Respond to the needs of identified separated and unaccompanied girls and boys through family tracing, reunification, and reintegration within the community	Accessible districts of South Central, Somaliland, Puntland	Percentage of identified UAM and separated girls and boys reunited with their families	50	100	100
	Accessible districts of South Central, Somaliland, Puntland	Percentage of boys and girls for whom a Best Interest Determination has been carried out	150	300	500
	Accessible districts of South Central, Somaliland, Puntland	Percentage of girls and boys without parental care placed under family based care	30	40	60
<b>All other:</b>					
Advocate for police response to distress calls from the community in line with international human rights standards	South Central, Somaliland, Puntland	Percentage of distress calls the police respond to in line with set standards and procedures	10	15	20

**Cluster objective 2:**

Strengthen the capacity of women, men, girls, and boys to reduce exposure to protection risks

**Outcome-level indicator:**

Number of women, men, girls and boys whose protection risk exposure has been reduced

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Train women, men, girls, and boys on safe risk mitigation strategies	IDP settlements in South Central, Somaliland, Puntland	Number of community committee members reached by fire prevention trainings	250	500	500
	UXO affected districts of South Central, Somaliland, Puntland	Number of UXO, IED, and mine awareness trainings conducted	10	20	10
	IDP settlements in South Central, Somaliland, Puntland	Number of people reached by protection trainings that focus on reducing risks	5,000	15,000	15,000
Removal of dangerous / hazardous items	South Central Somalia	Number of UXO removed in SC Somalia (excluding SAA and scrap)	7,000	14,000	20,000
Improve the protection infrastructure in line with specific needs of women, men, girls, and boys	IDP settlements in South Central, Somaliland, Puntland	Number of public places in IDP settlements have solar lighting installed	20	40	40
	IDP settlements in South Central, Somaliland, Puntland	Number of IDP households having access to lighting	15,000	30,000	30,000
	Urban centers in South Central, Somaliland, Puntland	Number of safe homes/shelters established to further protect women and girls	3	6	10
	IDP settlements in South Central, Somaliland, Puntland	Number of women and girls at risk receiving fuel efficient stoves	1,000	2,000	2,500
	South Central, Somaliland, Puntland	Number of women, men, girls, and boys with disabilities assisted and receiving basic and protection services	500	1,000	1,500

**All other:**

Carry out sustainable and life skills training and dignified livelihood interventions in line with market surveys for survivors to increase their resilience	IDP settlements in South Central, Somaliland, Puntland	Percentage of women, men, girls, and boy survivors provided with skills training for livelihood purposes and who are employed or self-employed (first six months)	15	30	30
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**Cluster objective 3:**

To strengthen the capacity of communities, civil society, and formal and informal authorities to prevent and address the specific protection needs of women, men, girls, and boys

**Outcome-level indicator:**

Number of those in authority whether formal or informal who have been trained to address protection concerns, or who provide a direct service to women, men, girls and boys affected by protection risks

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Capacitate communities and formal and informal authorities to prevent and respond to specific protection violations affecting women, men, girls, and boys	South Central, Somaliland, Puntland	Number of police posts operational and patrols conducted in targeted areas	15	20	30
	IDP settlements in South Central, Somaliland, Puntland	Number of people reached by campaigns conducted to inform communities on available services	1,000	2,000	2,000
	IDP settlements in South Central, Somaliland, Puntland	Number of functional, community based mechanisms to prevent, identify, and respond to protection violations, including gender and child concerns	125	250	300
Train male/female duty bearers on international human rights standards	South Central, Somaliland, Puntland	Number of people reached through workshops, public campaigns, and awareness raising sessions on the rights of the disabled	5,000	10,000	20,000
		Number of people in positions of authority trained on gender and child sensitive prevention and response as well as existing policies	350	700	900
Conduct conflict resolution, mediation and peace building initiatives	South Central, Somaliland, Puntland	Number of conflict resolution, mediation and peace building initiatives conducted	10	25	25
Develop and put in place gender responsive protection policies, guidelines, and legal frameworks	South Central, Somaliland, Puntland	Number of people reached with trainings on protection policies, international standards and principles	5,000	10,500	15,500
	South Central, Somaliland, Puntland	Number of technical support interventions provided to authorities	10	20	20

**Strategic objective 4: Strengthen the capacity and coordination of NGOs, affected communities and local, regional and national level authorities, to prevent and mitigate risks and implement effective emergency preparedness and response**

**Cluster objective 4:**

To enable protection response through strengthened coordination, protection monitoring and analysis, and building the capacity of humanitarian actors

**Outcome-level indicator:**

Number of protection actors reached with training on coordination and protection principles

