

Somalia



2011

Consolidated Appeal
Mid-Year Review





SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

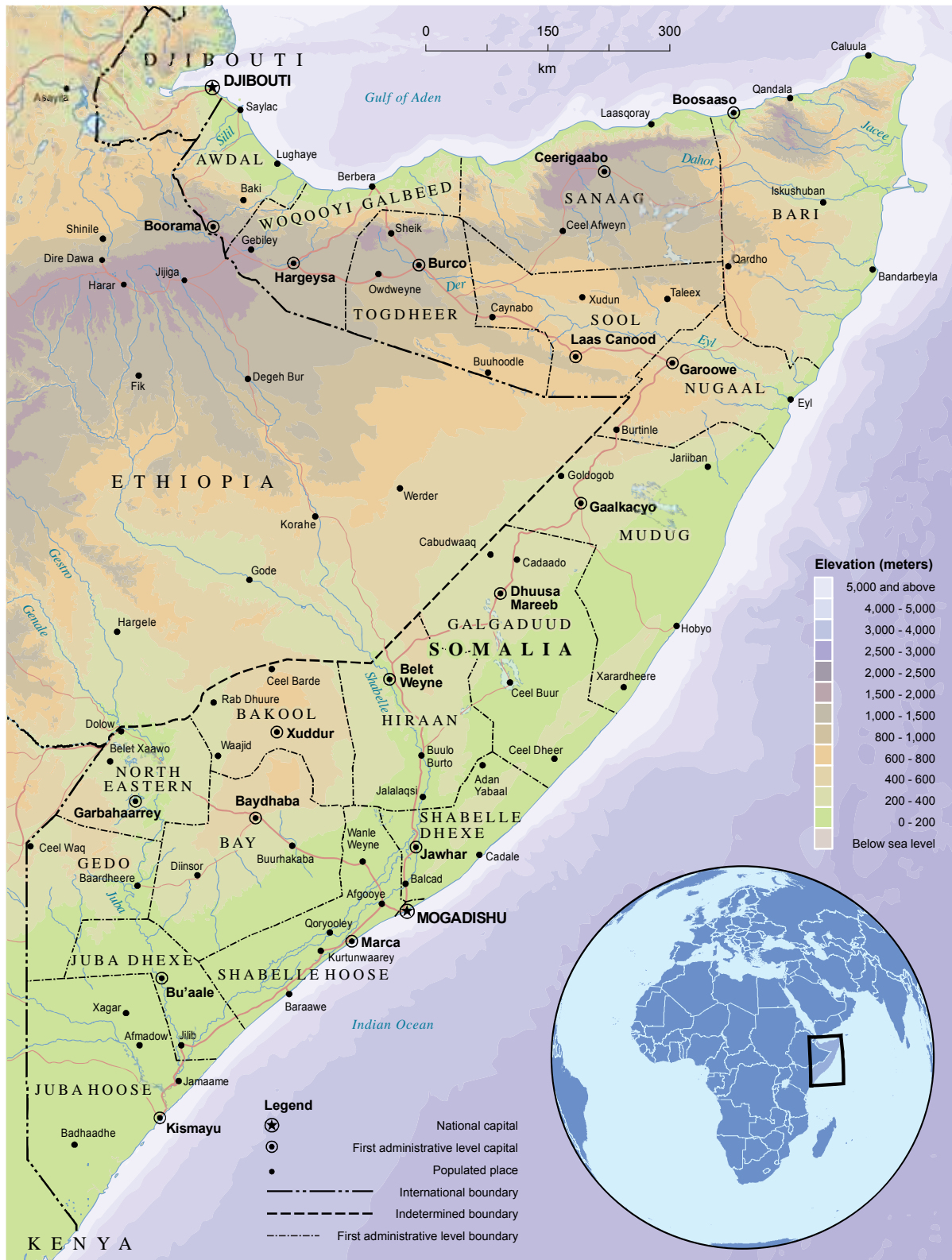
AARREC	CRS	Humedica	MENTOR	UMCOR
ACF	CWS	IA	MERLIN	UNAIDS
ACTED	DanChurchAid	ILO	NCA	UNDP
ADRA	DDG	IMC	NPA	UNDSS
Africare	Diakonie Emergency Aid	INTERMON	NRC	UNEP
AMI-France	DRC	Internews	OCHA	UNESCO
ARC	EM-DH	INTERSOS	OHCHR	UNFPA
ASB	FAO	IOM	OXFAM	UN-HABITAT
ASI	FAR	IPHD	PA (formerly ITDG)	UNHCR
AVSI	FHI	IR	PACT	UNICEF
CARE	FinnChurchAid	IRC	PAI	UNIFEM
CARITAS CH/LU	FSD	IRD	Plan	UNJLC
CEMIR International	GAA	IRIN	PMU-I	UNMAS
CESVI	GOAL	IRW	PU	UNOPS
CFA	GTZ	JOIN	RC/Germany	UNRWA
CHF	GVC	JRS	RCO	VIS
CHFI	Handicap International	LWF	Samaritan's Purse	VSFG
CISV	HealthNet TPO	Malaria Consortium	Save the Children	WFP
CMA	HELP	Malteser	SECADEV	WHO
CONCERN	HelpAge International	Mercy Corps	<i>Solidarités</i>	World Concern
COOPI	HKI	MDA	SUDO	World Relief
CORDAID	Horn Relief	MDM	TEARFUND	World Vision
COSV	HT	MEDIAIR	TGH	ZOA

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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>.

Full project details, continually updated, can be viewed, downloaded and printed from <http://fts.unocha.org>.



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Plastic sheets distributions / UNHCR

Basic humanitarian and development indicators for Somalia

	Indicator	CAP 2011	CAP 2011 MYR	Improve ↑ or Deteriorate ↓	Source
	Population	7,502,654	7,502,654	↔	UNDP 2005
Economic status	Gross domestic product per capita	\$298	\$298	↔	United Nations Statistics Division 2008
	Percentage of population living on less than \$1 per day	43.20%	43.20%	↔	Somalia MDG Report 2007
Health	Adult mortality	416/1,000 (male 459/1,000, female 373/1,000)	416/1,000 (male 459/1,000, female 373/1,000)	↔	WHO World Health Statistics 2010 and 2009
	Maternal mortality	1,400 /100,000	1,400 /100,000	↔	WHO World Health Statistics 2010
	Under-five mortality	200/1,000 (male 197/1,000; female 203/1,000)	200/1,000 – (male 197/1,000; female 203/1,000)	↔	WHO World Health Statistics 2010 and 2009
	Life expectancy	48 (male 47, female 49)	48 (male 47, female 49)	↔	WHO World Health Statistics 2010 & 2009
	Number of nurses or midwives per 10,000 population	1/10,000	1/10,000	↔	WHO World Health Statistics 2010 and 2009
	Measles immunization coverage among one year olds	24%	24%	↔	WHO World Health Statistics 2010 and UNICEF 2006
	Number of medical doctors per 10,000 population	>0.5/10,000	>0.5/10,000	↔	WHO World Health Statistics 2010 and 2009
Food & nutrition	Under-five median global acute malnutrition rate	15.2%	16%	↑	FAO/FSNAU Post-Gu '2010 and Post-Deyr 2010/2011
	Population in crisis	2 million	2.85 million	↑	FAO/FSNAU latest figures (Post-Gu 2010 and Post Deyr 2010/11)
WASH	Population using improved drinking-water sources	30%	30%	↔	WHO World Health Statistics 2010 and UNDP HDR 2009
Population movement	IDPs	1.46 million	1.46 million	↔	UNHCR
	Refugees	1,886 refugees; 24,916 registered asylum seekers (September 2010)	1,965 refugees, 24,050 registered asylum seekers (March 2011)	↑↓	UNHCR
	Somali refugees in the Horn region	617,127 (Yemen, Kenya, Eritrea, Djibouti, Ethiopia, Uganda, Tanzania)	690,000 (Yemen, Kenya, Eritrea, Djibouti, Ethiopia, Uganda, Tanzania)	↑	UNHCR
Other vulnerability indices	ECHO Vulnerability and Crisis Index score	3/3 (Most severe rank)	3/3 (Most severe rank)	↔	ECHO GNA 2008-2010
	UNDP Human Development Index (HDI) score	No data	No data		
	Estimated adult HIV prevalence (%) (15-49 years old), end 2009	0.7%			Children and AIDS, 5 th Stocktaking Report 2010

1. EXECUTIVE SUMMARY

Somalia is sliding deeper into crisis due to the combination of drought, rising food prices and conflict, leading to population displacement and increased vulnerability. The epicentre of the crisis is in the south where 1.75 million people, approximately 61% of those most in need, are faced with severe food insecurity. The number of people in need has already increased from two million at the time of drafting the CAP 2011 in November 2010, to 2.85¹ million by the end of June – a 30% increase since mid-2010. This number is expected to increase further during the second half of the year.

Since January, more than 100,000 people have been displaced within Somalia and 60,000 more outside the country, due to drought and increasing conflict in the south. This is in addition to the existing 1.46 million internally displaced people (IDPs) in the country. In February, the Transitional Federal Government (TFG) launched an offensive against other armed groups, affecting people in Mogadishu, Gedo and other southern regions. The escalation in conflict has further exacerbated the suffering caused by the drought. The impact of the failed *Deyr* rains (October to December) was more severe than expected, causing livestock deaths and an unprecedented increase in local cereal prices. The performance of the *Gu* rains (April to June) has been patchy and poorer than anticipated, with only a 50% harvest projected from August.

Lack of food in the south – due to limited stocks caused by the drought and no food aid because of the WFP suspension – is the biggest challenge that the humanitarian community faces. Local cereal prices in the south have skyrocketed, with a 270% price increase in some areas compared to the same time last year. In addition, all imported commodities on average cost 29% more than in mid-2010 due to local food shortages and an increase in global oil and food prices. Malnutrition rates reported in January by the Food Security and Nutrition Analysis Unit (FSNAU) reached an alarming 30% in parts of the south. From June until the next rains in November, the food security situation in the south is expected to remain critical or worsen if food availability is not addressed. As of mid-year, alarming malnutrition levels and mortality rates among refugee children under five have been recorded in camps on the Kenya and Ethiopian borders, indicating the severity of the crisis.

In this deteriorating context, humanitarian actions in the first half of 2011 achieved mixed results primarily due to funding, access and capacity challenges. In some areas, humanitarian actors could deliver as they had both access and funding; in other areas where access was possible, funding was insufficient; in the south of Somalia, access and funding continued to be a challenge, particularly for the delivery of food. Over the last three years, new funding available by mid-year has decreased by more than half. This steady decline in funding continues in 2011, even as the needs continue to increase.

Despite the challenges, the humanitarian community reached a substantial proportion of the population in crisis during the first half of 2011 with life-saving interventions. Approximately one million people were reached with food assistance.² Some 145,000 acutely malnourished children and pregnant and lactating mothers were assisted through nutrition interventions. Over 250,000 people gained access to at least five litres of water per day and benefited from emergency agriculture and livelihoods assistance. Emergency health activities reached nearly 40% of the two million people in need and approximately 42,000 pupils and teachers received emergency education assistance.

In response to the deepening crisis, the humanitarian community will adopt a more focused strategy for the remainder of the year. The strategy will concentrate on addressing the effects of the drought and conflict, and providing urgent humanitarian aid to prevent the situation from getting worse, while addressing the needs of those who have already been displaced. Aid organizations will build on opportunities from the expected normal rains in October to increase food availability in the south. Access will be monitored and will remain a high priority for the Humanitarian Country Team (HCT), and where access opportunities emerge, response will be swift. Geographical areas where people are

¹ These are latest figures released by FSNAU. Cluster response plans were based on the preliminary FSNAU figure of 2.5 million people.

² This figure represents beneficiaries who received food assistance at some point in the first half of 2011.

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most in need will be targeted: in the south, Gedo, the Jubas, Bay and Bakool, the Shabelles, Mogadishu town, and the whole of central, particularly Hiraan. Greater emphasis will be placed on the protection of civilians.

Despite the increase in humanitarian needs, the HCT has retained its disciplined approach and agencies' revised requirements reflect what they can realistically implement for the remainder of the year. At the beginning of the year, the Somalia 2011 CAP requested US\$529.5 million.³ The revised⁴ appeal requests \$561.5 million to address the needs of 2.85 million people. Just under half (47%) of those requirements have been met (\$265.3 million), leaving a shortfall of \$296.1 million.

³ All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the [Financial Tracking Service](#) (FTS, fts@un.org), which will display its requirements and funding on the current appeals page.

⁴ The number of people in need is rapidly rising. In the last week of CAP 2011 MYR preparation, this figure rose from 2.4 to 2.5 and finally to 2.85 at time of printing. This number is expected to rise further. Target beneficiaries for some projects will therefore be revised upwards (and requirements increased) following the printing of the MYR document.

Somalia Consolidated Appeals Mid-Year Review 2011 HUMANITARIAN DASHBOARD

Situation Overview

Somalia is sliding deeper into crisis due to the combination of drought, rising food prices and conflict, leading to population displacement and increased vulnerability. The epicentre of the crisis is in the south where 1.7 million people, approximately 61 per cent of those most in need, are faced with severe food insecurity. The number of people in need has already increased from 2 million, at the time of drafting the CAP 2011, to 2.85 million by mid 2011, representing a 25 per cent increase since mid 2010. This number is expected to increase further during the second half of the year.

Since January, more than 100,000 people have been displaced within Somalia and 60,000 more outside the country, as a result of the drought and increasing conflict in the south. This is in addition to the existing 1.46 million Internally Displaced Persons (IDPs) in the country. Conflict exacerbated the suffering already being experienced due to drought. The performance of the Gu rains (April to June) has also been patchy and poorer than anticipated, with only a 50 per cent harvest projected from August. Lack of food in the south, due to limited stocks caused by the drought and no food aid, due to the WFP suspension, is the biggest crisis faced by the humanitarian community.

People in Need of Humanitarian Response

(See Changes in the Context Humanitarian Needs and Response section for more detail)

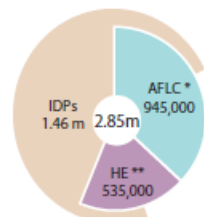
Total Population of Country: 7.5Mn

Estimated Number of People in Need of Response: 2.85 Mn
(38% of total population of country)

Demographics of People in Crisis

Urban Population	475,000
Rural Population	1,000,000
Acutely Malnourished Children	476,000
IDPs in Afgoyee Corridor	410,000

By Status



* AFLC - Acute Food and Livelihood Crisis
** Humanitarian Emergency
(Note: 450,000 in crisis could not be disaggregated into HE and AFLC)

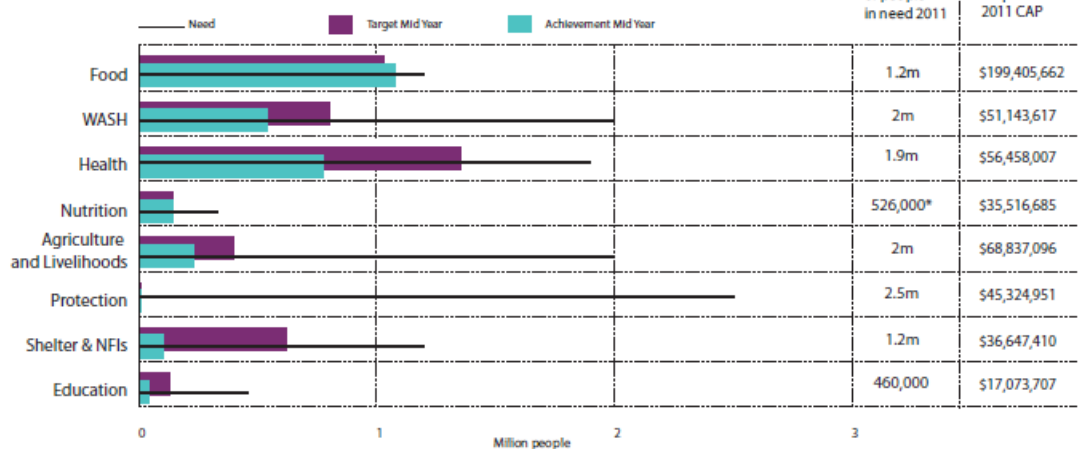
IASC Strategic Priorities

(See Progress Towards Achieving Strategic Objectives section for more detail)

- Provide life-saving humanitarian services to 380,000 people living in humanitarian emergency, the most vulnerable of the 1.46 million IDPs, and those affected by new crisis
- Increase livelihoods and livelihood assets and strengthen disaster management and mitigation activities to protect populations from future shocks and prevent those in AFLC from deteriorating into HE, capitalizing on the 2009 Deyr and 2010 Gu rains where possible
- Provide vulnerable populations with a minimum package of life sustaining basic services
- Strengthen the protective environment for civilian populations through advocacy, including dialogue with local authorities, community mobilization, and access to services.

