

SHELTER RESPONSE AND GAPS

1. Brief description of the cluster strategy for famine & drought response

As the emergency situation in Somalia unfolds and winter months draw closer, basic household items and appropriate shelter are going to become of paramount importance¹. In the 1992 famine a third wave of mortality swept the country and peaked during October in conjunction with the autumn rains. 30,000 deaths were estimated for September alone.

*'Deaths per day were seen to peak immediately following rains, likely a result of the fact that the malnourished also had little shelter to protect them from evening hypothermia.'*²

Accordingly, during the current emergency humanitarian agencies should be looking towards providing adequate spaces where IDPs can recover from simple illnesses and receive protection from the elements. Shelter and NFIs can provide the bedrock of recovery from the shock of displacement and relief from famine.³

Over the past decade a consensus has emerged amongst global health analysts that there exists a crucial link between shelter and the prevention of epidemics.⁴ The most pressing concern relates to the link between hypothermia and inadequate shelter.⁵ Malnourished children living in inadequate shelter are at serious risk during winter months. Yet, appropriate shelter can also safeguard against other common diseases. 'Vector-borne diseases can be controlled through a variety of initiatives, including appropriate site selection and shelter provision', one such study noted.⁶

Without the foundation that Shelter and NFIs provide, the level of Protection offered is reduced, Health is compromised, the ability to cope with poor Nutrition is diminished and it is more difficult to improve Sanitation at the settlements.

The cluster developed its strategy for a two phased response in mid July.

Phase 1: Supply all displaced with an Emergency Assistance Package (EAP) in line with the cluster's minimum package.

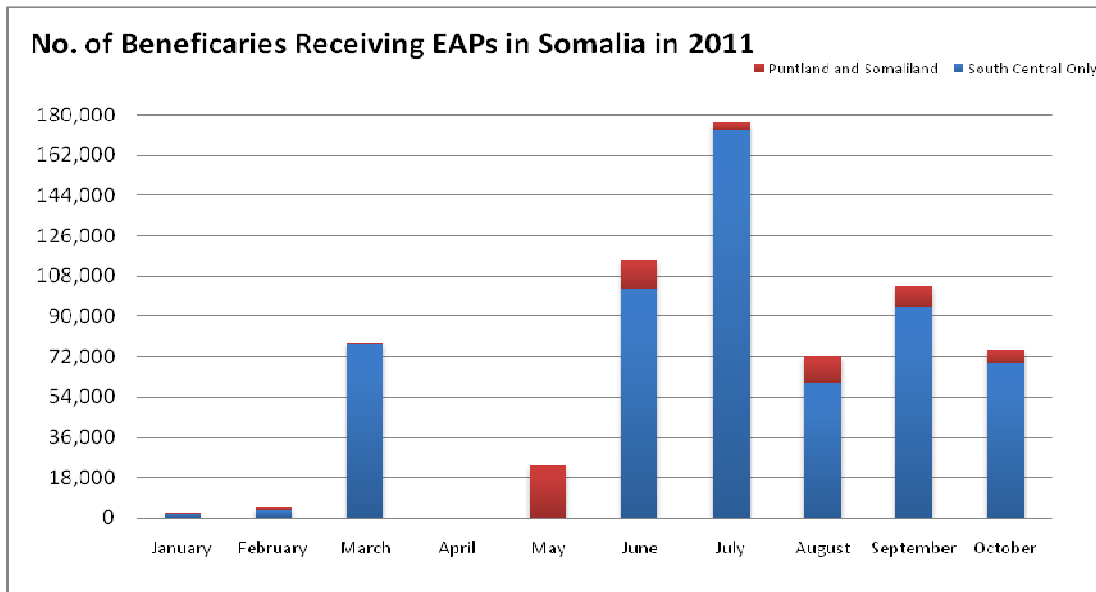
Phase 2: Following completion of Phase 1, provide temporary shelter adopting the principles of transitional shelter. The cluster has advocated against the deployment of tents as they are too costly to cover the need, are not culturally appropriate, are not sustainable and contribute nothing to the livelihood of Somalis.