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Carry out Protection Mainstreaming Trainings for humanitarian actors	South Central, Somaliland, Puntland	Number of trainings carried out by Protection Cluster that include components of children and gender	12	24	24
Strengthen monitoring of protections needs, information sharing and reporting	South Central, Somaliland, Puntland	Number of sex and age disaggregated reports produced and shared by Cluster (including Working Groups)	25	50	50
	South Central, Somaliland, Puntland	Number of public advocacy interventions conducted by the Protection Cluster (including Field Clusters)	6	12	12
Strengthen coordination between Protection Cluster members and partners	South Central, Somaliland, Puntland	Number of dedicated technical / thematic coordinators on national and regional level including Working Groups	10	15	20
	South Central, Somaliland, Puntland	Number of trainings carried out by Protection Cluster Working Groups on GBV, Child Protection, MHPSS and HLP	6	12	12



## Shelter and NFI



Lead agency: UNHCR, UNHABITAT

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PEOPLE IN NEED

1.1 million



PEOPLE TARGETED

495,000



REQUIREMENTS (US\$)

55,037,313.00



# OF PARTNERS

16

There are an estimated 1.1 million IDPs in Somalia. The needs of different categories of IDPs, i.e., people who have been IDPs for nearly two decades and those displaced more recently, vary. The cluster will continue to provide emergency assistance to newly displaced people affected by natural and man-made disasters (flood, fire, drought, conflict and evictions). It will distribute a minimum Non-Food Item kit<sup>21</sup> and an Emergency Shelter Kit (if necessary) for those in need. It will also maintain the response capacity to distribute NFI minimum packages for 30,000 households or 120,000 people. This will ensure a timely response to sudden on-set disasters through prepositioned stocks held across Somalia. Programme design will take into account the specific needs of women and, where appropriate, women's dignity kits will also be distributed. As durable solutions are not able to be achieved for all protracted situations, there is also a need to start re-building the resilience of these communities.

The Shelter cluster strategy has three main pillars: Emergency, Transitional and Durable Solutions. A fourth pillar which specifically looks at the capacity building/coordination component has been included. Community participation and ownership are underlying themes which are embedded in all cluster activities.

Transitional shelter will be provided in stabilized IDP settlements that have traditionally been located in and around the urban centers of Somalia. The concept of transitional shelter covers all interventions from shelter kits to corrugated galvanized iron shelters. The typology will depend on factors including land tenure, funding levels, specific needs, agency experience, support from local authorities and location of the IDP settlements. The provision of transitional shelter will be preceded by consultations with women and men from the community on the proper layout of the site, plot 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 on protection needs, will be considered during the design of the shelter so that a safe and secure environment can be created. SPHERE standards will be adhered to when providing transitional shelters.

In Puntland, Somaliland and certain regions of southern and central (Baidoa, Doolow), the authorities continue to demonstrate the desire to address the IDP situation by providing land tenure. The nature of this tenure varies from short term rights of use to the right to use and inherit land indefinitely. The cluster (in strong cooperation with the Protection cluster) will continue to advocate for more secure forms of tenure and work with the authorities to find durable solutions for the IDPs. Where suitable land is available, direct assistance will be provided for the creation of new settlements, with a strong focus on integrated services (Health, Education, WASH) and settlement planning.

<sup>21</sup> EAP minimum package consists of one reinforced plastic tarpaulins (4m x 5m), three woven dry raised blanket (150 x200 cm), one synthetic sleeping mat (2.7m x 1.8m), one kitchen set, two non-collapsible jerry cans (20 litres), sanitary clothes, underwear and one bar of soap (750g) agreed by the cluster in 2011.

The cluster is also putting in place mechanisms and tools to shift away from contractor-driven to owner-driven approaches.

To improve accountability, a digital platform (through mobile technology and GPS tracking) will be provided to all partners to enhance the information sharing, data management and analysis. The provision of a digital platform as a service to all shelter actors is also expected to enhance the accountability of all stakeholders. Post Distribution Monitoring (PDM) will form an integral part of implementation and where there is an unacceptably high risk of diversion of aid, activities may be suspended. Joint needs assessments will be coordinated to ensure that each regional shelter cluster produces an annual analysis of their respective IDP situation regarding shelter, NFIs and land tenure.

As the number of returns increases due to relative stability in some parts of southern and central Somalia, the cluster is expected to shift focus away from immediate life-saving activities towards sustainable and durable (shelter) solutions. Consequently, there is a need to track progress and monitor the impact, relevancy, effectiveness and efficiency of shelter activities. Adequate monitoring mechanisms will be put in place to review the progress and impact of cluster members' activities.