Estimated Humanitarian Needs and Targets by Cluster

(See Cluster Response Plans section for more detail)



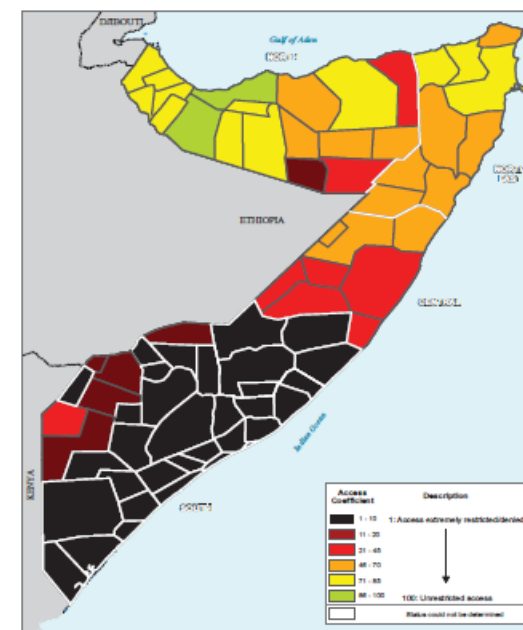
Indicators of Humanitarian Need

- **FOOD** - Number of persons who receive a food ration of any size for any period of time in 2011
- **WASH** - Percentage of 2m people in crisis who have sustained access to safe and sufficient water and adequate sanitation facilities
- **HEALTH** - Percentage of population in humanitarian crisis with access to primary and/or basic secondary health care services

- **NUTRITION** - Number of acutely malnourished children treated in centres (*includes pregnant and lactating mothers)
- **AGRICULTURE AND LIVELIHOODS** - Number of those in crisis who receive emergency livelihoods support
- **PROTECTION** - Number of violations responded to
- **SHELTER AND NFIs** - Number of beneficiaries receiving NFIs
- **EDUCATION** - Number of learners enrolled in formal and non-formal emergency schools and benefiting from a protective environment

Access Constraints as of May 2011

(See Progress Towards Achieving Strategic Objectives section for more detail)



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TABLE I: REQUIREMENTS AND FUNDING TO DATE PER CLUSTER

Consolidated Appeal for Somalia 2011 as of 30 June 2011 http://fts.unocha.org

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Cluster	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
AGRICULTURE AND LIVELIHOODS	50,532,011	68,837,096	16,091,249	52,745,847	23%	-
EDUCATION	17,728,956	17,073,707	4,618,938	12,454,769	27%	-
ENABLING PROGRAMMES	15,605,425	21,190,916	6,611,613	14,579,303	31%	-
FOOD ASSISTANCE	188,135,412	199,405,662	124,957,307	74,448,355	63%	6,891,305
HEALTH	58,790,106	56,458,007	13,925,596	42,532,411	25%	-
LOGISTICS	29,871,895	29,871,895	17,652,711	12,219,184	59%	-
NUTRITION	36,066,437	35,516,685	13,830,756	21,685,929	39%	-
PROTECTION	46,479,655	45,324,951	6,076,739	39,248,212	13%	-
SHELTER AND NFIs	36,647,410	36,647,410	16,511,954	20,135,456	45%	-
WATER, SANITATION AND HYGIENE	49,662,722	51,143,617	24,378,657	26,764,960	48%	-
CLUSTER NOT YET SPECIFIED ⁵	-	-	20,693,125	n/a	n/a	1,142,539
Grand Total	529,520,029	561,469,946	265,348,645	296,121,301	47%	8,033,844

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Requirements and funding figures in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

⁵ The category "Cluster not yet specified" comprises the balance of the Common Humanitarian Fund plus flexible funds received by agencies for which they have not yet reported allocations to specific projects and clusters. The funding percentage for clusters in which those agencies have projects is therefore likely to be higher in reality than is shown on these tables, which are based on agency reports.

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TABLE II: REQUIREMENTS AND FUNDING TO DATE PER PRIORITY LEVEL

Consolidated Appeal for Somalia 2011 as of 30 June 2011 http://fts.unocha.org

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Priority	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
A-HIGH	484,180,120	521,807,946	234,780,845	287,027,101	45%	6,891,305
B-MEDIUM	33,914,393	34,912,519	6,090,155	28,822,364	17%	-
C-LOW	4,499,481	4,749,481	1,421,104	3,328,377	30%	-
D-NOT SPECIFIED	6,926,035	-	23,056,541	n/a	n/a	1,142,539
Grand Total	529,520,029	561,469,946	265,348,645	296,121,301	47%	8,033,844

TABLE III: REQUIREMENTS AND FUNDING TO DATE PER ORGANIZATION

Appealing organization	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
AAHI	309,688	309,688	-	309,688	0%	-
Access Aid	739,300	739,300	681,402	57,898	92%	-
ACF	1,612,500	1,612,500	371,192	1,241,308	23%	-
ACTED	2,563,111	2,102,303	980,749	1,121,554	47%	-
ADA	1,452,943	1,452,943	-	1,452,943	0%	-
ADO	164,900	723,025	-	723,025	0%	-
ADRA	255,537	255,537	-	255,537	0%	-
AFREC	2,865,158	2,865,158	1,241,574	1,623,584	43%	-
AGROCARE	214,292	214,292	-	214,292	0%	-
AGROSPHERE	819,295	819,295	219,900	599,395	27%	-
AMA	344,000	344,000	284,300	59,700	83%	-
APD	378,970	378,970	375,213	3,757	99%	-
ARDO	309,500	510,700	250,000	260,700	49%	-
ASEP	333,620	333,620	-	333,620	0%	-
AVRO	306,202	276,952	-	276,952	0%	-
Baniadam	696,217	696,217	-	696,217	0%	-
CAFDARO	213,271	213,271	212,161	1,110	99%	-
CARE International	1,411,905	1,411,905	-	1,411,905	0%	-
CARE Somalia	672,277	672,277	-	672,277	0%	-
CARITAS	770,000	1,020,000	611,999	408,001	60%	-
CED	901,425	901,425	-	901,425	0%	-
CEFA	400,000	400,000	312,000	88,000	78%	-
CESVI	3,475,550	2,798,250	-	2,798,250	0%	-
CHF	-	-	5,059,995	n/a	n/a	1,142,539
CISP	2,563,200	2,378,247	399,862	1,978,385	17%	-
COOPI	2,625,540	3,968,719	1,644,420	2,324,299	41%	-
COSV	3,062,181	3,062,181	1,015,384	2,046,797	33%	-

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Appealing organization	Original requirements	Revised requirements	Funding	Unmet requirements	% Covered	Uncommitted pledges
	(\$) A	(\$) B	(\$) C	(\$) D=B-C	E=C/B	(\$) F
CPD	684,500	684,500	-	684,500	0%	-
DDG	500,000	300,000	-	300,000	0%	-
DF	59,000	59,000	-	59,000	0%	-
DIAL	1,605,369	1,605,369	697,789	907,580	43%	-
DRC	17,803,516	20,035,630	4,946,202	15,089,428	25%	-
FAO	23,224,000	29,240,000	9,100,974	20,139,026	31%	-
Farjano	562,077	562,077	-	562,077	0%	-
FENPS	510,000	510,000	-	510,000	0%	-
FERO	677,845	677,845	183,620	494,225	27%	-
GCO	434,700	434,700	-	434,700	0%	-
GIZ	3,470,809	1,661,024	-	1,661,024	0%	-
GREDO	-	297,340	-	297,340	0%	-
GRT	300,000	150,000	-	150,000	0%	-
GSA	588,000	588,000	-	588,000	0%	-
Habeb Hospital	61,000	61,000	-	61,000	0%	-
HAPO	249,516	249,516	-	249,516	0%	-
HARD	343,500	343,500	-	343,500	0%	-
HARDO	613,000	1,246,318	260,000	986,318	21%	-
Hijra	1,271,437	1,531,452	300,001	1,231,451	20%	-
HOPEL	180,050	180,050	57,737	122,313	32%	-
Horn Relief	2,044,843	2,570,225	546,851	2,023,374	21%	-
HRDO	308,705	308,705	-	308,705	0%	-
HT	350,000	350,000	525,624	(175,624)	100%	-
HWS	227,544	344,215	106,549	237,666	31%	-
IAS	716,921	716,921	315,000	401,921	44%	-
IIDA	494,500	418,500	191,455	227,045	46%	-
IMC	-	674,777	-	674,777	0%	-
IMS	-	289,238	-	289,238	0%	-
INTERSOS	2,074,572	1,851,555	422,343	1,429,212	23%	-
IOM	4,621,150	7,183,500	9,600,000	(2,416,500)	100%	-
IRIN	289,238	-	288,700	(288,700)	0%	-
IRW	3,979,190	3,519,190	963,252	2,555,938	27%	-
JCC	226,560	824,910	225,080	599,830	27%	-
KAALMO	124,786	-	-	-	0%	-
KAALO Relief	269,900	499,500	255,187	244,313	51%	-
KISIMA	200,000	200,000	-	200,000	0%	-
MDM France	967,000	280,000	-	280,000	0%	-
MEDAIR	2,013,200	1,536,051	592,593	943,458	39%	-
MERCY-USA	1,372,083	1,372,083	-	1,372,083	0%	-
MERLIN	703,757	1,149,626	300,294	849,332	26%	-
Muslim Aid	1,304,712	1,304,712	299,200	1,005,512	23%	-
NAPAD	1,478,800	1,437,800	150,000	1,287,800	10%	-
NCA	5,497,492	5,497,492	2,802,000	2,695,492	51%	-
NRC	13,840,000	14,690,650	8,033,000	6,657,650	55%	-
OCHA	7,036,359	8,621,850	3,247,629	5,374,221	38%	-

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Appealing organization	Original requirements	Revised requirements	Funding	Unmet requirements	% Covered	Uncommitted pledges
	(\$) A	(\$) B	(\$) C	(\$) D=B-C	E=C/B	(\$) F
OXFAM GB	4,368,830	4,368,830	2,610,395	1,758,435	60%	-
OXFAM Netherlands (NOVIB)	8,049,409	7,976,218	1,442,443	6,533,775	18%	-
RAWA	275,340	275,340	-	275,340	0%	-
RI	2,704,173	2,653,516	747,451	1,906,065	28%	-
SAACID	1,900,000	2,292,912	-	2,292,912	0%	-
SADO	581,064	581,064	499,343	81,721	86%	-
SAF	221,000	221,000	-	221,000	0%	-
SAMA	270,000	270,000	-	270,000	0%	-
SAMRADO	249,847	249,847	124,750	125,097	50%	-
SARD	149,550	99,629	-	99,629	0%	-
SC	8,155,221	8,470,193	782,821	7,687,372	9%	-
SDRO	605,175	605,175	380,422	224,753	63%	-
SOADO	2,297,810	2,608,150	-	2,608,150	0%	-
SOHRA	124,785	124,786	-	124,786	0%	-
Solidarités	3,499,487	3,499,487	1,134,025	2,365,462	32%	-
SORDES	245,000	245,000	216,512	28,488	88%	-
SORRDO	477,600	357,600	-	357,600	0%	-
Techno Plan	549,957	549,957	179,998	369,959	33%	-
Trocaire	333,284	333,284	-	333,284	0%	-
UNDP	-	6,770,000	-	6,770,000	0%	-
UNDSS	6,080,844	6,080,844	2,216,000	3,864,844	36%	-
UNESCO	1,723,000	1,723,000	-	1,723,000	0%	-
UNFPA	1,310,100	960,100	1,239,898	(279,798)	100%	-
UN-HABITAT	5,100,000	5,100,000	1,700,000	3,400,000	33%	-
UNHCR	45,656,359	45,076,359	11,186,133	33,890,226	25%	-
UNICEF	60,699,005	60,072,005	33,682,906	26,389,099	56%	-
UNMAS	2,553,601	2,553,601	-	2,553,601	0%	-
UNOPS	3,410,103	3,410,103	398,793	3,011,310	12%	-
VSF (Germany)	500,000	500,000	160,000	340,000	32%	-
VSF (Switzerland)	350,000	350,000	-	350,000	0%	-
WARDI	1,181,699	1,373,533	581,374	792,159	42%	-
WFP	210,207,307	221,477,557	142,110,152	79,367,405	64%	6,891,305
WHO	15,372,972	15,722,972	3,515,092	12,207,880	22%	-
WOCCA	2,460,227	2,881,221	376,720	2,504,501	13%	-
WVI	900,000	900,000	510,640	389,360	57%	-
YME	3,664,867	3,664,867	1,389,336	2,275,531	38%	-
Zamzam Foundation	552,200	552,200	92,210	459,990	17%	-
Grand Total	529,520,029	561,469,946	265,348,645	296,121,301	47%	8,033,844

NOTE: "Funding" means Contributions + Commitments + Carry-over
 Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.
 Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
 Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Requirements and funding figures in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

2. CHANGES IN THE CONTEXT, HUMANITARIAN NEEDS, AND RESPONSE

2.1 CONTEXT

In the second half of 2011, Somalia is likely to slide deeper into crisis leading to an increase in the number of Somalis in need of humanitarian assistance. By the end of May, the number of people in crisis had already reached 2.85 million. This figure is expected to increase further during the second half of the year as a result of a combination of drought, conflict and an unprecedented rise in food prices due to global and local factors. The most significant humanitarian concern is food insecurity in the south where approximately 60% of those most in need reside and where access continues to be problematic. Most of the vulnerable people live in the areas controlled by Al Shabaab where access restrictions have constrained the level of response humanitarian actors can provide.⁶

As anticipated in the CAP 2011, security remained fluid in the first half of the year. In February, the TFG, supported by the African Union Mission in Somalia (AMISOM), launched a major offensive against Al Shabaab in Mogadishu, which extended the TFG area of influence to eight of the sixteen districts of the city. These districts received the majority of some 50,000 drought-stricken IDPs to the city, stretching already limited resources. Pro-TFG forces in other parts of southern Somalia, including Gedo, Middle Juba, and Hiraan regions, also battled with Al Shabaab along the Ethiopian-Somali and Somali-Kenyan border areas. Conflict has caused displacement and loss of lives and livelihoods for civilians already struggling to cope with the effects of the drought. In Gedo region, and other parts of southern Somalia, where pro-TFG militias gained control of a number of towns, the use of landmines and explosives on main transit routes disrupted commerce, and further restricted access for humanitarian actors. In the north, tensions persist in Sool and Sanaag regions over disputed areas.

In the first half of 2011, southern Somalia has seen an extremely limited improvement in humanitarian access. The main access challenges faced are general insecurity, taxation, registration, interference in and impositions on working modalities and attacks on humanitarian compounds. Despite losses along the Kenyan/Ethiopian border, Al Shabaab controls most of the south and continues to selectively restrict international humanitarian assistance. Humanitarian organizations involved in food interventions had more difficulty in delivering assistance in these areas than those involved in nutrition, health, agriculture and livelihoods. Some organizations 'voluntarily' suspended operations or closed offices after repeated calls for taxation, fears of being looted and bureaucratic restrictions.

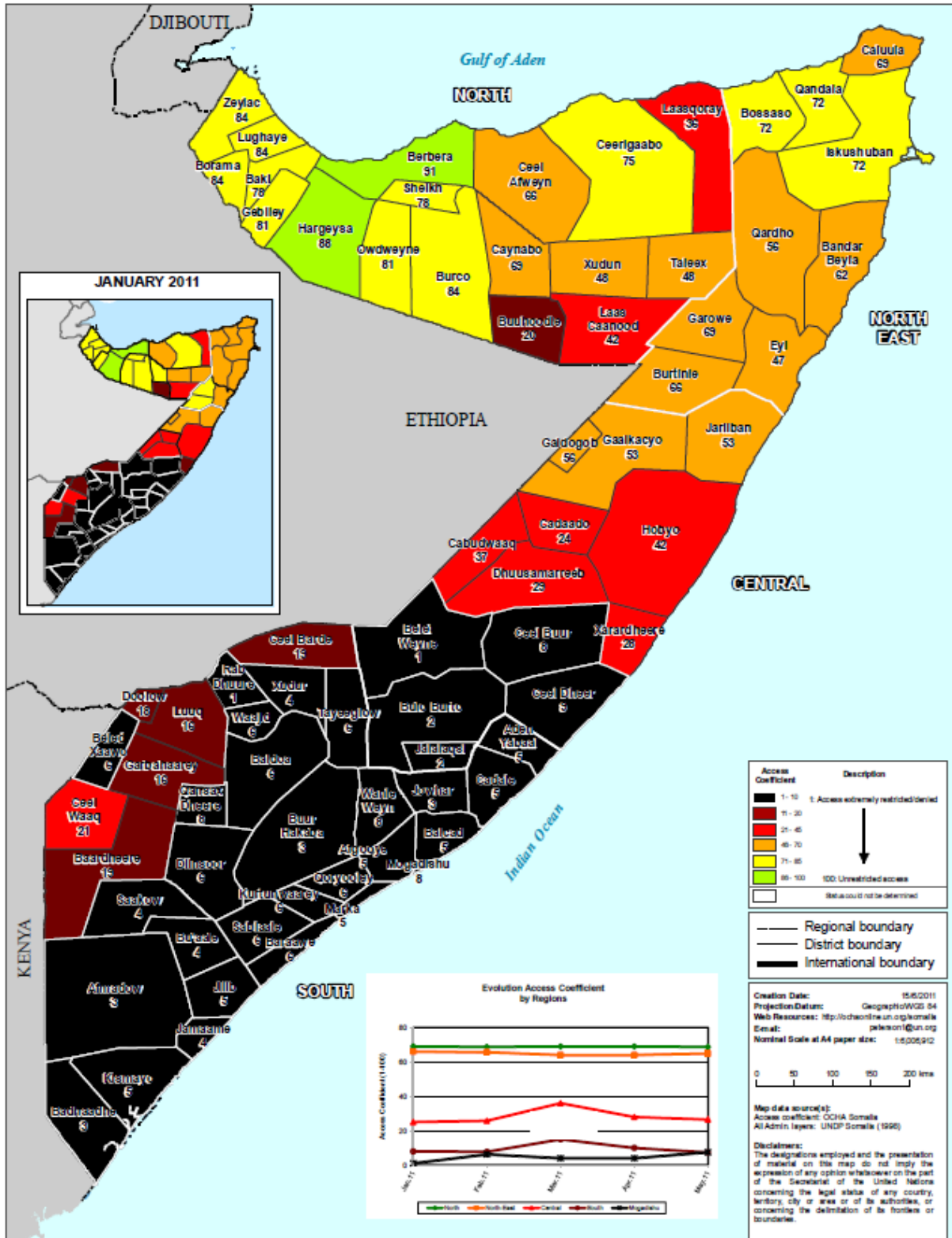
Since the beginning of 2011, access improved in central and northern zones (Jariiban, Hobyo, Cabudwaaq, Dhuusamarreeb (including Guriel area) and Matabaan districts, in south Mudug, Gal Mudug and Hiraan regions) compared to 2010. This has enabled the humanitarian community to improve response activities in these areas. Agencies highlighted expenses related to the scale-up of interventions as a major challenge. Newly accessible locations have logistical requirements such as the need for secure offices, staff accommodation and vehicles, airfield rehabilitation and extraordinary security procedures and support. This must be factored into donor considerations when looking at operational costs of humanitarian activities.