2. Targets and beneficiaries with time line to achieve them

For planning purposes the targets, as defined in the 2011 CAP, have been used as the baseline. These are being adjusted when new reliable data is available (satellite imagery, head counts).

The graph shows the numbers benefitting from EAPs per month as of 15th November. The total number benefitting from EAPs in the whole of Somalia is 652,764. Of these, 582,030 have been distributed in South Central Zone (89%).

The distributions in March were in response to the first IDP influxes into Mogadishu. The peak month was July due the immediate distribution of stock-piled EAPs by various agencies. This stock was carried-over into August. The later part of August and beginning of September has been a period of re-stocking. An important and strategic application for the ERF funding was not approved which has contributed to the low figures in August.



3. Gaps in response at the present and/or by the end of the year

The table below shows the number of beneficiaries currently reached with EAPs as of 15th November 2011 (does not include plastic sheeting or individual NFIs). The percentage is 51% of the target.

Region	End-year target with scale-up	Number of Beneficiaries to date	Percentage of Need Covered
Bakool	9,074	-	0%
Banadir	200,000	245,340	123%
Bay	60,495	48,300	80%
Galgaduud	126,311	42,870	34%
Gedo	99,816	57,180	57%
Hiraan	77,131	18,000	23%
Lower Juba	39,322	36,840	94%
Lower Shabelle	420,471	97,800	23%
Middle Juba	27,000	5,700	21%
Middle Shabelle	78,643	30,000	38%
Total	1,138,263	582,030	51%

For Banadir (Mogadishu) comparing the target and the number of packages distributed suggests that 123% of the need has been met. Planning for a rapid assessment to verify this is currently underway.

A major concern is the poor response in Bakool where due to a lack of suitable partners, no assistance has been provided.

To date, Phase 2 has only been piloted in Mogadishu where a shelter kit based on the DFID model has been distributed.

The kit which includes an extra large (4m x 7m) plastic sheet to completely cover the existing buuls uses the transitional shelter approach.

The approach is owner driven and allows the beneficiaries to improve their shelters incrementally while maintaining flexibility and the ability to re-use/recycle or sell the materials when they return home.

4. Costing of the anticipated gaps

Urgent funding is needed for agencies to reach the newly displaced; only UNHCR has funding for Phase 2: Temporary Shelter for the long-term displaced. If funding is not secured then the displaced will continue to live in the worst shelter conditions of any IDPs worldwide.

An increase in funding for Phase 1 by 1.5M will provide coverage for 130,000 beneficiaries. Funding Phase 2 by an extra 1.2M will allow coverage for a further 130,000 beneficiaries.

For EAPs the priority regions would be Bay, Lower Shabelle, Hiraan and Bakool. For transitional shelter the priority regions would be Banadir and Lower Shabelle.

-
1. Jennifer Leaning, Susan M. Briggs, Lincoln C. Chen, *Humanitarian crises: the medical and public health response*, Harvard University Press, 1999,
 - James C. Hathaway, *The rights of refugees under international law*, Cambridge University Press, 2005,
 2. Refugee Policy Group, *Lives Lost Lives Saved: Excess Mortality And the Impact of Health Interventions, Somalia*, 1994,
 - 3 Theodore H. Tulchinsky, Elena Varavikova, *The new public health*, Academic Press, 2009,
WHO, *Communicable disease control in emergencies: a field manual*, 2005,
 4. Charles Kemp, Lance Andrew Rasbridge, *Refugee and immigrant health: a handbook for professionals*, Cambridge University Press, 2004,
 - 5 Program on Forced Migration and Health, *Child health in complex emergencies*, National Academies Press, 2006,
 - Eric K. Noji , *The public health consequences of disasters*, Oxford University Press, 1997,
 - 6 The Sphere Project, *Humanitarian Charter and Minimum Standards in Humanitarian Response*, ch.2, 'Minimum Standards in Water, Sanitation and Hygiene Promotion', Oxfam 2004,
 - 7 Intersos - \$222,694, SSWC - \$96,697 & \$274,621, UNHCR - \$999,551
-