To strengthen the capacity of all stakeholders at field level, the cluster will partner with several agencies that have a specific expertise to offer. General mainstreaming sessions and trainings will be organized in close partnership with the protection cluster in the following fields: HLP<sup>22</sup>, assessments & analysis, site planning and the use of cash/voucher systems.

## STRATEGIC OBJECTIVE 1: provide timely and quality life-saving assistance to people in humanitarian emergency

### Cluster objective 1:

Contribute to the protection of newly displaced people and those affected by natural hazards from life-threatening elements

### Outcome-level indicators and targets

Percentage of emergency NFI kits distributed in a timely manner

### Top-priority activities:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Provide newly displaced people with basic household items.	All Somalia (mainly South – Central)	Number of newly displaced people in need receiving NFIs	90,000	180,000	180,000
Distributions are monitored using a standardized methodology to ensure accountability and to improve programming.	All Somalia (mainly South – Central)	percentage of distributions having undergone PDM (SAME)	85%	85%	90%
		Percentage of emergency NFI kits distributed in a timely manner	80%	80%	85%

<sup>22</sup> Housing, Land and Property: this will be closely coordinated with the Protection Cluster as they are the lead on HLP at global level

**All other:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Provide newly displaced people with emergency shelter	All Somalia (mainly South – Central)	Number of newly displaced people in need receiving ESKs	45,000	90,000	90,000

**STRATEGIC OBJECTIVE 2: Enhance resilience of vulnerable households and communities through investment that enhance the productivity of livelihoods, the provision of access to basic social services and predictable safety nets through community and social infrastructure, and secure land tenure and durable solutions for IDPs and returnees**

**Cluster objective 2A:**

Improve the living conditions of people in need at stabilized IDP settlements

**Outcome-level indicators and targets**

Percentage of households that have received transitional shelter with improved land tenure

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Provide protracted IDPs with sustainable shelter and non-food items.	All Somalia (mainly Puntland, South – Central)	Number of people in need with improved land tenure and transitional shelter	100,000	250,000	350,000
	All Somalia (mainly Puntland, South – Central)	Number of those in need receiving NFIs through direct distributions or vouchers.	100,000	250,000	200,000
Ensure that settlements are planned with basic services and improved land tenure to mitigate the risks of fire and outbreaks.	All Somalia (mainly Puntland, South – Central)	Percentage of households that have received transitional shelter with improved land tenure.	80%	80%	85%
		Percentage of transitional shelter projects that have included site planning	80%	80%	85%

**Cluster objective 2B:**

Facilitate access to durable solutions for displaced people through integration and relocation

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Provide access to permanent land tenure and shelter for those who voluntarily want to locally integrate.	All Somalia (mainly Somaliland and Puntland)	Number of people who have secured permanent land tenure	20,000	65,000	85,000
	All Somalia (mainly Somaliland and Puntland)	Number of people assisted with permanent shelter	20,000	65,000	85,000

**STRATEGIC OBJECTIVE 4: Strengthen the capacity and coordination of NGOs, affected communities and local, regional and national level authorities, to prevent and mitigate risks and implement effective preparedness and response**

**Cluster objective 4:**

To improve the service provision by Shelter / NFI Cluster partners through enhanced coordination, improved needs assessments and the use of common tools and designs

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Train and capacitate the local partners at field level to improve information capturing and analysis	All Somalia (mainly Somaliland and Puntland)	Number of needs assessments completed in areas of concern	5	10	10
	All Somalia (mainly Somaliland and Puntland)	Percentage of Mapping infrastructure exercise undertaken in Somalia	20%	50%	100%



## WASH



Lead agency: UNITED NATIONS CHILDREN'S FUND (UNICEF) and OXFAM GB  
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PEOPLE IN NEED  
 2.75 million



PEOPLE TARGETED  
 1.65 million



REQUIREMENTS (US\$)  
 75,278,814.00



# OF PARTNERS  
 60

Poor access to safe drinking water and lack of adequate sanitation facilities coupled with poor hygienic practices are major threats for the survival and development of children in Somalia. In 2012<sup>23</sup>, only 30 per cent of Somalis had access to safe drinking water while only 23 per cent have access to safe means of excreta disposal. Open defecation stands at 83 per cent for rural areas (3rd highest in the world) and 53 per cent overall (Urban and rural; 7th highest in the world). Large portions of the people are at continuous risk of waterborne diseases like Acute Watery Diarrhea (AWD)/Cholera and Polio.