In parts of central Somalia, humanitarian presence is slowly increasing while in southern Somalia, although permanent international staff presence is severely restricted, the UN and the NGO community continues to maintain its presence. More UN international staff members are based in Mogadishu now than in the last five years, while presence in Gaalkacyo, Garowe, Bossaso and Hargeysa remained steady or increased during the past year. In areas where international presence is not possible, UN and international NGO national staff play a key role in maintaining humanitarian assistance, along with national NGOs.

A key challenge in using national staff and implementing partners is the difficulty of providing technical

⁶ At the time of CAP 2011 MYR finalization at the beginning of July, Al Shabaab announced they would allow resumption of humanitarian interventions in areas under their control in southern Somalia. The humanitarian community welcomed this move, but stated that guarantees that aid workers will be able to safely reach those most in need are required.

SOMALIA - Humanitarian Access Map
as of May 2011



support and quality assurance to programmes. As a result, due diligence procedures, improved operational guidance, and enhanced monitoring systems and strategies are used. These include methods such as triangulation, cross-checking and third-party monitoring more systemically in humanitarian programming. Implementing these methods has increased the price of delivering humanitarian assistance and in some cases led to delays in response because more time is spent ensuring quality programming through the various steps of intervention design and implementation. In addition, funding is required for longer periods to ensure sufficient time to implement projects.

2.2 FOOD SECURITY, LIVELIHOODS AND NUTRITION

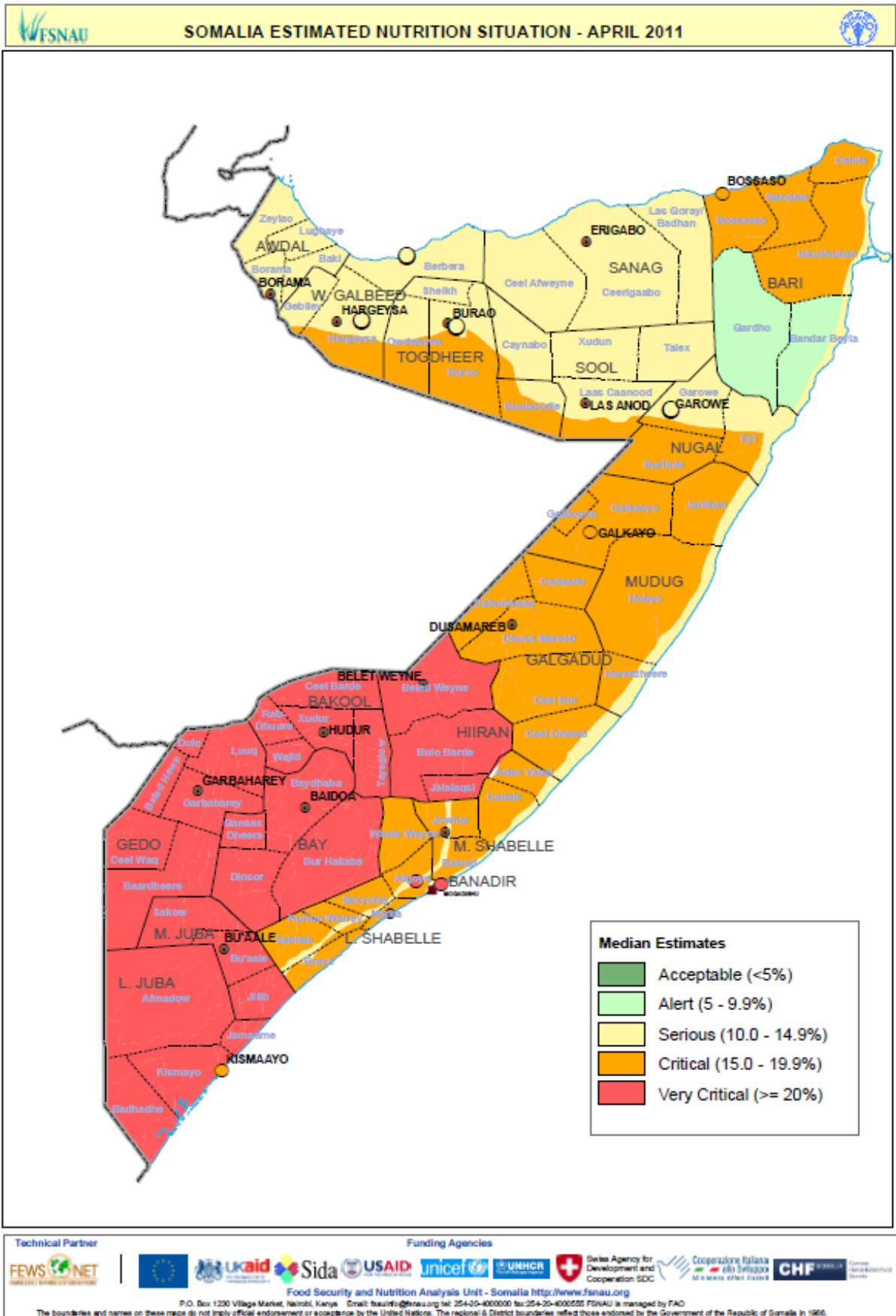
The Horn of Africa is the area hardest hit by the impact of the rise in global food and oil prices which, coupled with the worst drought in recent years, has led to a significant food crisis in the region. In Somalia, the crisis is compounded by severe local food shortages in southern regions due to a failed harvest in January 2011 and an extended dry season. This has led to increased livestock deaths and skyrocketing cereal prices resulting in increased numbers of food-insecure people. Cereal prices continue to increase at an unprecedented rate, with prices 270% higher in parts of the south compared to the same time last year. With the absence of sufficient humanitarian assistance in the south, particularly food distributions, due to the conflict and access restrictions, these populations are the worst-affected by the drought. Poor households are finding it increasingly difficult to afford food and are being forced to migrate in search of food and income within and outside Somalia. However, options may be limited given that the current drought is a regional phenomenon⁷.

The overall number of people in “humanitarian crisis”, both rural and urban, is likely to increase further in the coming months due to drought, conflict and the impact of the unprecedented increase in food prices. With the anticipated below-normal *Gu* cereal production and the absence of any carry-over cereal stocks, local cereal prices will remain very high until the end of the year in southern regions. Already in May, parts of the middle wealth groups in the south and central regions, and the poor in the northern regions have joined the numbers of urban people in crisis. The number of people in crisis has increased by 450,000 to 2.85 million in the first half of 2011. The inability to get food assistance into the south means the only source for poor households in rural and urban IDP settings is through purchase, as stocks have been depleted from earlier seasons. With reduced agricultural labour activities due to the late start of the *Gu*, the outlook for the coming months for these groups is precarious. Currently 1.75 million people are food-insecure in the south and the outlook for the next six months is extremely worrying. (See Integrated Food Security Phase Classification map in Annex X.)

The impact of La Niña led to the drought conditions which started in November 2010 and persisted throughout the first half of 2011, in line with the most likely scenario in the 2011 CAP. The failure of the *Deyr* rains was more severe than anticipated with cereal prices beginning to increase much earlier than expected due to speculation. Since December 2010, the Office of the United Nations High Commissioner for Refugees (UNHCR) estimates that the drought has displaced more than 55,000 people. The drought mostly affected southern regions and the central regions of Hiraan, Mudug and Galgaduud. Northern and central regions struggled for the first four months of 2011 due to the harsh long dry season which led to significant livestock mortality, mostly of young kids and calves and sheep, with increased financial stress on households to purchase water. However, there was some relief with the onset of rains in late April.

The first five months of 2011 were devastating in southern regions, particularly for cattle, which lost up to 60% of their value due to the lack of water and pasture. As a result of the failed harvest in January, the abnormally high local cereal prices continued to reach unprecedented levels. However, with the onset of the rains in April and May, some relief has occurred although many poor pastoralists have become destitute and for those with livestock, several good seasons will be required to recover viable herd sizes. With the onset of the rains, germination has begun, although only a 50% harvest is projected for August, as the rains were localized and sporadic. This means cereal prices will remain out of the reach of many poor until the next harvest in January 2012.

⁷ [FSNAU, press release, April 27, 2011.](#)



Although the preliminary post-*Gu* analysis indicates that food access in pastoral areas of northern and central regions is likely to improve as a result of better livestock body conditions⁸, livestock prices, and the reduced burden on incomes⁹, this marginal improvement is likely to be offset¹⁰ by the negative effects of the drought, high cereal prices and insecurity in south central regions. Livestock herd sizes were reduced during the harsh dry *Jilaal* season (January-March) and as a result, livestock production and productivity is low. In combination with high cereal prices, poor pastoralists are also struggling to access enough cereals.

These factors have all caused a deterioration of the nutrition status among population groups predominantly in central and southern regions. Population movement in search of water and pasture led to reduced access to milk, a key source of protein for families, especially for children. Increased incidence of disease was also observed as a result of limited availability of safe water and health care.

The national level of acute malnutrition was 15.2% in August 2010, when the CAP 2010 was prepared, with 16.6% specifically in the south. By January 2011 the situation had deteriorated in most parts of the country, with a national level of 16%, and a significant deterioration to 25% in the south. This clearly illustrated the impact of the drought in the south, coupled with insufficient humanitarian aid. In April 2011, rapid assessments in the south confirmed a sustained crisis. Given the deteriorating food security indicators from January 2011, it is clear the crisis is at an even larger scale. Recent findings from a UNHCR nutrition survey conducted in the two Dolo Ado camps in Ethiopia report 33% of the children as acutely malnourished, with 11% severely malnourished. In the same survey, very high mortality rates are also being reported. These findings indicate the severity of the crisis in south Somalia.¹¹ Some 78% of the total number of acute malnourished children reside in the south, the area worst affected by the crisis, with 22% residing in central and northern regions.

2.3 BASIC SERVICES

Most of Somalia has not had proper state institutions to provide basic services for over two decades, since the collapse of the central state in 1990. Over 2.85 million people currently need urgent health and water services due to the drought, conflict and general absence of basic service delivery. These people require immediate life-saving assistance as well as interventions that address the underlying causes of their vulnerabilities. The recent drought highlighted the necessity of factoring in water for livestock when planning water response in pastoral settings. Absence of basic WASH (water, sanitation and hygiene) facilities in large parts of the country increases the risk of disease outbreaks, particularly water-borne diseases such as acute watery diarrhoea (AWD) and cholera, which are endemic across Somalia. These outbreaks often result in increased morbidity and mortality rates due to the high number of food-insecure and malnourished people, whose weak immune status increases their vulnerability.

There is limited health service coverage in most of Somalia, but particularly in Middle Juba, Bay, Bakool and the Shabelles and Hiraan regions. Insecurity and displacement have negatively affected access to water and undermined routine vaccination programmes and limited the possibility for catch-up vaccination campaigns like the Child Health Days (CHDs). Measles vaccination coverage remains low across Somalia at 24%. There is a risk of measles outbreak, particularly in densely-populated IDP settlements. Ante-natal coverage and skilled birth attendance is extremely low in Somalia, which is a major cause of high infant and maternal mortality rates. Insecurity and a lack of humanitarian access have already reduced the ability of health organizations to provide services in south central Somalia.

⁸ By the end of May, the *Gurains* had reduced the need for water trucking and improved rangeland resources in most livelihood zones. As a result, livestock body conditions improved, especially among small ruminants, although still not reaching full recovery.

⁹ Improvement in livestock sales slightly reduced the burden on household incomes. As a result, pastoral households' incomes, are expected to improve as they get relief from paying high water and fodder prices, which they were doing during the dry season.

¹⁰ A sharp increase in cereal prices offsets any marginal improvement in livestock prices (for pastoralists and agro-pastoralists) and the resulting unfavourable Terms of Trade (ToT) negatively affects their purchasing power.

¹¹ [FSNAU press release, June 20, 2011.](#)

Health facilities are overstretched and do not have the capacity to cope with affected populations' increased needs.

Fighting between pro-TFG and insurgent forces in south Somalia, combined with the drought, led to the closure of schools¹² or increased student drop-out rates as families moved to safer places, and in the case of drought, to places with relatively better food and water access. In April, the Education Cluster consolidated the data on drought- and conflict-affected schools in Somalia. The findings indicate that the school drop-out rate in south central has increased to an alarming 38%. Children and youth are also at high risk of being recruited into armed groups, as parents and communities are unable to afford schooling due to the persistent drought and financial hardship. This situation has increased the number of vulnerable children in need.

2.4 PROTECTION

The Protection Cluster and the Population Monitoring Team estimate that more than 100,000¹³ people have been displaced since the beginning of the year due to conflict and drought, the majority in and around Mogadishu. Increased displacements were reported from the southern regions towards the Kenyan and Ethiopian borders. The spread of the conflict to areas in Gedo, such as Belet Xaawa, Dhobley, Luuq, and other regions gave rise to increased displacement and engendered a number of serious protection concerns (child recruitment, unaccompanied minors, gender-based violence or 'GBV', loss of livelihoods and shelter, diminished access to basic services) and increased poverty and destitution. Recruitment or use of children especially by Al Shabaab, remains one of the gravest and most systematic violations committed against children by parties to the conflict. While individual cases of child recruitment are difficult to document and relatively small in numbers, there is growing evidence of the use of young children in the conflict. Trends of children escaping from Al Shabaab and either surrendering to the TFG or running away to non-Al Shabaab controlled areas are also reportedly on the rise. These children have no protection and no access to services.

Civilians continue to flee the conflict¹⁴. On average 2,000 Somalis have been registered in the Dadaab refugee camps on a weekly basis since the beginning of the year, representing a 48% increase from last year, and bringing the number of new arrivals in 2011 to some 54,700 as of 19 June. In addition, more than 732,000 Somalis are refugees in the region (Kenya, Ethiopia, Yemen, Tanzania, Djibouti and Uganda) with another 1.46 million people internally displaced. (See IDP map detailed statistics in Annex II.)

As fighting continues between pro-TFG forces and insurgents in south and central Somalia, indiscriminate shelling, landmines, and improvised explosive devices that do not distinguish between civilians and combatants remain a source of major concern. Somali civilians continue to suffer as the result. By the end of May, nearly 5,000 people were admitted to the three main hospitals in Mogadishu with weapon-related injuries, including more than 1,400 children under five, 80% of whom were injured in May alone. The high number of children admitted with weapon-related injuries is attributed to shelling of highly populated areas around the Bakara Market. Children often die of injuries caused by severe burns, bullet wounds, blasts and shrapnel. Protection Cluster members noted an increased number of landmines in south Somalia following the intensified conflict.

Other violations of human rights also continued to be reported in the first half of the year. Some 1,200 Protection Monitoring Network (PMN) reports and 1,470 Protection Movement Tracking (PMT) reports were received from PMN/PMT partners. The violations reported most often include physical assault/attacks not resulting in death (2,042 victims), killing (1,389 victims), rape (709 victims) and illegal arrest/detention (467 victims). South-central Somalia recorded the most victims (1,306),

¹² In the last five months, large numbers of schools were affected as 4,835 male and 1,594 female teachers were displaced due to drought and conflict.

¹³ Of these, 56,910 were displaced due to drought while 34,730 were displaced due to insecurity, mostly due to the TFG offensive.

¹⁴ More continued to move towards the northern regions, with some attempting the perilous journey to Yemen via the Gulf of Aden. As at May 21, at least 8,700 Somalis had arrived on the Yemen coast, compared to 4,500 who crossed to Yemen at the same time in 2010.