Information on levels of WASH services delivery and locations of critical needs are currently difficult to obtain due to limited field assessment capacities and access constraints. Nevertheless, a WASH vulnerability analysis, based on AWD/cholera risk, flood risk, drought risk and access to water and sanitation has been completed during the second part of 2013. The analysis shows that most of the districts from Hiiran, Bay, Bakool, Gedo, Middle and Lower Juba, Lower Shabelle, Banadir and to a certain extent Middle Shabelle can be considered as areas with high and/or very high vulnerability and WASH response plans should prioritize these areas.

WASH cluster partners will continue to focus their activities on the most vulnerable people, i.e., IDPs, and people at risk of acute watery diarrhoea and cholera, acutely malnourished children, people living in drought affected areas and children attending schools. They will also continue to improve the gender aspects of their project in better analyzing and taking into consideration the needs, priorities and capacities of both male and female members of the community. The WASH cluster activities will continue to be implemented in close coordination with other clusters namely Nutrition, Health, Education, Shelter, Protection, and Food Security. The overall objective in the coming two years is to reinforce resilience of Somali communities by focusing on sustained access to safe water and sanitation, promotion of good hygiene practices and training of communities on appropriate water use, water safety and disaster risk reduction.

The WASH cluster will respond to Water needs through:

- Emergency support to boreholes or shallow wells (provision of fuel and/or spare parts), distribution of household water treatment products (filters, chlorine, sedimentation/chlorination products), extensions of piped network, water point quality monitoring and chlorination
- Temporary provision of water (preferably through water vouchers or water trucking if vouchers are not feasible for the context). In this situation, temporary water interventions should have a sustainable exit strategy (such as protecting a shallow well) that improves resilience of targeted communities

<sup>23</sup> UNICEF / WHO, Joint Monitoring Programme for Water Supply and Sanitation, March 2012 update

- Development of multiple use (human and animal consumption plus irrigation) water systems based on water catchments, watershed, rainwater harvesting, sub-surface dams, protection of strategic shallow wells and springs, piped networks in urban context and water quality monitoring activities
- Development of a strategy for a sustained access to household water treatment products, in order to ensure access to safe water to the majority of vulnerable people
- Rehabilitation of communal *berkeds* (surface water harvesting reservoirs) and sustained household water treatment
- Permanent functionality of Strategic Water Points collectively identified by WASH actors at district level
- Rehabilitation of existing Strategic Water Points (permanent, perennial water points that support a large people such as shallow wells or boreholes), supported by sustained management structures with a priority given to strategic boreholes
- Training of water service providers and the reinforcement of water sector governance at all levels
- Progressive introduction of renewable energies (solar powered pumps for example)

The WASH cluster will respond to sanitation needs through:

- Construction of emergency latrines
- Development and support to latrine desludging programs
- Development of “access to sanitation programs” targeting schools and other institutions (health or nutrition centers, market places)
- Progressive implementation of Community Led Total Sanitation approach: WASH cluster members have indeed agreed on using this strategy as the only option in rural areas of Somaliland and Puntland, and to introduce it in South Central where and when possible

The WASH cluster will respond to hygiene needs through:

- Dissemination of gender-sensitive messages and better practices (focusing on key messages for disease control), hygiene promotion in schools and health facilities
- Distribution of hygiene kits during emergencies
- Organizing community related activities for hygiene promotion

## STRATEGIC OBJECTIVE 1: Provide timely and quality life-saving assistance to people in humanitarian emergency

### Cluster objective 1A:

Provide access to safe Water, Sanitation and Hygiene for people in emergency need

### Outcome-level indicator 1:

Number of people assisted with temporary access to safe water

### Top-priority activities:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
-Upgrading, rehabilitation, construction/drilling of shallow wells/boreholes -Provision of fuel and spare parts for shallow wells and boreholes -Chlorination of shallow wells -Distribution of emergency household water treatments -Water access by voucher (water trucking if no other option)	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of people, disaggregated by sex, with temporary access to safe water	632,500	1,265,000	1,265,000

**Outcome-level indicator 2:**

Number of people assisted with an adequate access to sanitation

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
-Construction of emergency latrines and/or defecation tranches -Latrine desludging activities (preferably in schools, health or nutrition centers, market places)	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of people disaggregated by sex, with increased access to appropriate emergency sanitation facilities	200,000	400,000	200,000

**Outcome-level indicator 3:**

Number of people who benefit from hygiene promotion activities

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
-Door to door campaigns, -Public awareness and mass media communication activities. -Hygiene kits distribution	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of people, disaggregated by sex, reached by hygiene promotion campaigns	750,000	1,500,000	1,500,000

**Cluster objective 1B:**

Emergency preparedness and early response to humanitarian emergencies

**Outcome-level indicator 1:**

Areas at risk (floods, drought, AWD/cholera, displacement) and key actors for rapid assessments and emergency responses are identified, contingency stocks are prepositioned and specific plans are developed for seasonal risks

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
-Regular updates of the 4W matrix and contact lists -Regular distribution of Rapid Need Assessments documents and training on their use -Development of emergency and contingency plans	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of districts that have updated contingency plans developed and in use, linked to pre-positioned emergency supplies	25	50	50

**Outcome-level indicator 2:**

Acute Watery Diarrhea (AWD) surveillance integrated into the WASH strategy and response

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
-Regular collection of data from WHO and regular sharing of these data with partners. -Weekly updates of the AWD/cholera cases by the District	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	WASH Cluster strategy and priorities are updated regularly based on results from the AWD/cholera	Updated regularly	Updated regularly	Updated regularly

Activity	Locations	Indicator	Target
Focal Points		surveillance system (including AWD/cholera matrix updated weekly if needed)	

**STRATEGIC OBJECTIVE 2: Enhance resilience of vulnerable households and communities through investment that enhance the productivity of livelihoods, the provision of access to basic social services and predictable safety nets through community and social infrastructure, and secure land tenure and durable solutions for IDPs and returnees**

#### Cluster objective 2A:

Provide reliable and sustained access to sufficient<sup>24</sup> safe water based on identified strategic water points, establishment of sustainable management structures and development of sustained household water treatment strategies

#### Outcome-level indicator 1:

Number of people assisted with sustained access to safe water and number of newly built and/or rehabilitated water points

#### Top-priority activities:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
-Construction/rehabilitation and/or protection of strategic water points (permanent, perennial water points such borehole, <i>berkeds</i> and shallow wells)	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of newly built or rehabilitated strategic or community water points, supported by sustained management structures	400	800	800
-Water quality monitoring activities (water quality testing) -Distribution of household water filters	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of people, disaggregated by sex, with sustained access to safe water	425,000	850,000	650,000

#### Outcome-level indicator 2:

Implementation of sustainable management systems for water provision

#### Top-priority activities:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
-Training of water service providers -Identification and provision of training to government counterparts	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of newly created/reactivated/re-trained water service providers	50	100	100

<sup>24</sup> Sphere standards

**Outcome-level indicator 3:**

Development of sustainable household water treatment systems

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
-Rehabilitation of communal <i>berkedes</i> followed by distribution of household water filters coupled to hygiene promotions activities -Distribution of household water filters coupled to hygiene promotions activities	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of people, disaggregated by sex, with access to water through sustained household water treatments	250,000	500,000	800,000

**Cluster objective 2B:**

Provide reliable and sustainable access to environmental sanitation (All sanitation access programs must be coupled with sustained hygiene practice promotion for the targeted people)

**Outcome-level indicator 1:**

Number of certified Open-Defecation Free communities achieved through Community Led Total Sanitation (CLTS) approach

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
-Organisation of Training of trainers for CLTS -Triggering and follow-up of communities on CLTS	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of certified Open-Defecation-Free communities	75	150	200

**Outcome-level indicator 2:**

Adequate and gender-sensitive sanitation structures are provided in institutions (schools, health centres, nutrition centres, markets and livestock and human transit centres), and the capacity of public health institutions to monitor sanitation programmes is reinforced

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
-Construction and rehabilitation of gender-sensitive institutional sanitation structures -Organisation of Hygiene promotion sessions	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of newly built or rehabilitated institutional sanitation structures which are culturally acceptable and gender-sensitive	1000	2000	2000

**Outcome-level indicator 3:**

Subsidized latrines using participatory approaches are available at family level, in some areas of south and central Somalia only.

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
-Construction and rehabilitation of gender-sensitive family sanitation structures -Organisation of Hygiene promotion sessions	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of newly built or rehabilitated family sanitation structures which are culturally acceptable and gender-sensitive	1000	2000	1000

**Outcome-level indicator 4:**

Key messages are disseminated and lead to good hygiene practices

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
- Organisation of hand washing activities (demonstrations in schools, health centres...) -Organisation of hygiene promotions sessions in nutrition feeding centres, health facilities and schools	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Number of people, disaggregated by sex, who have participated in face to face hygiene promotion sessions, including in nutrition feeding centres, health facilities and schools	825,000	1,650,000	1,650,000

**STRATEGIC OBJECTIVE 4: Strengthen the capacity and coordination of NGOs, affected communities and local, regional and national level authorities, to prevent and mitigate risks and implement effective emergency preparedness and response**

**Cluster objective 4A:**

Support continuous development of better Information Management tools for enhanced monitoring, early warning and emergency preparedness