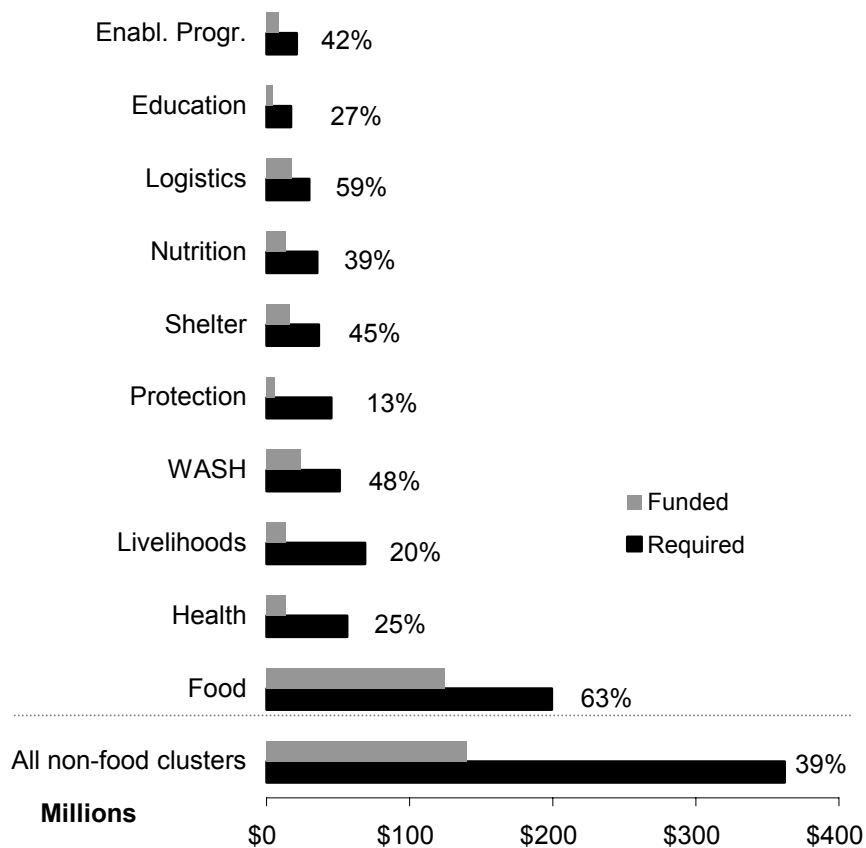
followed by Somaliland (480 victims) and Puntland (444 victims). With improved monitoring capacity, the number of violations reported would certainly have been higher.

2.5 FUNDING UPDATE

The trend of declining funding since 2008 continued during the first half of 2011. The CAP is currently just under 50% funded, with \$265.3 million received of the \$561.5 million requested as of 30 June 2011. The \$265.3 million includes \$88.5 million in carry-over funds from 2010, which means that only \$176.8 million in new funding has been received. In the 2011 CAP for Somalia revised at mid-year, aid agencies are requesting \$561.5 million for 230 projects by 104 organizations coordinated by nine clusters¹⁵ plus Enabling Programmes.

Funding by Cluster

(FTS, 30 June 2011)

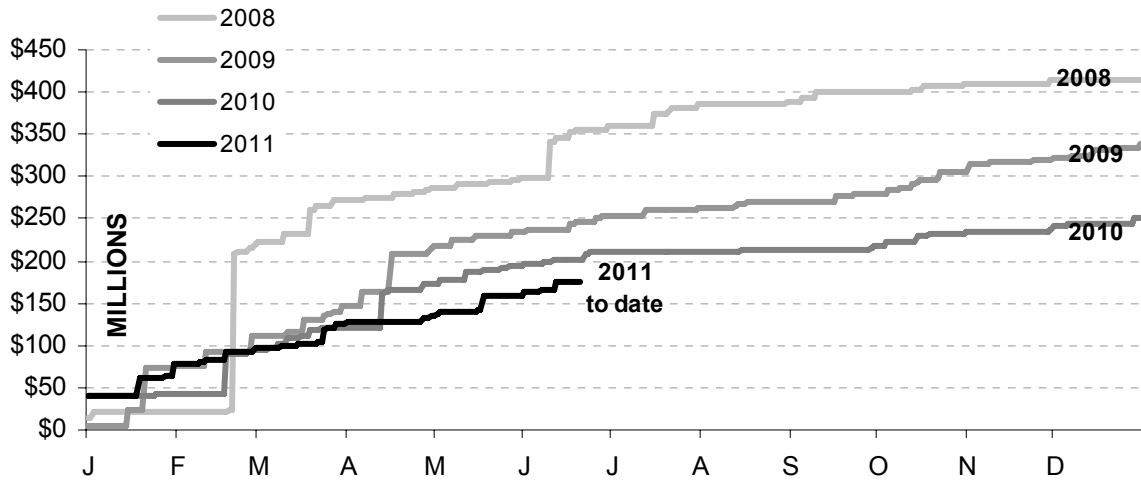


The current Consolidated Appeal (CAP) funding level of 47% compares to 61% at the same time last year. Since 2008, there has been a decline in new funding for humanitarian action in Somalia. The slow arrival of new funds this year was only partially offset by a carry-over of \$88.5 million in the Common Humanitarian Fund (CHF) and the Food Assistance, Logistics and Enabling Programmes Clusters, as well as by \$65.3 million in pooled funding provided early in the year. A large part of the carry-over, however, consists of operational stocks i.e. mostly food that was on its way to Somalia at the end of 2010. Due to the six-month period required for global food movements there is usually a carry-over of funds from each calendar year to the next.

¹⁵ The nine HCT-endorsed Somalia clusters are: Agriculture and Livelihoods, Education, Food Assistance, Health, Logistics, Nutrition, Protection, Shelter and NFIs, and Water, Sanitation and Hygiene (WASH). Enabling Programmes consists of service-based organizations that support field operations; it is not an official cluster.

New Funding for the CAP, 2008-2011 (excluding carry-over)

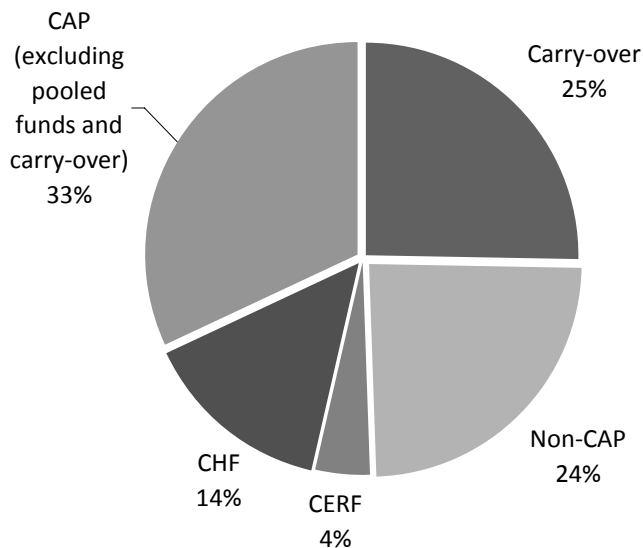
(FTS, 30 June 2011)



Pooled funding accounts for 37% of new CAP funding in 2011 or 18% of all available humanitarian funding for Somalia as reported to the Financial Tracking Service (FTS). The CHF was instrumental in securing early funding pledges from donors; however, not all funds allocated in the 2nd standard allocation were disbursed in a timely manner, especially those for NGO partners. Measures to improve on the speed of NGO disbursements are being put in place ahead of the August standard allocation.

Total Humanitarian Funding

(FTS, 30 June 2011)



The second standard allocation of the CHF, in total \$45 million, started in late February. The first funds were disbursed between March and May 2011 thanks to support from donors, who made pledges to the CHF early in the year. Most of the funding (\$35 million) has been directed at the drought response in affected areas across the country. Another \$5 million was used to support assistance to displaced people in Puntland, and the remaining \$5 million was used to support critical common services, including United Nations Humanitarian Air Service (UNHAS), the NGO security programme and strengthening the clusters. The Agriculture and Livelihoods Cluster is using CHF funding to pilot a cluster monitoring system. The emergency reserve of the CHF was used for drought

response and other acute needs in the country. In response to the drought that began in December 2010, the Humanitarian Coordinator allocated \$4.5 million from the CHF emergency reserve in February to the Agriculture and Livelihoods and WASH Clusters for an emergency humanitarian drought response.

Pooled funding includes the Central Emergency Response Fund (CERF) and the country-level Common Humanitarian Fund (CHF). In February 2011, the CERF allocated \$15 million to support humanitarian action in Somalia, including livelihood support to displaced people and farmers in the south, targeted food assistance, emergency nutrition and health services, maternal and child healthcare, the provision of drinking water and latrines to displaced and drought-affected people, and the distribution of basic household items to the displaced.

The humanitarian community has revised the CAP¹⁶ requirements upwards during this MYR due to the food security crises and the increased number of people in need of humanitarian assistance. The 2011 CAP was based on two million people in need. This number increased to 2.4 million people following the post-*Deyr* assessment released in January 2011. By mid-2011, some 2.85 million people are in need of humanitarian assistance based on the initial indications of the post-*Gu* assessment, due to conflict, the failed *Deyr* rains and an anticipated below-average rain performance in the *Gu*-season. This number is expected to increase further in the remainder of the year. As a result, the 2011 CAP has been revised to \$561.5 million, up from \$529.5 million.



Access to water by voucher in Mudug region supported by CHF funds / SDRO

¹⁶ All cluster partners reviewed their projects, taking into consideration funding received to date, achievements, and the feasibility of implementing planned activities in the remaining months of the year (July to December 2010). Project budgets were revised accordingly for projects that did not receive funding as of end of May to realistically reflect the financial requirements that can be absorbed and implemented during the remainder of 2011. The revisions also reflect changes in the number of vulnerable people. Following the FSNAU Post-*Deyr* Assessment released in January, the number of Somalis in need of aid increased from 2 to 2.4 million.

3. PROGRESS TOWARDS ACHIEVING STRATEGIC OBJECTIVES AND SECTORAL TARGETS

Progress towards the four Strategic Priorities by mid-year has been mixed. Modest achievements were registered in providing life-saving humanitarian services to people living in humanitarian emergency (Strategic Priority 1) and provision of a minimum package of life-sustaining basic services (Strategic Priority 3). Limited progress was made towards increasing livelihoods and livelihood assets to protect populations from future shocks (Strategic Priority 2) and strengthening the protective environment for civilian populations (Strategic Priority 4). Progress has been constrained by funding and access challenges at a time when needs have increased due to drought, increased conflict and unprecedented inflation.¹⁷

Concerted humanitarian efforts have helped to keep national median global acute malnutrition (GAM) and severe acute malnutrition (SAM) rates at their 2010 levels of 16% and 4%, respectively. This was one of the key indicators under **Strategic Priority 1**. However, the national average hides wide regional variations. Preliminary evidence indicates a reduction in malnutrition rates in central regions, while there was a sharp increase in the south (with regional median rates of 25% and 6%, respectively). The total caseload of people in need of nutrition assistance has also risen by 7% from same time last year. The Nutrition Cluster revised its original target number of beneficiaries for acutely malnourished children and pregnant and lactating women from 378,000 to 476,000 (based on the outcome of the FSNAU nutrition assessment results in January 2011). The cluster met 96% of its mid-year target of 142,800 acutely malnourished children (30% of the total beneficiaries) by providing 137,361 children with various nutritional interventions.¹⁸ A total of 7,519 pregnant and lactating women (29%) of the targeted 25,800 were admitted into targeted supplementary feeding programmes. The impact of the increased nutrition interventions will probably be observed in the upcoming June-July FSNAU nutrition assessment, the results of which are to be released in August 2011. However, gains made through these interventions may be more than offset by the increase in needs.

A total of 1,070,464 beneficiaries, or 106% of the targeted 1,030,000 beneficiaries, received a food ration by the MYR.¹⁹ However, it is important to note that this does not represent 100% coverage of the targeted population. A monthly maximum of 600,000 people was targeted for general food distributions, and 572,502 (95%) were reached. Not all targeted beneficiaries received optimum food assistance due to pipeline breaks as a result of lack of funding. In south Somalia, access restrictions limited the scope of food assistance programmes outside Mogadishu, due to the temporary suspension of the World Food Programme (WFP) activities in Al Shabaab-controlled areas.

Of the 621,839 people targeted for livelihood interventions, 233,037 (38%) benefited from immediate cash, food assistance, emergency agricultural and fishing inputs, and livestock interventions. Only 17% of the targeted beneficiaries received non-food items (NFIs).

Limited progress was made towards **Strategic Priority 2**, with only 14% of the targeted number of men and women in humanitarian emergency (HE) and acute food and livelihoods crisis (AFLC) able to access improved productive assets. The mid-year target was to assist 328,500 people with livelihoods and livelihood assets and only 45,100 were reached. Progress was constrained by low funding and delays in the release of funds. Significantly, initial activities aimed at promoting disaster risk management and emergency preparedness have been carried out in Somaliland and these activities are expected to be expanded to Puntland and eventually south and central Somalia in the future.

¹⁷ Despite progress made by the humanitarian community, it was not possible to meet international standards such as SPHERE (a set of globally accepted humanitarian guidelines).

¹⁸ Data as of end of April 2011.

¹⁹ The number of beneficiaries represents people who received a food ration of any size for any period of time.

Progress towards **Strategic Priority 3** has been modest but significant. More than 540,000 people were reached through sustainable interventions (via the rehabilitation of boreholes and shallow wells), representing 68% of the mid-year target, and 22% of the end-year target. Concurrently, more than 950,000 people benefitted from the life-saving chlorination of water sources in the Afgooye corridor and Mogadishu, and 970,000 people received access to at least five litres of water per day (through vouchers and water trucking). The Health Cluster set out to provide access to primary and/or basic secondary health care services for 70% of the population in crisis, and reached 40% of the target, while 46% of the targeted learners, teachers and community education committee (CEC) members were able to benefit from cross-cutting emergency and life-saving interventions. More than 2,500 households (84% of the target of 3,000 households) received temporary/transitional shelter. Routine immunization is ongoing, and two rounds of nationwide CHDs are planned for June and December. ²⁰

Progress towards **Strategic Priority 4** has been very limited. While 52% (38,638) of the targeted number of girls and boys (children and youth) and female and male community members have benefitted from school-based child protection interventions, this only represents 1% of the population in need. Some 6,500 women and men (11% of the MYR target) were involved in disaster risk reduction activities, such as the rehabilitation of strategic/communal water catchments. The Protection Cluster continues to produce PMN and PMT reports on a monthly basis. Approximately 8,000 survivors of protection violations (including 2,566 males, 2,022 females, 1,549 girls and 1,660 boys) received psycho-social, legal, medical and protection support through livelihood interventions. At least 3,771 households benefitted from livelihood support and community protection initiatives. Thirty five services, including community-based psycho-social support, basic education skills and livelihood opportunities, were provided for 609 males, 677 females, 2,321 girls and 2,355 boys. Protection Cluster members conducted eighteen joint advocacy activities on protection issues including illegal detention, children rights and GBV. Twenty six capacity-building activities were conducted on PMN/PMT, GBV prevention, and hygiene awareness for 394 males, 758 females, 105 girls and 79 boys. A further twenty five capacity-building activities targeted 310 males and 240 female service providers, including teachers and traditional birth. Six gender-sensitive policies and frameworks were developed or strengthened, benefiting 1,712 males and 1,198 females, six girls and nine boys. During the MYR strategic review, it was agreed that the CAP 2011 protection targets were low. As a result, the achievements may look more substantial than they are. However, on closer inspection, providing protection and other services to only 8,000 survivors of human rights violations in the Somali context, where there is a general absence of a protective environment and abuses are widespread, far from meets needs.

Overall, progress against strategic priorities remains limited to date, highlighting the gap in response activities and the need for more funding to enhance capacity and to improve achievements by the end of the year.

3.1 STRATEGY FOR THE REMAINDER OF 2011

A more focused strategy will be adopted by the humanitarian community for the remainder of the year in response to the deepening crisis. The strategy will concentrate on addressing the effects of the drought and conflict, and providing urgent humanitarian assistance to prevent the situation from getting worse, while addressing the needs of those who have already been displaced. The opportunities of the expected normal rains in October will be built on to increase food availability in the south. Access will be monitored and will remain a high priority on the HCT agenda. Where access opportunities emerge, response will be swift. Greater emphasis will be placed on the protection of civilians. Geographical areas where people are most in need will be targeted, namely Gedo, the Jubas, Bay and Bakool, the Shabelles, including Mogadishu, in the south and the whole of the central

²⁰ Round one planning is ongoing in Somaliland, Puntland, Benadir (around Mogadishu) and Galgaduud for implementation in July and September. Activities in other areas will probably not take place due to Al Shabaab's refusal to allow these types of interventions. Two rounds of polio campaigns have already taken place in the same areas.

region, particularly Hiraan. Clusters will work in a more integrated and cohesive manner to respond to needs with the greatest possible effect.

The Food Cluster will shift focus from general food distribution to nutritional interventions and livelihood approaches with the aim of addressing the underlying causes of food insecurity. Early recovery elements will be incorporated within life-saving interventions and a flexible nutrition response established. In collaboration with the Agriculture and Livelihoods Cluster and as part of the food security strategy, food vouchers will be used where commercial food is available but scarce. Food will be provided by WFP where possible, i.e. throughout most locations except areas currently controlled by Al Shabaab. In order to respond to the crisis of food insecurity in the south experienced by approximately 60% of the people in the need, the Food Cluster has accepted project proposals that aim to purchase food locally and distribute to the most vulnerable. Due to the strict monitoring and evaluation requirements specific to food, additional funds will be required for this purpose.

Given the outlook for normal rains towards the end of the year, the Agriculture and Livelihoods Cluster will concentrate on efforts to save lives and then build on the opportunities to support livelihoods at scale with the next rains. A strategic decision has been taken to scale up cluster activities by 36% for the remainder of the year. An additional 508,216 people will be targeted: 233,000 in Banadir, 8,478 in Sool, 40,368 in Bari, 7,170 in Togdheer, 96,000 in Bakool, 30,000 in Bay, 15,200 in South Mudug, 60,000 in Hiraan, and 18,000 in Lower Shabelle. Due to the impact of the drought, some strategies for maximizing the potential of interventions, for example the restocking of livestock will not be appropriate given the depletion of rangeland resources. Instead, the cluster will provide critical agricultural inputs for farmers and fishing tools for riverine and coastal areas. Activities in Banadir, Bakool, Bay, Hiraan, and Lower Shabelle will be scaled up to address the absence of food distributions in the south and will contribute to stabilizing food access and nutrition (i.e. food vouchers, cash relief, cash-for-work). By facilitating the recovery of people affected by conflict and drought, the cluster will continue to maintain and improve critical livelihoods assets (i.e. rehabilitation of productive assets through cash-for-work, provision of lactating animals, livestock supportive treatments and risk-based vaccination income-generating activities, etc.).