**Outcome-level indicator:**

Information management and monitoring tools (live maps, rapid and regular WASH assessments including water price monitoring) are available for strategic water points and sanitation facilities

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
-Mapping updates and regular assessments of strategic water points -Updating regularly the 4W matrix and the contact list of active and inactive Wash Cluster partners	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Strategic water points mapping and monitoring system and 4W matrix are in use and updated monthly	In use/ updated monthly	In use/ updated monthly	In use/ updated monthly

**Cluster objective 4B:**

Strengthen the capacity of local WASH cluster actors to improve knowledge, ability and resilience of the community, and address gender gaps

**Outcome-level indicator:**

Capacities of Somalia WASH Cluster members are assessed and a capacity-building plan for effective sustainable humanitarian WASH action is developed

**Top-priority activities:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
-WASH Strategic advisory group (SAG) held regular meetings and consultations -Development of a capacity building plan for WASH cluster members based on a recent REDR study <sup>25</sup> .	Somaliland (SML), Puntland (PL) and South Central Zone (SCZ)	Capacity development plan for Somalia WASH Cluster members is available and in use	Capacity development plan available and in use	Capacity development plan available and in use	Capacity development plan available and in use
		One key capacity (defined by WASH Cluster SAG) is enhanced in targeted stakeholders	15	30	40

<sup>25</sup> Capacity Assessment and Scoping Study to Develop a Framework to Build Capacity for Wash Agencies in Somalia (RedR, 2013)

 **Enabling Programmes**

 **Lead agency: Office for the Coordination of Humanitarian Affairs (OCHA), and United Nations Department for Safety and Security (UNDSS)**  
**Contact information: Edem Wosornu ([wosornu@un.org](mailto:wosornu@un.org))**  
**Omar Castiglioni ([omar.castiglioni@undp.org](mailto:omar.castiglioni@undp.org))**

 <p><b>PEOPLE IN NEED</b></p>	 <p><b>PEOPLE TARGETED</b></p>	 <p><b>REQUIREMENTS (US\$)</b>  <span style="font-size: 1.2em; font-weight: bold;">33,491,540.00</span></p>
 <p><b># OF PARTNERS</b></p> <span style="font-size: 2em; font-weight: bold;">7</span>		

Functioning coordination structures, effective partnerships with all humanitarian actors including government and local community structures, enhanced safety and security arrangements for humanitarian workers, sustained capacity building support to local partners and authorities and increased outreach activities through media are critical enablers of a humanitarian programme. The enabling programme, which encompasses these critical activities, will maintain its three-year strategy which is outlined in the multi-year CAP. In 2013, there were gains made in terms of access to beneficiaries and coverage of humanitarian interventions, but the year also saw a serious setback as the result of the 19 June attack on the UN common compound (UNCC) in Mogadishu. The attack negatively affected humanitarian agencies’ presence in Mogadishu and led to the stalling of some critical programmes such as the Mogadishu IDP relocation plan. Learning from the gains and setbacks of the previous year, in 2014, existing coordination mechanisms will be strengthened through the strategic hubs that currently support humanitarian actors working in different parts of Somalia. The key coordination hubs remain Galkayo for the central regions, Dollow, Mandera/Belet hawa, Elwak/Elwak Somalia, Liboi/ Dhobley for the Kenyan and Ethiopian border regions, and Mogadishu. On-going efforts to establish new hubs in Baidoa, Beletweyne, Dhobley, and Kismayo will continue. Considerable security challenges notwithstanding, there are new urban areas where humanitarian agencies have managed to establish a foothold. Efforts will be made to translate the improvements in physical access into meaningful improvement in coordination and delivery of assistance. Meanwhile, the gradual shift in coordination from Nairobi to Mogadishu will resume after the security and safety assessments of the UNCC and the rehabilitation of the compound is completed, most likely within the first two months of 2014. Vital information and analytical tools and products such as the Humanitarian Dashboard, Humanitarian Bulletins, Situation Reports, Maps and audio-visual materials will continue to be produced and disseminated to support the delivery of humanitarian assistance to people in need.

The Somalia NGO Consortium and the NGO Safety Programme (NSP) will continue to provide support aimed at strengthening coordination of NGO activities and enhancing access to vulnerable people. The NGO Consortium plays a critical role in furthering common understanding of technical approaches, supporting joint advocacy on key operational concerns, and providing an effective relationship with local government and external stakeholders. NSP provides security and access analysis with the aim of ensuring the safety and welfare of humanitarian staff and minimizing risks to them when delivering assistance. In 2014, building on the foundations laid in 2013 through the deployment of a Focal Point and an Information Officer, the Consortium will strengthen coordination and information sharing in Mogadishu, thereby impacting more broadly on coordination in south and central regions, particularly in the neighbouring Shabelle regions. Support will be provided to NGOs in the areas of remote management, resilience and risk assessment.