The Nutrition Cluster will continue to expand interventions throughout Somalia in line with the current strategy, with special emphasis on south central, but also in the southern part of Sool and Togdheer in north-western parts of Somaliland and north-eastern parts of Puntland, to maintain gains made in these areas. The strategy will focus on increased access to the treatment of SAM by increasing the number of temporary, mobile, out-patient therapeutic care and stabilization centres (OTP/SC). This will be carried out through active community screening and referrals by an increased number of community health workers and volunteers. The possibility of initiating a Somali-wide transport voucher system for referrals and the viability of cash-based responses, particularly for south and central Somalia, will be examined. The capacity and available resources of existing OTP/SC centres to take on increased admissions will be strengthened, in addition to maintaining the number of supplementary feeding centres. The cluster will enhance close collaboration/linkages with health, WASH, and agriculture and livelihoods activities at the community level for maximum impact. The availability of supplies at nutrition service centres will be ensured, including the increased use of airlifting supplies in a worst case scenario. Linkages will be established with Ethiopia and Kenyan counterparts through regular coordination meetings to address the nutrition situation in refugee settlements.

The Health Cluster will scale up interventions to cater for the health needs of two million people directly affected by drought and conflict in south and central, particularly Hiraan, Middle Shabelle, Banadir, Lower Shabelle, Middle and Lower Juba regions. It will also focus on expanding access to human immuno-deficiency virus/acquired immuno-deficiency syndrom (HIV/AIDS) prevention, care, support, and treatment. Strategies include the trans-border provision of emergency health services through health posts and mobile units, establishing health posts at the Kenya-Somalia border (based on observations from a recent mission to the Dadaab camps), and dispatching mobile clinics to cover secure areas along the border to provide greater access to health services. Mobile clinics will be used to reach IDPs, nomads and pastoral communities through experienced NGO partners. Radio

messages and local communication channels will be used to disseminate health awareness messages and information about mobile service routes and the nearest services delivery points. The cluster will involve existing local health partners in areas where international partners have limited or no access and will engage international and local health partners in accessible areas. Involvement of the private sector will be employed as a strategy, along with building the capacity of partners for improved health response in priority areas. The private health sector will be involved in voucher schemes for the distribution of cash, health and transport vouchers to affected populations, and local NGOs will be recruited to manage cash-based health responses. Community case management will be strengthened through involvement of community health workers (CHWs) and district polio officers (DPOs). This will involve referral activities for complicated cases and pregnant women to mother and child health (MCH) centres through the provision of transport and delivery vouchers.

The WASH Cluster strategy will continue to focus on strategic water sources in priority areas. The innovative water access by voucher approach, which increases emergency water supplies being received by the most vulnerable, will also be used to assist food-insecure families. As is the case with food, when prices rise, the households' ability to pay for water is reduced, and supplementing the most affected with free access to water will assist them to use their limited resources on food. An improved needs assessment methodology will identify the most vulnerable for drought/food insecurity response for allocation of resources from the CHF, which will assist in responding to changing context and increasing needs.

As a response to the increase in the number of adolescents and youth, particularly males that are forced to join militia groups in south central Somalia, the Education Cluster will continue to strengthen its focus on youth education and vocational training programs for the remainder of 2011. In addition, the cluster will work more closely with the Child Protection Sub-cluster to better equip and orient education partners on the monitoring and reporting mechanism (MRM) and prevention strategies in the context of education facilities and child recruitment.

The Protection Cluster will strengthen coordination with the Education Cluster and partners to systematize the collection and reporting of violations against children and will seek ways to reduce and mitigate the risks of child recruitment. This will be done by making schools a safe environment for children. Focus will be on strengthening referral mechanisms among child protection partners and other partners, such as those in education and health. These efforts will be geared towards responding to children who have escaped from the armed groups, as well as preventing or reducing the risk of re-recruitment. Efforts will be made to identify families and children most at risk of separation due to conflict and steps will be taken to reduce this risk. Efforts will be made to reunite families provided this is in the child's best interest. Advocacy on child recruitment issues with accessible parties to the conflict will be increased. With regards to the TFG, advocacy on this issue will continue, along with efforts to strengthen the treatment, release and reintegration of children who have surrendered or been captured by the TFG and AMISOM. The GBV Working Group (GBV-WG) will roll out an information management system in key locations in Somalia. The GBV WG will liaise with the Health Cluster to build the capacity of medical practitioners on the clinical management of rape and with psycho-social counsellors on mental health and counsellors for survivors of GBV. The MRM will be strengthened through the establishment of a dedicated database and an information management system. The Regional Mixed Migration Secretariat (RMMS) in Nairobi will continue to support information exchange and coordination on mixed migration in the region.

Access is key to operationalize these strategies. Therefore, even greater efforts will be made to make use of those opportunities that occasionally open up access to people in need. Humanitarian agencies will take advantage of these changes in the access situation to deliver assistance, when and where such opportunities present themselves. Increasing the number of areas accessible to humanitarians will be high on the HCT's agenda and the access situation will be closely monitored to direct and enable response.

3.2 STRATEGIC PRIORITIES

One of the Strategic Priorities and Strategic Priorities Monitoring Matrix were revised slightly at mid-year to reflect changes on the ground and lessons learned from the first half of the year. The HCT revised Strategic Priority 2 on strengthening livelihoods and livelihoods assess based on feedback received through MYR consultations in the field. The need for incorporating disaster preparedness and mitigation activities in humanitarian programmes in Somaliland and Puntland was highlighted during these consultations. In addition, an indicator regarding the provision of basic nutrition services for children 6-59 months and pregnant and lactating women was added to Strategic Priority 3 on the minimum package of life-sustaining basic services. Mid-year targets in the matrix represent the figures developed for the original appeal in November 2010.²¹ The target beneficiaries stated in the cluster response plans have been revised since the original Somalia CAP 2011 to reflect the current situation. These response plan figures are based on 2.5 million people in need, which was the information available when plans were reviewed in June.

2011 Somalia Strategic Priorities Monitoring Matrix

2011 Strategic Priority	Cluster Objective	#	2011 Indicator	Mid-Year Target	Mid-Year Achievement
Provide life-saving humanitarian services to 380,000 people living in humanitarian emergency, the most vulnerable of the 1.46 million IDPs, and those affected by new crises	Prevent further deterioration of acute malnutrition in children under five in targeted, emergency-affected populations in Somalia	1.	GAM and SAM rates do not deteriorate from 2010 median rates	Maintain GAM 16% & SAM 4%	- National average rates remain the same; but sharp increase in the south (with regional median rate of 25% GAM, and of 6% SAM) ²² - Total caseloads increased by 7% compared to same time last year
		2.	Number of general food distribution (GFD) beneficiaries	600,000 max per month	572,502 max per month (95%)
	Coordinate support to strategic services for the efficient delivery of common humanitarian assistance	3.	Cargo storage time in common facility is reduced	Cargo rotation one month	Cargo rotation one month (except where security situation does not permit)
	Contribute to stabilizing food access and nutrition of 100% of 380,000 people in HE and 241,839 IDPs or 17% of the 1.46 million total IDPs through the provision of emergency livelihoods support	4.	Number of men and women in HE and IDPs accessing immediate cash and food needs	186,552	79,923 (43%)
		5.	Number of men and women in HE and IDPs accessing emergency livestock interventions		132,414 (71%)
		6.	Number of men and women in HE and IDPs accessing emergency agricultural and fishing inputs		20,700 (11%)

²¹ in a few cases, mid-year targets were adjusted slightly after appeal publication in November 2010 based on additional analysis or new information received.

²² Nutrition survey results from the FSNAU Deyr 2010 assessments.

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2011 Somalia Strategic Priorities Monitoring Matrix					
2011 Strategic Priority	Cluster Objective	#	2011 Indicator	Mid-Year Target	Mid-Year Achievement
	Protect newly displaced and other vulnerable groups from life-threatening elements	7.	Percent of target beneficiaries of emergency response receiving NFIs	621,000	104,520 (17%)
	Acutely malnourished children and pregnant and lactating women are treated by having access to and utilizing quality services for the management of acute malnutrition	8.	% coverage of acutely malnourished children and pregnant and lactating (P/L)	142,800 for acutely malnourished children 6-59 months 25,800 for acutely malnourished pregnant and lactating women	137,361 (96%) acutely malnourished children 6-59 months 7,519 (29%) acutely malnourished pregnant and lactating women
Increase livelihoods and livelihood assets and strengthen disaster management and mitigation activities to protect populations from future shocks and prevent those in AFLC from deteriorating into HE, capitalizing on the 2009 <i>Deyr</i> and 2010 <i>Gu</i> rains where possible ²³	Maintain and improve livelihoods assets and strategies of 100% of 380,00 people in HE and 715,000 people in AFLC	9.	Number of men and women in HE and AFLC with access to improved productive assets	328,500	45,100 (14%)
Provide vulnerable populations with a minimum package of life sustaining basic services	Integrate life-saving practices in formal and non-formal education	10.	Number of learners, teachers and CEC members (male and female) benefiting from the cross-cutting emergency and life-saving intervention	88,750	41,160 (46%)
	Provision of primary and basic secondary health services with focus on sexual, reproductive and child health	11.	% of population in humanitarian crisis with access to primary and/or basic secondary health care services	70%	40%
	Provision of basic nutrition services with focus on children 6-59 months and pregnant and lactating women ²⁴	12.	% of geographical area providing basic nutrition services accessed by children 6-59 months and pregnant and lactating women	80%	96% for children 6-59 months

²³ Revised strategic priority.

²⁴ Indicator added at 2011 MYR.

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2011 Somalia Strategic Priorities Monitoring Matrix					
2011 Strategic Priority	Cluster Objective	#	2011 Indicator	Mid-Year Target	Mid-Year Achievement
	Access to quality life-saving health care services and emergency assistance including high impact, critical life-saving services for women and children in both rural and urban areas	13.	Number of children under five and women of child-bearing age vaccinated	60% of children targeted under five and 40% of women of child-bearing age	0% First round scheduled to commence in July in Somaliland. No progress against target due to insecurity and funding constraints
	Improve the living condition of the displaced population in stabilized settlements	14.	Number of beneficiary households receiving temporary/transitional shelter	3,000 households (HH)	2,527 HHs (84%)
	Ensure that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion through risk-sensitive interventions	15.	Number of people, disaggregated by sex, with sustainable access to safe water, sanitation and hygiene ²⁵	800,000	540,121 (68%) access to strategic water interventions (equivalent to 22% of end-year target)
Strengthen the protective environment for civilian populations through advocacy, including dialogue with local authorities, community mobilization, and access to services	Provide services and strengthen community resilience in order to respond to protection threats, with a particular focus on women, girls, boys and men affected by the conflict and other vulnerable communities	16.	Number of survivors of human rights violations equally accessing services and community-based projects (data disaggregated by sex and age)	1,000 survivors	8,041 survivors (804%)
		17.	Number (disaggregated by sex) of households provided with livelihood support and community protection initiatives	2,000 Households	3,771 households (186%)
	Reduced exposure of communities to the effects of natural hazards	18.	Number of men and women from disaster-prone communities involved in risk reduction activities	60,400 (27,900 men, and 32,500 women)	6,473 (11%) 4,530 men (16%) and 1,943 women (6%) involved in the rehabilitation of strategic/communal water catchments
	Integrate life-saving practices in formal and non-formal education	19.	Number of girls and boys (children and youth) and female and male community members benefiting from school-based child protection interventions	73,987	38,638 (52%)

²⁵ In the CAP 2011, two separate indicators were given for this objective. They have been combined during the MYR.

3.3 CLUSTER RESPONSE PLANS

3.3.1 Agriculture and Livelihoods



The predicted impact of La Niña and the failed *Deyr* seasonal rains was evident for most of the first half of 2011. This resulted in limited food access causing high malnutrition rates in agro-pastoral and pastoral zones, significant increases in cereal prices, decreases in livestock herds, and stress on poor populations' income as a result of the repayment of loans accumulated during the drought. The crisis was further exacerbated by recurring conflict in south and central Somalia, leading to displacement of populations and disruption in trade and economic activities. According to the FSNAU 2011 post-*Deyr* assessment, the population in crisis increased 20% from the *Gu* 2010, from 2 million people in humanitarian crisis to 2.4 million people in crisis (or 400,000 HHs).

Limited funding for the cluster remains a major constraint, hindering the cluster's ability to realistically address the assessed needs in Somalia. Nonetheless, the cluster members' capacity to absorb funds has not been a challenge which is clearly demonstrated in the achievement of 64.5% against mid-year targets of providing livelihoods support to a total of 258,534 people in crisis (146,819 men and 111,715 women).

Despite funding constraints, the cluster contributed to stabilizing food access and improving the nutrition of vulnerable populations while maintaining and improving critical livelihoods assets. FAO and its partners have supported a total of 32,623 people in crisis so far this year, in Hiraan, Middle Juba and Afgooye. Some 22,023 people or 11% of the targeted population received income through cash-for-work interventions as a result of rehabilitating productive livelihoods assets. In addition, the food production capacity of 5.7% (or 10,600 people) of the targeted population was enhanced through the provision of drought resilient seeds and assorted tools.

Donors also supported cluster members implementing livelihood activities who managed to reach a total of 225,911 people (123,980 men and 101,931 women). To date, ECHO, with some co-funding from the French co-operation, has provided livelihoods support to 93,927 people in crisis in south, central and north Somalia²⁷,

Cluster lead agency	FOOD AND AGRICULTURAL ORGANIZATION OF THE UNITED NATIONS
Co-lead	SOMALI ORGANIC AGRICULTURE DEVELOPMENT ORGANIZATION
Cluster members	Horn Relief, AFREC, COOPI; FAO, GEELO, SOADO, OCHA, VSF Suisse
Number of projects	52
Cluster objectives	<ul style="list-style-type: none"> Contribute to stabilizing food access and nutrition of 100% of 380,000,000 people in HE and 241,839 IDPs (17% of total 1.46 million IDPs) through the provision of emergency livelihoods support Maintain and improve livelihoods assets and strategies of 100% of 380,000 people in HE and 715,000 people in AFLC Reduce exposure to the effects of natural disasters for riverine, pastoral and agro-pastoralists population living in drought and flood-prone areas
Beneficiaries	<p>Total 1,476,370 people</p> <ul style="list-style-type: none"> direct target population: 1,336,839, which includes 380,000 in HE²⁶; 715,000 in AFLC; 241,839 IDPs) indirect target population: 139,531 people in host communities
Funds requested	Original requirements: \$50,532,011 Revised requirements: \$68,837,096
Funds requested per priority level	\$68,837,096 (High)
Funding to date	\$13,880,609 (20% of revised requirements)
Contact information	Francesco Baldo – Francesco.baldo@fao.org Osman Gedow – osmangedow@yahoo.com

²⁶ The agriculture projects in the appeal target a total of 691,810 beneficiaries in HE. This is more than the total number of people in HE (380,000 people) reported by FSNAU because populations in HE have a variety of needs and therefore require an integrated package to meet their needs.

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including emergency animal treatment, provision of food vouchers and food-for-work opportunities, distribution of agricultural inputs, cash-for-work through rehabilitation of productive assets and cash relief. Through funding from the CHF Emergency Reserve, partners have provided relief to 131,985 agro-pastoralists and pastoralists affected by the prolonged drought in south, central and north Somalia (Sool and Sanaag) with emergency livestock interventions (fodder provision and access to water for animals through a voucher system) and rehabilitation of productive assets through cash-for-work.

In summary, the cluster provided livelihoods support to a total of 258,534 people in crisis (146,819 men and 111,715 women), which is 64.5% against the cluster's mid-year target.



Irrigation in Dur Dur north-western Somalia / FAO / Nyakairu

²⁷ Reports from five ECHO partners (COOPI, Solidarites, Acted/SADO, Oxfam GB and CARE Somalia) and fifteen (15) partners implementing ERF projects.

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Objectives	Major Activities	Indicators	End-May Targets	End-May Achievements
Agriculture and Livelihoods				
SOM_AGR_1				
Contribute to stabilising food access and nutrition of 100% of 380,000 people in HE and 241,839 IDPs or 17% of the 1.46 million total IDPs through the provision of emergency livelihoods support	<p>1. Provision of food vouchers. (This activity should be done in coordination with the Nutrition and Food Assistance Cluster (the latter will be piloting such interventions in the near future)</p> <p>2. Provision of agriculture inputs such as crop and vegetable seeds, farming tools, fertilizer, pesticides, tractor hours, land preparation, fuel vouchers. (These interventions are considered as life saving according to the CERF criteria.)</p> <p>3. Provision of irrigation inputs. (While providing for the procurement of water pumps, issues of sustainability in terms of maintenance, repair and ownership must be taken into consideration.)</p> <p>4. Provision of fishing inputs for the riverine and coastal communities. (The Cluster considers provision of fishing lines and hooks as life saving intervention.)</p> <p>5. Emergency animal treatment and vaccination</p> <p>6. Redistribution of lactating animals for labour constrained poor households. (These should be provided to nursing mothers, elderly and disabled.)</p> <p>7. Supplementary feeding /fodder distribution for milking animals</p> <p>8. Fuel vouchers and fuel subsidies for water trucking for animals</p> <p>9. Cash relief (Cash relief interventions would be considered a life-saving intervention and would be followed by a complementary intervention.)</p>	<ul style="list-style-type: none"> • Number of men and women in HE and IDPs accessing immediate cash and food needs • Number of men and women in HE and IDPs accessing emergency agricultural and fishing inputs • Number of men and women in HE and IDPs accessing emergency livestock interventions 	<ul style="list-style-type: none"> • 30% of men and women in HE and IDPs accessing immediate cash and food needs • 30% of men and women in HE and IDPs accessing emergency agricultural and fishing inputs • 30% of men and women in HE and IDPs accessing emergency livestock interventions 	<ul style="list-style-type: none"> • 43% of the target indicator reached (or 79,823 people in HE and IDPs, of which 15,916 are men and 6,907 are women has received cash • 11% of the target indicator reached (or 20,700 people in HE and IDPs, of which 11,800 are men and 6,500 are women has accessed agricultural inputs) • 0%
SOM_AGR_2				
Maintain and improve livelihoods assets and strategies of 100% of 380,00 people in HE and 731,641 people in AFLC	<p>1. Rehabilitation of productive assets for women, girls, boys and men in HE and AFLC o Rehabilitation of irrigation canals o Rehabilitation of feeder roads o Land clearing and preparation o Rehabilitation of strategic /communal animal water sources</p> <p>2. Redistribution of small ruminants and pack animals</p> <p>3. Support quick income generation activities for both men and women. (Activities must have an impact within the 12 months of the CAP 2011 Cycle.)</p>	<ul style="list-style-type: none"> • Number of men and women with access to improved productive assets • Number of men and women have increased ownership of small ruminants and pack animals • Number of men and women participating in income-generation activities 	<ul style="list-style-type: none"> • 30% of men and women with access to improved productive assets • 30% of men and women with increased ownership to small ruminants and pack animals • 30% of men and women participating in income-generation activities 	<ul style="list-style-type: none"> • 38% of the target indicator reached (or 70,223 people in HE and IDPs, of which 15,916 are men and 6,907 are women have accessed improved productive • 0% • 0%
SOM_AGR_3				
Reduce exposure to the effects of natural disasters for riverine, pastoral and agro-pastoralists population living in drought and flood prone areas	<p>1. Drought disaster risk reduction and management activities (Including: Rehabilitation of strategic /communal animal water sources; fodder production, animal treatment/vaccination; strategic selling of animals, etc.)</p>	<ul style="list-style-type: none"> • Number of men and women from disaster prone communities involved in risk reduction activities 	<ul style="list-style-type: none"> • 27,900 men and 32,500 women 	<ul style="list-style-type: none"> • 34,946 men and 14,977 women involved in rehabilitation of strategic/communal water catchments 132,414 men and women receiving emergency

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Objectives	Major Activities	Indicators	End-May Targets	End-May Achievements
	<p>2. Flood disaster risk reduction and management activities (including: repositioning sandbags, provision of flood control tools, training flood committees, gully control, Spot repair of weak river banks , animal treatment/vaccination). (Implementation of this activity has to be in line with weak river embankments identified by SWALIM.)</p> <p>3. Capacity-building of humanitarian actors (Including: operationalising cluster technical minimum guidelines, Emergency response planning, programming; M&E)</p>	<ul style="list-style-type: none"> • Number of partners benefiting from capacity-building and emergency preparedness initiatives 	<ul style="list-style-type: none"> • 0 organizations 	<p>livestock interventions (including livestock vaccinations, animal treatment, fodder production, and provision of water to animals through voucher system)</p> <ul style="list-style-type: none"> • 0

3.3.2 Education



Conflict and drought in the south has resulted in further school closures and an increased student drop-out rate. The current funding situation limited the cluster’s ability to ensure education access to newly-affected populations.

Educational requirements are currently only 27% covered and most of the cluster members are relying on carry-over funds from 2010. The Education Cluster mid-year enrolment target figure was 70%. It only achieved 21% of its target within first half of the year, which is the lowest rate ever. Due to financial constraints, most Education Cluster partners are seriously concerned about the provision of school supplies, text-books and other essential teaching and learning material for the next academic year starting from September. The lack of funding could possibly result in the discontinuation of teacher’s monthly incentives or stipends which will disrupt the teaching and learning process throughout Somalia.

The phase out of World Vision (WV) from Bay/Bakool and Save the Children (SC) from Hiraan regions has also negatively contributed to widening the education gap as both organizations were not replaced by other NGOs due to funding shortfalls for emergency education. The cluster will encourage partners to submit new proposals for the areas which have been left by international organizations in order to address education gaps and ensure maximum geographical coverage. The deteriorating drought situation in Puntland and parts of Somaliland will also be addressed while making revisions in the current proposals. Simultaneously, partners have been asked to make the necessary changes in their budgets for realistic implementation during the second half of the year.

Cluster lead agency	UNITED NATIONS CHILDREN’S FUND
Co-lead	SAVE THE CHILDREN
Cluster members	IR, NRC, INTERSOS, UNICEF, UNESCO, AFREC, SC, CISP, FENPS, CED, COSV, Farjano Foundation and Relief International
Number of projects	17
Cluster objectives	<ul style="list-style-type: none"> • Increase access to inclusive quality education for children, youth and adults in humanitarian emergencies • Integrate life-saving practices in formal and non-formal education • Support the establishment and strengthening of education systems and structures in emergency-affected areas
Beneficiaries	193,867 (108,272 male and 85,595 female)
Funds requested	Original requirements: \$17,728,956 Revised requirements: \$17,073,707
Funds requested per priority level	\$15,141,456 (High) \$868,358 (Medium) \$1,063,893 (Low)
Funding to date	\$4,618,938 (27% of revised requirements)
Contact information	Jumma Khan - jkhan@unicef.org

Children in class at Shabelle IDP settlement in Bossaso / UNICEF / Morooka



Class session at Shabelle IDP settlement in Bossaso / UNICEF / Morooka

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Objectives	Major Activities	Indicators	End-May Targets	End-May Achievements
Education				
SOM_E_1				
Increase access to inclusive quality education for children, youth and adults in humanitarian emergencies	<ol style="list-style-type: none"> 1. Provide comprehensive and relevant training and in-class support to teachers and school administrators 2. Provide safe and child-friendly school facilities/classrooms with WASH facilities that are gender sensitive and age appropriate 3. Provide non-formal education and skills training for targeted male and female youth and adults 4. Provide school supplies including textbooks and recreational material for psycho-social support 5. Expand emergency school feeding programme for school going children (boys and girls) in emergency-affected areas 	<ul style="list-style-type: none"> • Number of teaching personnel (male/female) trained in pedagogy and child-centred teaching techniques • Number of classrooms constructed or rehabilitated • Number of children (boys and girls) benefiting from the school WASH facilities and safe drinking water • Number of youth and adults (disaggregated by sex) enrolled in Non-formal education classes and Vocational training courses • Number of schools benefiting from teaching and learning supplies including recreational material • Number of school going children(boys and girls) benefiting from emergency school feeding programme 	<ul style="list-style-type: none"> • 1,735 • 440 • 59,279 • 32,410 • 344 • 90,200 	<ul style="list-style-type: none"> • 799 teachers (190 women and 609 men) • 32 classrooms constructed and 30 school shelters rehabilitated • 20,109 students (8,296 girls and 11,813 boys) • 1,191 students (510 girls and 681 boys) • 174 schools (153 primary and 21 non-formal/vocational) • 63,076 students (25,234 girls and 37,842 boys)
SOM_E_2				
Integrate life-saving practices in formal and non-formal education	<ol style="list-style-type: none"> 1. Include life-saving issues (such as Mine Risk Education, Disaster preparedness, HIV/AIDS, health and hygiene, early marriages and nutrition aspects of teaching and learning) into teacher training programmes, classroom instructions and CEC trainings 2. Provide protection measures (including psycho-social support, well-being and child rights advocacy) at emergency schools 3. Train and sensitize communities and teachers to mitigate the risks of child recruitment 	<ul style="list-style-type: none"> • Number of learners, teachers and CEC members (male and female) benefiting from the cross-cutting emergency and life-saving information • Number of girls and boys (children and youth) and female and male community members benefiting from school based child protection interventions 	<ul style="list-style-type: none"> • 88,750 • 73,967 	<ul style="list-style-type: none"> • 41,160 • 38,638 learners (children and youth)
SOM_E_3				
Support the establishment and strengthening of education systems and structures in emergency affected areas	<ol style="list-style-type: none"> 1. Strengthen education management capabilities at the community level 	<ul style="list-style-type: none"> • Number of community education committees and Local Organizations trained in school monitoring, management and record keeping • Number of regional education authorities (male and female) equipped with planning, monitoring and finance management skills 	<ul style="list-style-type: none"> • 1,473 CEC members and 80 local orgs • 178 	<ul style="list-style-type: none"> • 472 Community Education Committees (CECs) • 50 (9 female and 41 male)

3.3.3 Enabling Programming²⁸



The goal of Enabling Programmes is to support the relief and humanitarian operations in Somalia through effective coordination, risk management and security support.

The focus on coordination in the first half of 2011 has been to facilitate an increase in regional level responsibility and response through support to the cluster system in the field. All clusters have reviewed and updated their field cluster focal points appointments in order to operationalize active cluster and inter-cluster coordination at the regional level. Inter-cluster coordination has been established and supported in Hargeysa, Garowe, Gaalkacyo and Bossaso. The active participation of clusters in the field has provided invaluable contributions to the national cluster leads in aligning their strategic response to address the most pressing issues and locations, such as this year's drought response. Likewise inter-cluster coordination and cooperation at field level has seen multi-sectoral teams engaging in humanitarian gaps analyses of IDP settlements in Puntland, to guide the prioritization of humanitarian response.

Sector lead agencies	OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS and UNITED NATIONS DEPARTMENT OF SAFETY AND SECURITY
Cluster members	OCHA, FAO, UNDSS, DRC, NGO Safety Programme, IRIN
Number of projects	10
Cluster objectives	<ul style="list-style-type: none"> Strengthen coordination to support delivery of life-saving humanitarian assistance to the most vulnerable Somalis Enable humanitarian activities and personnel with safety and security programmes in Somalia
Beneficiaries	Humanitarian community
Funds requested	Original requirements: \$15,605,425 Revised requirements: \$21,190,916
Funds requested per priority level	\$20,274,678 (High) \$916,238 (Medium)
Funding to date	\$8,822,253 (42% of revised requirements)
Contact information	Kiki Gbeho - gbehok@un.org Omar Castiglioni - omar.castiglioni@undp.org

An Inter-Agency Standing Committee (IASC) humanitarian response evaluation in south and central Somalia which began in the second quarter of 2011, is currently in progress to provide a comprehensive overview of successes and challenges faced over the past five years in delivering assistance in this complex operational environment. The lessons learnt from this evaluation will provide valuable guidance to humanitarian actors in planning future interventions.

Despite the continuing challenges faced in delivering assistance in south Somalia, significant progress has been made in extending humanitarian access in the central region. Joint security/humanitarian access missions have pushed south from Gaalkacyo, opening up large areas of Mudug and Galgaduud to humanitarian operations. As a result of this initiative, Cabudwaaq has now been opened as a satellite base from which humanitarian actors may travel further into the surrounding regions and expand operations. In addition to security support for humanitarian access, security training has also been rolled out in Somalia, benefiting increasing numbers of staff.

The remainder of 2011 will focus on activating inter-cluster coordination in Mogadishu and Mandera, and promoting active inter-cluster assessment and response in those locations where mechanisms have already been established. In support of this overriding objective, field coordination presence has been increased and additional priority given to supporting field level information management and products to facilitate regional decision making. Additionally, the emergency medical response project, though delayed, is scheduled for full implementation in July. The peer-to-peer network for psycho-social support, still under recruitment, is also scheduled for implementation in the second half of 2011.

²⁸ Enabling programming is not an official Somalia cluster, however, it is used to plan and appeal for common support services, such as coordination and security.

SOMALIA

Objectives	Major Activities	Indicators	End-May Targets	End-May Achievements
Enabling Programmes				
SOM_EP_1				
Strengthened coordination to support delivery of humanitarian assistance to the most vulnerable Somalis	<ol style="list-style-type: none"> 1. Provide secretariat support to enable strategic and field coordination (HC, IASC, ICWG and Clusters) 2. Provide information analysis and information products to support operational needs and situational understanding 3. Provide and coordinate information to support decision making and advocacy on key issues (messages, talking points) 4. Provide policy guidance on protection, IHL and Human Rights Law 5. Assist in prioritising resources based on the assessed needs and gaps by facilitating field-level consultation on behalf of assigned clusters and advising on the use of the pooled funds (CERF and CHF) and other humanitarian financing mechanisms 	<ul style="list-style-type: none"> • Regional HCTs and cluster field focal point network established and functioning • Minimum set of 3W products established and regularly updated • Number of UN Info Group communications strategy planned activities completed • Policy framework and reporting enhanced • % 2011 CAP funded • % prioritized pooled funding projects responding to assessed needs and gaps/selected cluster indicators 	<ul style="list-style-type: none"> • 4 regional HCTs established • 3W data set fully updated twice • 2 activities completed • Common IDP policy established • 40% • 100% 	<ul style="list-style-type: none"> • 4 regional ICWGs established • 3W data set fully updated twice • 4 activities completed • Common IDP policy created but not fully implemented with government partners • 46% • 100%
SOM_EP_2				
Enable humanitarian activities and personnel with safety and security programmes in Somalia	<ol style="list-style-type: none"> 1. Provide (Safer and Secure Access to Field Environment in Somalia (SSAFE-SOM) to UN and partner staff working in Somalia 2. Hire a dedicated aircraft (UNHAS) to facilitate UNDSS and joint security risk assessments, medical evacuations and staff relocations 3. Improve emergency medical response capacity for humanitarian staff, capacity-building/training and improved medical interventions for and by Somali nationals with access to Medical Emergency Response Team (MERT) training 4. Enhance monitoring, mission tracking and VHF communications coverage and capacity in area the region of Somaliland, Puntland and Gal Mudug region 5. Establish a psycho-social support office for all UN agencies working for Somalia 	<ul style="list-style-type: none"> • Number of staff trained in the SSAFE Course and additionally created modules (UN Agencies and INGO partners) • Number of Air Emergency evacuations, relocations and joint security assessments conducted in support of the humanitarian actors in Somalia • Number of staff and Somali nationals with access to medical/emergency interventions and training in Somali medical infrastructures or centres • Areas covered and number of missions which benefit from an enhanced VHF coverage capacity in the regions of Somaliland, Puntland and Gal Mudug • Number of staff and locations covered by the Psycho-social support office functioning with stress Counsel team 	<ul style="list-style-type: none"> • In country training modules deployed and 40% of Somali based humanitarian staff trained • Development of night landing capacity and total flight time or aircraft used monthly in with the following priorities: 1. Air emergency evacuations 2. Joint Security Assessments 3. Any other air transport needs • Stabilization centres up and running in four of the main locations equipped with paramedic staff supported by a roaming medical doctor out from Hargeysa training Somali staff and conducting medical interventions in support of humanitarian workers and Somali population • VHF repeaters installed and running in the corridor Somaliland, Puntland and Gal Mudug • Peer to peer network identified, trained, working and consolidated in the main humanitarian hubs conducting stress counseling and psycho-social support for humanitarian workers 	<ul style="list-style-type: none"> • 3 in-country trainings implemented, with 28% of staff trained • Night landing capacity established at all hubs No dedicated security aircraft yet hired due to funding constraints Medical evacuations performed by commercial operators • Not yet achieved. Full implementation to begin in July, through a commercial contractor • Not yet achieved. Negotiations ongoing regarding costs of construction • Peer network under recruitment in all field locations. Activation planned for 3rd quarter of 2011

3.3.4 Food Assistance



The cluster has revised the overall strategy for engagement in Somalia to improve operational efficiency and effectiveness through strengthened targeting, greater oversight and a shift in focus from general food distribution to nutritional interventions and livelihood approaches. It aims to address some of the root causes of food and nutrition insecurity. This will be accomplished by incorporating early recovery elements within life-saving activities and establishing a flexible nutrition response.

The Food Assistance Cluster will assist 1.5 million beneficiaries with food and nutrition assistance from July to December 2011. Eleven different proven feeding mechanisms will be used in three broad categories: 1) nutrition activities; 2) social safety nets; and 3) livelihood activities. The following strategy will be followed:

- In areas where the population in humanitarian emergency (HE) and acute food and livelihood crisis (AFLC) is less than 50% and the GAM is less than 15%, only those in HE will receive relief rations. If the GAM is greater than 15 %, then both HE and AFLC populations will receive assistance.
- In areas where the population in HE and AFLC is greater than 50% and the GAM is less than 15%, then both HE and AFLC populations will receive assistance. If the GAM is greater than 15%, both HE and AFLC populations will receive assistance.