FSNAU and the Somalia Water and Land Information Management (SWALIM) will continue to support the humanitarian community on preparedness through provision of analysis on food security and nutrition situation and trends, and in-depth analysis and projections of underlying climatic and ecological factors that trigger emergencies in Somalia. FSNAU will provide regular food security and nutrition assessments and ad hoc analysis, which will

guide response planning. SWALIM will continue to produce analysis on flood and drought prone areas, which will be used to develop contingency and response plans.

In light of the tragic security incidents that affected humanitarians in 2013, UNDSS will revamp the number and capacity of Field Security Coordination Officers and Local Security Assistants. It will also expand and radio communications systems. As outlined in the multi-year CAP, the existing radio rooms and network of VHF repeaters will be upgraded, thus enhancing the communications footprint and ability to track staff. Security enhancements for humanitarian activities will include emergency response in the form of medical evacuation, hostage incident management, emergency evacuation or relocation of personnel, search and rescue, as well as critical incident stress management. The additional security support will also enable more rapid and effective humanitarian actions in unstable areas. Ongoing programmes to ensure the security of staff, such as security awareness training (taking into account gender specific needs), medical emergency response teams, stress counseling services and the maintenance of an aircraft dedicated to evacuation and assessment activity, will be maintained.

Communication and advocacy remains critical to bringing the needs of the people to the attention of the world but also as a tool to enhance the effectiveness of humanitarian programming with affected people. Radio ERGO will collaborate closely with agencies to coordinate beneficiary messaging as they modulate their interventions year by year and, in parallel, will reflect and respond to the various and changing information needs of Somali communities on the ground. The programme will carry life-saving and DRR messaging relating to seasonal shocks e.g floods or drought, and in relation to annual or perennial threats e.g. AWD prevention or livestock disease, etc. Radio Ergo's main goals will remain the provision of critical information enabling Somalis to take better informed decisions, to strengthen the channels of communication between agencies and Somali beneficiary communities, and to build professional capacity among the Somali media.

## STRATEGIC OBJECTIVES 1-4 (ALL ARE RELEVANT)

### Cluster objective 1:

Strengthened coordination to support delivery of humanitarian aid to ensure equal access for women, girls, boys and men

### Outcome-level indicator 1:

Effective strategic (HC, HCT) and operational level coordination (ICWG, clusters); strong participation of NGOs in existing coordination fora

### Top-priority activity:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Strengthen existing Regional ICWG fora	Nairobi and All Zones and regions of Somalia	Number of ICWG forums functional	6	6	6

### Outcome-level indicator 2:

Timely and quality information and advocacy products produce to support situational understanding and humanitarian response (maps, 3Ws, humanitarian snapshots, dashboard, briefings, position papers etc.) and to support decision-making and advocacy on key issues (messages, talking points, products)

**Top-priority activity:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Production of humanitarian analytical products,	Nairobi and All Zones and regions of Somalia	Minimum set of 3W products established and updated on a quarterly basis	1	1	1
		Number of zonal humanitarian snapshots produced and updated regularly	4	4	4
		Number of country-wide humanitarian snapshots produced and updated regularly	12	12	12
Develop position papers; establish outreach mechanisms	Nairobi and All Zones and regions of Somalia	Percentage of regions where regular interaction with journalists in all field locations maintained and direct outreach mechanisms established	50%	70%	100%
		Number of briefing or position papers published in line with advocacy objectives	6	6	6

**Outcome-level indicator 3:**

Gender mainstreamed and IASC Gender Marker on mainstreaming gender guides project selection and implementation

**Top-priority activity:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Implement the IASC Gender Marker in CAP project selection and implementation	N/A	Percentage of CAP projects with score of gender marker one or above.	100%	100%	100%

**Cluster objective 3:**

Enable humanitarian activities and personnel with safety and security programmes in Somalia

**Outcome-level indicator:**

Relevant and timely security information, provided to UN and NGO staff working in Somalia and increased presence of humanitarian security staff in the field

**Top-priority activity:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Increase number of security staff and trainings on security and safety	All Zones of Somalia	Number of FSCOs and LSAs per UN and humanitarian hub	At least two per hub	At least two per hub	N/A
		In-country training for local UN and humanitarian personnel based in Somalia Number of training on Module two and	16	16	N/A