Cluster lead agency	WORLD FOOD PROGRAMME
Cluster members	WFP, DRC, Women & Children, ZamZam, ERF, Somali Aid Foundation, APD, Daryeel Bulsho Guud, Diakonie, HARD
Number of projects	2
Cluster objectives	<ul style="list-style-type: none"> • Prevent further deterioration of acute malnutrition in children under five in targeted, emergency-affected populations in Somalia • Develop, build or restore livelihood assets by targeted communities • Provide basic social services in selected health institutions and schools
Beneficiaries	1,500,000
Funds requested	Original requirements: \$188,135,412 Revised requirements: \$199,405,662
Funds requested per priority level	\$199,405,662 (High)
Funding to date	\$124,957,307 (63% of revised requirements)
Contact information	Keith Ursel - keith.ursel@wfp.org

All locations of where food assistance is provided will be monitored and evaluated by WFP, NGO and/or experienced and well-trained third party monitors. Humanitarian assistance will not be provided if the food commodities and project outcomes cannot be directly monitored and further evaluated. WFP continues to maintain more than half of its 325 national and 21 international staff inside Somalia in fixed area offices. In areas where WFP is unable to monitor or deliver effectively, partnerships through the Food Assistance Cluster will be investigated and approved so that monitoring and evaluation (M&E) standards can be assured, which is a significant untested challenge. As with most clusters severe constraints to larger and improved programming include dwindling donor support, lack of or restricted access in many areas, a mobile population, and limited capacity amongst cooperating partners and local/regional authorities. The continued heavy fighting has affected overall economic activities in Mogadishu including the complete closure of the Bakara market and many telecommunication services. There is reportedly a continued influx of IDPs from Yaqshiid, Hodan, Howlwadaag and Wardhiigleey districts of Mogadishu. Although efforts in 2011 have been and continue to be focused on emergency life-saving activities, WFP and other food cluster members will whenever possible, conduct food-for-asset, emergency school feeding, hospital feeding, income generation, fishing, skills training and other projects in support of the United Nations Somalia Assistance Strategy (UNSAS) and International Solidarity Foundation (ISF) to explore longer-term solutions to Somalia's food security challenges.

SOMALIA

Objectives	Major Activities	Indicators	End-May Targets	End-May Achievements
Food Assistance				
SOM_FA_1				
Prevented further deterioration of acute malnutrition in children under 5 in targeted, emergency-affected populations in Somalia	<ol style="list-style-type: none"> General food distributions to emergency-affected persons inside Somalia Blanket and/or targeted supplementary feeding for moderately and severely malnourished children and their families Mother and child health and nutrition feeding programmes Wet Feeding Mogadishu 	<ul style="list-style-type: none"> Number of GFD beneficiaries Number of TSFP beneficiaries – family rations Number of TSFP beneficiaries – individual rations Number of MCHN beneficiaries Number of Wet Feeding beneficiaries 	<ul style="list-style-type: none"> 600,000 max per month 111,000 family members max per month 38,000 malnourished children and PLWH max per month 32,000 max per month 85,000 targeted per month 	<ul style="list-style-type: none"> 572,502 max per month (95%) 86,174 (Jan-April Average) 32,477 (Jan-April Average) 61,726 (Maximum Monthly) 147,485 Maximum monthly recipients
SOM_FA_2				
Developed, built or restored livelihood assets by targeted communities	<ol style="list-style-type: none"> Local purchase of grains to expand Somalia harvest Food-For-Work/Assets and Food for Training Institutional feeding for TB/HIV patients and families Emergency school feeding and girl's take home ration 	<ul style="list-style-type: none"> Metric tonnes of grains purchased Number of persons supported through FFW/A or FFT Monthly average number of TB/HIV outpatients receiving take home family rations Children receiving school feeding Monthly average number of TB/HIV/hospital inpatient receiving daily onsite wet feeding 	<ul style="list-style-type: none"> 500 170,000 max per month 5,400 TB/HIV outpatients monthly (32,000 family members) 79,000 max per month 3900 inpatients max per month 	<ul style="list-style-type: none"> 0 – No procurement as was found to not be feasible at this time 61,368 (Maximum Monthly) 5,379 (32,277 family members) (Both Jan-April Average) 2,656 (Both Jan-April Average) 63,076 (Maximum Monthly) 2,656 (Both Jan-April Average)
SOM_FA_3				
Provision of Basic social services in selected health institutions and school	<ol style="list-style-type: none"> Emergency school feeding and girl's take home ration institutional feeding for TB/HIV patients and families Pregnant women receive an incentive family ration to deliver under medical attention 	<ul style="list-style-type: none"> Children receiving school feeding Monthly average number of TB/HIV outpatients receiving take home family rations Monthly average number of TB/HIV/hospital inpatient receiving daily onsite wet feeding Pregnant women that delivered under medical attention who receive food assistance 	<ul style="list-style-type: none"> 83,700 max per month 5,800 TB/HIV outpatients monthly (35,000 family members) 4,200 inpatients monthly 10,000 	<ul style="list-style-type: none"> 63,076 (Maximum Monthly) 5,379 (32,277 family members) (Both Jan-April Average) 2,656 (Both Jan-April Average) 5,334 (Cumulative)

3.3.5 Health



The Health Cluster focused on IDPs and victims of drought, conflict and disease outbreaks during the first half of 2011. Partners prioritized life-saving health interventions, with the main focus on vulnerable populations, especially women and children. Issues of access and security remained unchanged. The important achievements of the cluster partners are that 40% of the populations have access to primary and secondary health care.²⁹ Health Cluster objectives remained consistent during this period, however, there is a need for sustained strategic focus with predictable long-term financing to upgrade the population's health to a threshold level where further investments bring additional positive outcomes instead of chasing a self-repeating cycle of epidemics. Significant changes in needs are attributed to critical emerging threats that compromise the historical health gains in polio, measles and controlling other disease outbreaks. These threats are a result of under-coverage due to insecurity, access challenges and limited funding levels. A review of strategic focus to cover vital areas and re-visit of reporting indicators are required, in addition to the inclusion of new proposals to address additional thematic and geographical issues.

The cluster partners³⁰ are revalidating crucial needs through the development of contingency plans, focus on gender mainstreaming, needs analysis based on gaps and overlaps, standardization of services and costs, behaviour change communication (BCC), strengthening field coordination, increased involvement of zonal health authorities, and inter-cluster coordination with other clusters, including Nutrition, WASH and others. Capacity-building of partners has been prioritized and individual sessions for each agency to develop effective and efficient project proposals, implementation and M&E plans for CHF have been offered by the cluster coordinator. Work is in progress for the development of new tools and instruments for the registration of new partners, short-listing of focal agencies, capacity-building and the inclusion of new cluster partners for the 2012 appeal. Meanwhile, the cluster is regularly updating and sharing the 3W matrix and keeping partners updated with communication products, including weekly highlights, disease outbreak updates and a monthly bulletin.

Cluster lead agency	WORLD HEALTH ORGANIZATION
Co-lead	MEDICAL EMERGENCY RELIEF INTERNATIONAL
Cluster members	AAH-I, ACF, AFREC, AVRO, CESVI, CISP, COOPI, COSV, CPD, DIAL, GIZ, GRT, Habeb Hospital, HIJRA, HOPEL, InterSoS, IR, MDM, Medair, Mercy USA, MERLIN, Muslim Aid, RI, SAACID, SAMA, SC, SOADO, UNICEF, WHO, WARDI, UNOPS, UNFPA, WV, Zamzam Foundation
Number of projects	44
Cluster objectives	<ul style="list-style-type: none"> • Access to quality life-saving health care services and emergency assistance including high impact, critical life-saving services for women and children in both rural and urban areas • Provision of primary and basic secondary health services with focus on sexual, reproductive and child health • Prevention and control of communicable diseases through inter- and intra-cluster coordination
Beneficiaries	1,934,000 ⁴⁵ total (including 1,005,680 women and 928,320 male Somalis)
Funds requested	Original requirements: \$58,790,106 Revised requirements: \$56,458,007
Funds requested per priority level	\$41,456,160 (High) \$15,001,847 (Medium)
Funding to date	\$13,925,596 (25% of revised requirements)
Contact information	Dr Kamran Mashhadi - mashhadik@nbo.emro.who.int or cluster@nbo.emro.who.int Godela Von Dohren - vondohreng@nbo.emro.who.int

²⁹ Four health facilities for populations of 500,000 people were strengthened and basic emergency obstetric care (BEmOC) was offered to patients. Essential supplies were provided to 175 MCH centres, while the percentage of pregnant women receiving ante-natal care by a skilled provider reached an additional 15% of women in target areas. During the reporting period, 49 disease outbreak rumors were reported, out of which 34 (70%) were investigated within the recommended 96 hours. The case fatality rate for AWD was recorded at 1.27% (target <2%). Additionally, 248 health staff were trained in surveillance, case detection and management.

³⁰ The number of cluster partners has reached 33 and 10 new partners have expressed interest in joining the cluster. Recent meetings with some global humanitarian partner agencies proved to be fruitful for future cooperation.

SOMALIA

Objectives	Major Activities	Indicators	End-May Targets	End-May Achievements
Health				
SOM_H_1				
Access to quality life-saving health care services and emergency assistance including high impact, critical life-saving services for women and children in both rural and urban areas	<ol style="list-style-type: none"> 1. Provide trauma and emergency surgery especially in conflict-affected areas and/or strengthen the local health workforce capacity to provide such services 2. Provide emergency obstetric care services and strengthen the local health workforce capacity to provide such services 3. Conduct population-based high-impact health and nutrition scheduled interventions including CHDs in targeted locations 4. Ensure the adequate supply of essential emergency medicine and medical supplies as needed to provide quality emergency health care services 5. Strengthen coordination of emergency interventions through field and national health cluster structures, information sharing (e.g. health cluster bulletin), and health facilities mapping (i.e. 3W matrix) in support of inter- and intra-cluster collaboration 	<ul style="list-style-type: none"> • Number of health workers trained in trauma and emergency surgery procedures, and emergency obstetric care services • Number of children under the age of 5 years and women of child-bearing age vaccinated • Number of sites prepositioning emergency supplies 	<ul style="list-style-type: none"> • 50 • 60% of targeted children under five and 40% of women of child-bearing age • 5 	<ul style="list-style-type: none"> • 93 • 0% coverage. First round scheduled to commence in July in Somaliland. No progress against target due to insecurity and funding constraints • 5
SOM_H_2				
Provision of primary and basic secondary health services with focus on sexual, reproductive and child health	<ol style="list-style-type: none"> 1. Maintain and scale-up in- and out-patient primary and secondary health care as well as mobile and outreach services including maternal, child and nutrition-related health care 2. Establish/ strengthen referral systems including emergency obstetric care (EmOC) and laboratory services 3. Support capacity-building of the health care workforce 4. Conduct and sustain emergency health education and communication for behavioural change with messages on various health and nutrition issues such as exclusive breastfeeding, hygiene promotion, HIV/AIDS, and FGM 	<ul style="list-style-type: none"> • % of population in humanitarian crisis with access to primary and/or basic secondary health care services • Number of EmOC health centres with skilled attendants offering 24/7 services • Number of mother and child health centres (MCH) supported with quarterly medical supplies • % of pregnant women who received ante-natal care by a skilled provider at least twice during the last pregnancy 	<ul style="list-style-type: none"> • 70% • 4 basic EmOC facilities/ 500,000 population • 260 • 30 	<ul style="list-style-type: none"> • 40% • 4 basic EmOC facilities/ 500,000 population • 175 (70%) MCH facilities supported with quarterly medical supplies. (Delay in supply logistic due to access and local authorities' refusal in SCZ) • 11% due to closure of many MCH centres in SCZ and under-reporting. Only 50% HMIS reports received in 2011
SOM_H_3				
Prevention and control of communicable diseases through inter- and intra-cluster coordination	<ol style="list-style-type: none"> 1. Strengthen and maintain outbreak preparedness and prevention/mitigation measures including ensuring adequate treatment and diagnostic supplies are prepositioned and available in strategic locations throughout Somalia and especially in areas where higher levels of health risks are anticipated (e.g. displacement, natural disasters, conflict, etc.) 2. Maintain and expand integrated diseases surveillance and reporting network (IDSR) for disease early warning alert and outbreak detection 3. Ensure outbreak investigation, rumour verification, timely response and control of communicable diseases in coordination with stakeholders and other clusters 	<ul style="list-style-type: none"> • % of reported outbreak rumours investigated/ verified and responded to within 96 hours • Case fatality rates for AWD • Number of staff trained in surveillance, case detection and management 	<ul style="list-style-type: none"> • 90% • <2 • 150 	<ul style="list-style-type: none"> • 69% • 1.27 • 248

3.3.6 Logistics



The Logistics Cluster response plan experienced minimal changes *vis-à-vis* the expected mid-year targets due to the strategic approach adopted. This approach requires the maintenance of the logistics service network across Somalia and of logistics assets support for the six hubs (Berbera-Hargeysa, Bossaso-Gaalkacyo-Dhuusamarreeb, Mogadishu). As a result, the Logistics Cluster was able to strengthen capacity and respond to increased requests for logistics services. The cluster has increased the storage capacity in Bossaso, Berbera and Gaalkacyo in line with the initial Cluster Response Strategy formulated at the beginning of 2011.

The storage facilities are available on demand to the Logistics Cluster member organizations. Despite the lack of funding from January 2011 up to end April 2011 and a general reduction in the humanitarian cargo that moved into Somalia, the cluster received 32 requests from member organizations for cargo handling services, equating to just over 4,000 metric tons (MTs) or the equivalent of 182 containers. The cluster coordinator also conducted a mission to Dhuusamarreeb to assess the prevailing logistics capacity which can serve to extend the supply corridor to the south when the need arises. The two Logistics Cluster projects in the CAP, the UNHAS air operation and the Special Operation (SO 10578.0) for the infrastructure rehabilitation of ports and roads, are both progressing in line with the expected outcomes.

Despite the chronic lack of funding, the UNHAS air operation continues to provide safe and secure scheduled flights into and across Somalia, with an average of 1,350 passengers and 1.2 MTs of cargo per month. Funding shortfalls severely hamper the continuity of services to the humanitarian community. Furthermore, it is important to highlight the poor condition of air infrastructure in Somalia which can impact on flights. Priority airstrips, due primarily to their heavy usage by UNHAS, are Gaalkacyo, Garowe, Hargeysa and Bossaso. Maintenance, including fencing and runway compacting, is required to avoid further deterioration and ensure continued flights.

WFP continues its programme of activities for the rehabilitation of the ports of Bossaso, Berbera and Mogadishu. The main activities include the dredging of the Bossaso port basin to increase the draft so that larger vessels can berth, reducing the humanitarian cargo delivery lead times and cost of shipping, while also increasing the commercial turnaround of the port as a source of livelihood. Also in line with the plan WFP organized training for the staff of the three Somali ports. With regard to the rehabilitation of roads, WFP initiated a preliminary phase in April which included an assessment of the Garowe to Gaalkacyo road. A technical field assessment was carried out in April 2011 although it is unlikely that this project will go forward to implementation. The coordination between implementing agencies and donors participating in the Logistics Infrastructure Working Group continues focusing on the provision of equipment for Mogadishu port in conjunction with the United Nations Development Programme (UNDP) and the strategic rehabilitation of the Berbera road to Ethiopia, which has attracted the interest of some donors.

Cluster lead agency	WORLD FOOD PROGRAMME
Co-lead	WORLD VISION
Cluster members	UNICEF, UNHCR, WHO, NRC, FAO, UNDP, IR, Horn Relief, Intersos, MERLIN, SC, MDM
Number of projects	2
Cluster objectives	<ul style="list-style-type: none"> • Coordinate support to strategic services for the efficient delivery of common humanitarian assistance • Coordinated and prioritized logistical rehabilitation projects
Beneficiaries	All humanitarian actors through provision of enhanced logistical services
Funds requested	Original requirements: \$29,871,895 Revised requirements: \$29,871,895
Funds requested per priority level	\$29,871,895 (High)
Funding to date	\$17,652,711 (59% of revised requirements)
Contact information	Francesco Cornaro - Francesconicolas.cornaro@wfp.org Adham Effendi - adham.effendi@wfp.org

SOMALIA

Objectives	Major Activities	Indicators	End-May Targets	End-May Achievements
Logistics				
SOM_LOG_1				
Coordinate support to strategic services for the efficient delivery of common humanitarian assistance	<ol style="list-style-type: none"> 1. Coordinated Inter-Agency air, port and land support services for aid workers and cargo 2. Coordinate Inter-Agency common storage facilities 3. Identify solutions to logistical constraints impeding the delivery of humanitarian goods and services 4. Maintain a logistics support contingency plan for sea and air operations 	<ul style="list-style-type: none"> • Percentage of requests from agency partners responded to • Cargo storage time in common facility is reduced • Increased partner organizations that send cargo on consolidated consignment • Logistics contingency response process updated and maintained active yearly 	<ul style="list-style-type: none"> • 65% • Cargo rotation 1 month • Minimum of 3 partner organizations coordinated for all shipped cargo • Updated logistics contingency response process 	<ul style="list-style-type: none"> • 95% • Cargo rotation 1 month • Each IA cargo shipment includes more than 3 Orgs • Logistics Cluster contingency plan revised
SOM_LOG_2				
Coordinated and prioritized logistical rehabilitation projects	<ol style="list-style-type: none"> 1. Identify priority infrastructure projects to support common humanitarian operations 2. Advocate for local populations to rehabilitate infrastructure as a employment opportunity and counter-piracy land based initiatives 	<ul style="list-style-type: none"> • Number of cluster member organizations that agree on infrastructure priorities • Proportion of local labour employed in the rehabilitation work 	<ul style="list-style-type: none"> • Greater than 3 organizations • 50% of the workforce required per project is locally recruited 	<ul style="list-style-type: none"> • 4 organisations • 100% achieved

3.3.7 Non-Food Items and Shelter



The cluster responded to sudden displacements in the first half of the year by providing minimum NFI packages and temporary shelter. In Mogadishu, cluster members distributed 10,000 minimum NFI kits, 2,282 temporary shelters and 3,600 NFI kits in the Gedo region.