Activity	Locations	Indicator	Target		
		Module three)			
		Number of SIOC products disseminated	500	500	500
		Percentage of registered NGOs receiving NSP reports and advisories who declare these documents improve their understanding of the security context in Somalia	At least 60%	At least 60%	N/A
		Percentage of registered NGOs receiving NSP briefings (oral and written briefings) who declare briefings improve their understanding of the security context in Somalia	At least 60%	At least 60%	N/A
Provide to UN and NGO staff working in Somalia personal security training and capacity building	All Zones of Somalia	Number of Training on Security Briefing and Hostage Incident Management modules (Module One)	At least 80	N/A	At least 80
		Number of SSAFE training.	15	N/A	15
		HEIST training is conducted in Nairobi and Hargeisa (Percentage of the HEIST trainees declared at the end of the training that their knowledge improved in at least five key components of security management At least 60 per cent)	At least 60%	N/A	At least 60%
		Number of NGOs participating in HEIST training.	At least 50 NGOs		At least 50 NGOs
		Percentage of Country Director training trainees declared at the end of the training that their knowledge improved in at least five key components of security management.	At least 60%	N/A	At least 60%
Maintain a psychosocial support office for all UN agencies working for Somalia and to respond effectively to the different needs of women and men	All Zones of Somalia	Number of UN and humanitarian personnel who receive counselling from stress counsellor.	At least 50	At least 100	N/A
		Number of interventions in critical incident stress response and post-traumatic stress disorder	At least 5	At least 12	N/A

#### Cluster objective 4:

Enhance the effectiveness of humanitarian response through timely and coordinated needs assessment and analysis on underlying vulnerability factors and strengthen information dissemination, advocacy, and partnership with all actors and people in need of assistance

#### Outcome-level indicator:

Coordinated needs assessment promoted and training on needs assessments provided for partners including government

#### Top-priority activity:

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Trainings on needs assessment for humanitarian agencies and line ministries and departments	Nairobi and All Zones and regions of Somalia	Number of MIRA trainings conducted in different zones of Somalia	1	2	3

**Cluster objective 5:**

Disseminate messages on protection and humanitarian needs of the vulnerable people in Somalia and carry life-saving and DRR messaging relating to seasonal and perennial shocks

**Outcome-level indicator:**

Coordinated needs assessment promoted and training on needs assessments provided for partners including government

**Top-priority activity:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Daily Somali programming with reporting from the stringer network and staff production team produced and broadcast via shortwave and FM rebroadcasts nationally and regionally, and streamed online via the Radio Ergo website	Nairobi and All Zones and regions of Somalia	Number of local FM radios partnering Ergo (and minimum number of partners engaged in Ergo co-productions).	10 (2)	10 (3)	10 (3)
		Number of partnerships and collaborative programming (minimum number of agency collaborations).	10	10	10
		Number of SMS/voice messaging service launched (pilot/SMS/voice messaging surveys on programme segments)	On 1-2 programme segments	On 2 programme segments quarterly	On 2 programme segments quarterly
Training for at least 35 Somali journalists (Ergo stringers and partners) on safety & security, humanitarian reporting, use of new technology	Nairobi and All Zones and regions of Somalia	Number of Somali journalists trained/ number of training workshops held.	2 training workshops held for 20 journalists	2-4	2-4
Allocate recording equipment and kits to stringers and radio partners to improve efficiency and output		Number of recording equipment (kits) purchased and allocated	10	20	Depends on need

**Cluster objective 5:**

Provide timely and relevant food security, livelihood and nutrition, water and land and droughts information and analysis on emergency situations

**Outcome-level indicator:**

Enhanced preparedness due to timely and quality food security, livelihood, nutrition, water and land use and droughts information

**Top-priority activity:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Maintain drought, flood and hydro-met information systems and conduct food security and nutrition assessments and	N/A	Number of drought, flood, hydro met, water sources, land degradation, land use monitoring systems (products) maintained.	7	7 (but build Government capacity to take over)	Handover to Government
		Number of seasonal food security, nutrition and livelihoods assessment.	1	2	2

**Cluster objective 6:**

Provide institutional capacity training to LNGO staff working in Somalia to improved effective delivery of quality response to the different needs of women and men

**Outcome-level indicator:**

LNGOs capacity to assess needs and deliver humanitarian assistance enhanced

**Top-priority activity:**

Activity	Locations	Indicator	Target		
			Mid-year 2014	End-year 2014	End-year 2015
Review of existing gaps in institutional initiatives of Somali LNGOs adopt and develop as necessary key modules for institutional capacity-building, training of key resources people (as facilitators/mentors- at least 18 to 25)	N/A	Number of reviews on existing gaps	1	1	1
Capacity building support to LNGOs	All Zones of Somalia	Number of LNGOs whose institutional capacity has been enhanced through capacity-building training	6	30	30