There have been six fires in IDP settlements, five in Puntland and one in Middle Shabelle. Where there have been quality assessments, the cluster has distributed minimum NFI kits and shelter kits. Long-term assistance for the protracted IDP populations in Somaliland and Puntland has continued. In Puntland, in accordance with the Humanitarian Gap Analysis conducted in 2010/11, over 3,000 minimum NFI kits have been distributed to date. The authorities in Burco (Somaliland) have agreed to the construction of permanent shelters on land with secured tenure thus paving the way for a durable solution. In an innovative and welcomed partnership, the authorities have agreed to make a significant contribution to the cost of construction.

In Puntland, the use of shelter kits and tents has improved existing shelters. A cluster-led multi-agency assessment of transitional shelter was conducted in Bossaso in April. With the involvement of the GenCap Adviser, the assessment involved single-sex focus groups and produced disaggregated results. The findings showed some very specific needs for men and women. For women, GBV ranked very high as a protection issue. Safety and security issues (including fire risks), evictions, theft, privacy and lack of safe spaces for children were issues in both groups. It was concluded that corrugated iron shelters are a viable solution as they address safety concerns. These shelters, which will be rolled out in the second half of 2011, will improve the protection offered to IDPs and, when land tenure is secured, will be a step towards a durable solution. The second half of the assessment will continue to look at results disaggregated by sex. The cluster was given the responsibility for making decisions regarding the \$4.5 million second CHF allocation on behalf of the IDP Taskforce. The allocation was divided between five agencies across the WASH, Shelter, Agriculture and Livelihoods and Protection Clusters. This significant coordinated response will show dividends in the second half of 2011. Post-distribution monitoring (PDM) has been undertaken by independent third parties for four major distributions so far in 2011. The results have been encouraging, increasing the sector's accountability while improving planning and programming. The cluster is working towards an agreed standard for all members.

Despite some progress, achievements have been modest due to poor funding and access restrictions. To date, only 17% of the target beneficiaries have received NFI kits while 84% of the planned temporary / transitional shelters have been completed. Despite the initial progress, the cluster's third objective, to support voluntary relocations, has faced a stalemate due to the forced evictions in May 2011 in Bossaso (Puntland) and the occupation of the land planned for relocation by the evicted IDPs. The incident is a reflection of the complex dynamics inherent in relocation. In the remaining part of the year the cluster will re-examine housing, land and property issues in light of increased transitional shelter construction and challenges in voluntary relocations. A greater understanding of the day-to-day challenges faced by IDPs living on private land will eventually lead to increased protection and security of tenure. The Cluster Response Plan and the targets remain unchanged. With a stronger cluster, the CHF second standard allocation coming on line, the adoption of new transitional shelter options and additional funding, progress towards the end of year indicators is expected to be significant.

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Co-lead	UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME
Cluster members	UNHCR, UN-HABITAT, NCA, NRC, DRC, UNICEF
Number of projects	7
Cluster objectives	<ul style="list-style-type: none"> • Protect newly displaced and other vulnerable groups from life-threatening elements • Improve the living condition of the displaced population in stabilized settlements • Support the IDPs and responsible authorities in voluntary relocation
Beneficiaries	1,242,000 (including 720,360 females and 521,640 male Somalis)
Funds requested	Original requirements: \$36,647,410 Revised requirements: \$36,647,410
Funds requested per priority level	\$36,647,410 (High)
Funding to date	\$16,511,954 (45% of revised requirements)
Contact information	Richard Evans - evansr@unhcr.org

SOMALIA

Objectives	Major Activities	Indicators	End-May Targets	End-May Achievements
Shelter and Non-food Items				
SOM_NS_1				
Protect newly displaced and other vulnerable groups from life-threatening elements	<ol style="list-style-type: none"> 1. Procure and store contingency stocks at key locations / plan for local procurement and strengthen the coordination for response capacity 2. Conduct joint profiling in coordination with the Protection Cluster and identify the needs of women, girls, boys and men in affected communities 3. Distribute harmonized and minimum NFI package to vulnerable households 4. Conduct post-distribution monitoring and share the result with the cluster 	<ul style="list-style-type: none"> • Percentage of target beneficiaries of emergency response receiving NFIs 	<ul style="list-style-type: none"> • 50% of beneficiaries = 621,000 NFI kits = 97,542 • 16.8 %. Beneficiaries = 104,520 NFI kits = 17,420 	
SOM_NS_2				
Improve the living condition of the displaced population in stabilized settlements	<ol style="list-style-type: none"> 1. Conduct joint profiling in coordination with the Protection Cluster and identify the needs 2. Verify the title of the land concerned and obtain consent of the owner in consultation with women and men in the affected communities 3. Plan the site with basic services integrated 4. Harmonize the specification of temporary/transitional shelter while reflecting local conditions 5. Provide temporary/ transitional shelter in conformity with local conditions 	<ul style="list-style-type: none"> • Number of beneficiary households receiving temporary/transitional shelter 	<ul style="list-style-type: none"> • 3,000 HH 	<ul style="list-style-type: none"> • 2,527 shelters (84% of target)
SOM_NS_3				
Support the IDPs and responsible authorities in voluntary relocation	<ol style="list-style-type: none"> 1. Consult with affected IDP women and men and authorities, profile the IDP population and verify voluntariness of relocation in close coordination with the Protection Cluster 2. Verify the land title of prospective relocation sites and transfer it to the IDPs affected 3. In close consultation with women and men from the affected communities, demarcate and prepare a site plan with essential basic services, infra-structure, public spaces, landscape, and housing integrated therein 4. Provide the initial response package, including temporary /transitional shelter 5. Prepare durable shelter activities in relocation sites where appropriate 	<ul style="list-style-type: none"> • Number of sites of voluntary relocation receiving initial response package 	<ul style="list-style-type: none"> • 3 	<ul style="list-style-type: none"> • 0

3.3.8 Nutrition



The deterioration of the food security situation in the south of Somalia, parts of Puntland, and most of Somaliland, will likely lead to a continued deterioration of the nutrition situation. The national median rates for GAM is 16% and that for SAM is 4%, but most areas in the southern part of Somalia have elevated rates of malnutrition as high as 30%. The median GAM prevalence for south central is 25%, which means one in every child is acutely malnourished. Due to the recent drought and delayed onset of the *Gu* 2011 seasonal rains, the annual caseload for acute malnutrition in Somalia has been revised to an estimated 476,000 children (of which 103,000 are severely malnourished and 373,000 moderately malnourished) and 86,000 pregnant and lactating women acutely malnourished, indicating a situation worse than same time last year.³² The cluster will expand and scale up nutrition programmes in the coming six months.

There are currently 418 OTP/SC and 521 supplementary feeding programme (SFP) centres delivering integrated health and nutrition services for the management of acute malnutrition in children under five and pregnant and lactating women in Somalia. Services are being delivered through 110 cluster partners. The cluster managed to respond to the drought through an expansion of services, and created linkages with the Agriculture and Livelihoods, WASH and Health Clusters for the provision of integrated services. There are now 38 Mother and Children Nutrition Health (MCNH) programmes in Somaliland and 34 MCNH programmes in Puntland providing blanket supplementary feeding to children 6-23 months and pregnant and lactating women in partnership with WFP. The number is expected to increase to 129 targeted MCNHs. Partners' capacity to implement quality selective feeding programmes with a fully integrated set of basic services continues to require strengthening.

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Co-lead	DEVELOPMENT INITIATIVES ACCESS LINK
Cluster members	DIAL, OCHA, WFP, OXFAM NOVIB, SC, Community Activity for Development and Relief Organization (CAFDARO), GTZ SORRDO, <i>Action Contre la Faim</i> (ACF), FAO/FSNAU, SORRDO, SORDES, HARD, SOADO, Trocaire, JCC, MEDAIR, COSV, APD, CISP, AMA, AFREC, SDRO, RI, WOCCA, SAF, INTERSOS
Number of projects	30
Cluster objectives	<ul style="list-style-type: none"> • Acutely malnourished children under five and pregnant and lactating (P/L) women are treated by having access to and utilizing quality services for the management of acute malnutrition • Expansion of women and children's access to evidence-based and feasible nutrition and nutrition related services, available through the use of the Basic Nutrition Services Package (BNSP) and interventions linking nutrition to health, WASH and livelihoods programming • Strengthening capacity of nutrition partners: local non-governmental organizations/community-based organizations (LNGOs/CBOs), local communities and line ministries for delivery of BNSP
Beneficiaries	<ul style="list-style-type: none"> • Total: 476,000 acutely malnourished children under five, of which 103,000 are severely malnourished and 373,000 are moderately malnourished. The cluster aims to cover 60% of the caseload (285,600) annually.³¹ • 86,000 acutely malnourished pregnant and lactating women
Funds requested	Original requirements: \$36,066,437 Revised requirements: \$35,516,685
Funds requested per priority level	\$34,182,055 (High) \$814,290 (Medium) \$520,340 (Low)
Funding to date	\$13,830,756 (39% of revised requirements)
Contact Information	Leo Anesu Matunga – imatunga@unicef.org

³¹ FSNAU 2011 caseload projections were revised after the post-*Deyr* 2010 assessments in light of the drought. Nutrition analysis post-*Deyr* 2010/11, Technical Series Report No. VI. 35, February 25, 2011. The projections are higher than those used in the CAP 2011 plan as the previous caseload was based on the post-*Gu* 2010 assessments. The cluster targets 60% of the malnourished caseload because it is not possible to reach all the children due to logistics problems, security access, mothers willingness to bring children for treatment, distances to centres, partners' capacity, among other factors.

³² FSNAU Nutrition Analysis; post-*Deyr* 2010/11 – Technical Series Report No. VI. 35; Feb 25, 2011.

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Objectives	Major Activities	Indicators	End-May Targets	End-May Achievements
Nutrition				
SOM_NUT_1				
Acutely malnourished children and pregnant and lactating women are treated by having access to and utilizing quality services for the management of acute malnutrition.	<p>1. Support access to an utilisation of nutrition existing services (SC, OTP, SFP etc) or to new established one for the management of acute malnutrition (technically and supplies) including gender analyses (Gender analysis like issues on access of the services from households nutrition service and sex-aggregated data to monitor any changes in KAP assumption around feeding and nutrition practices for girls, boys and PLW)</p> <p>2. Ensure adoption and utilization of standardized protocols for the treatment of acute malnutrition in Somalia, updated as necessary</p>	<ul style="list-style-type: none"> • % coverage of acutely malnourished children and pregnant and lactating (P/L) including an gender analyse related issues include access of households to centres and sex - disaggregated data collection • % acutely malnourished children and pregnant and lactating women (P/LW) caseload admitted to centres for the management of acute malnutrition • % of centres for the management of acute malnutrition attaining SPHERE standards (cured>75%, defaulters<15%, death <10% (SAM treatment programme) or death< 3% (MAM treatment programme) and reporting rate • % coverage of children <5 in areas where blanket SFP is implemented (GAM > 20% and/or aggravating factors) • % of partners using standardized guidelines and tools for management of acute malnutrition • Nutrition updates published bimonthly 	<ul style="list-style-type: none"> • 40% • 30% SAM children, 30% MAM children, 20% P/LW • 70% OTP/SC, 50% Targeted SFP, 90% reporting • 70% in rural areas, 90% in urban areas • 90% • 3 	<ul style="list-style-type: none"> • 80% • 26,779 children (87%) (Data is from January to April 2011) - SAM,110,582 (99%)- MAM children and 7,519 PLW (29%) were admitted into nutrition treatment programmes (In addition to individual beneficiaries, an average of 86,174 family members of moderately malnourished children and PLW have benefited from family ration during the period Jan-April as reported under the Food Assistance cluster.) • 68% for UNICEF supported TFP and 94.5% for WFP supported TSFP (The UNICEF supported SC/OTP reported 91.1% cure rate, 7.6% defaulter rate and 1.3% mortality rates, whereas the TSFP reported cure rate of 87%, Defaulter rate of 12% and mortality of 0.3%. The WFP supported TSFP reported 92.7% cure rate, 3.9% defaulter rate, 0.2% mortality.); Reporting rate 75.2%,(Jan-March) • 61,726 (100%) • 100% • FSNAU published four reports (one nutrition update, one quarterly food security brief and two technical reports
SOM_NUT_2				
Expansion of women and children's access to evidence-based and feasible nutrition and nutrition related services, available through the use of the Basic Nutrition	1. Strengthen nutrition partners to adopt and implement the essential components in the basic nutrition services package (BNSP)	<ul style="list-style-type: none"> • % of partners using more than 50% of essential components of BNSP 	<ul style="list-style-type: none"> • 30% 	<ul style="list-style-type: none"> • All of UNICEF partners (100%) and an additional 28% of WFP partners

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Objectives	Major Activities	Indicators	End-May Targets	End-May Achievements
Services Package (BNSP) and interventions linking nutrition to health, WASH, and livelihoods programming		<ul style="list-style-type: none"> • % of children receiving appropriate micro nutrient interventions through CHDs/NIDs and routine health care services • % of pregnant and lactating women receiving micronutrient supplementation through CHDs/NIDs and routine health care services • % caregivers in selective feeding programme trained in fluid replacement and continued feeding for children with diarrhoea • % of targeted caregivers in selective feeding programme trained in home-based water treatment • % of caregivers in selective feeding programme trained on using soap/ash/sand for hand washing • % of WASH, health, and livelihood and food assistance projects /activities reflecting at the objective level of a nutrition proposal • % of identified functional MCH clinics supporting provision of supplementary food to target 	<ul style="list-style-type: none"> • 80% • 20% • 30% • 30% • 30% • 30% • 50% 	<ul style="list-style-type: none"> • 51,335 (37%) Under five children (Percentage of children who received routine micronutrients in nutrition services programmes.) • 34,087 PLW(>100%) through routine services (CHDs not conducted during the time for the report.) • 436 volunteers/staff were trained in promotion of IYCF activities. 62 people were trained in IYCF counselling • Not Done by mid year • 5,260 (17%) • 100% CAP projects 12,993 health and hygiene sessions conducted • A total of 72 MCH clinics (56%) (Out of the 129 identified as functioning in SL and PL are providing supplementary food to 61,726 children 6-23 months and pregnant and lactating women (maximum monthly beneficiaries reached).)
SOM_NUT_3				
Strengthening capacity of nutrition partners: LNCO/CBO, local communities and line ministries to delivery of BNSP	1. Organize training nutrition partners, in particular LNCOs/CBOs on essential components of BNSP	<ul style="list-style-type: none"> • % of nutrition partners trained in the management of acute and chronic malnutrition including implementation of essential components of BNSP • Number of updates of training work plan • % of implementation of the work plan • Number of partners supported by cluster members • Number of monthly nutrition cluster meeting are held in 3 locations in Somalia and Nairobi 	<ul style="list-style-type: none"> • 40% targeted achieved in training of staff • 2 • 40% • 50 • 15 in Somalia + 5 in Nairobi 	<ul style="list-style-type: none"> • 234 staff (Staff trained by UNICEF& partners (114 staff) and WFP (119 staff from 3 organization) on the prevention and treatment of MAM through MCH-N and TSFP interventions. Target number not known as training plan is yet to be developed.) • 0. Not done though plans underway • 40% • 58(>100%) partners supported by cluster members • 14 in Somalia and 5 in Nairobi (Monthly nutrition cluster meetings were held as follows:4 meetings in Somaliland,4 Meetings in Puntland,5 meetings in Nairobi,5 meetings in Mogadishu,1 meeting in Galgaduud) by end of May (Field cluster meetings are planned to be started in Jubas, Gedo, Bay& Bakool, Hiraaan, Shabelle)

3.3.9 Protection



In addition to the hundreds of thousands of additional IDPs, Somalis continued to flee into neighbouring countries as refugees in the first half of the year. At the end of April, over 420 Somalis had returned to Somalia, fleeing the civil unrest in Yemen, prompting the Mixed Migration Task Force (MMTF) to develop a contingency plan to manage operations in the event of a large-scale return from Yemen. The MMTF³³ also reported a decrease in the number of Somalis crossing to Yemen by boat due to the crackdown on smugglers by the Puntland administration, which in turn led to a shift of the crossing point from Bossaso to Djibouti. In response to the increased number of landmines following the intensified conflict, the Protection Cluster members and specialized agencies have begun taking measures to combat this phenomenon. A number of former child soldiers associated with Al Shabaab have been identified in Mogadishu and some members are involved in actively seeking solutions to this new challenge, such as the provision of emergency assistance to meet basic needs and the development of medium- and long-term response plans, including a policy and legal framework with special provisions for the protection of children. The rise in the number of “surrendeers” is a cause for concern and again cluster members are actively involved in supporting TFG efforts to manage the problem. Cluster members in Gaalkacyo observed a reduction in GBV cases reported, which is attributed to the neighbourhood watch group initiative and increased police patrols in the IDP settlements.

Funding for protection projects and activities remains extremely low. Access restrictions, the sensitive nature of protection issues in a conflict situation, and lack of funding have limited the cluster’s capacity to provide adequate response. The cluster will continue to report on human rights violations, including grave child rights violations (pursuant to SCR 1612/2005 and 1882/2009), and population movements in Somalia.³⁴ The cluster will also implement protection through livelihood support for urban IDPs in Halabokad

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Co-lead	DANISH REFUGEE COUNCIL
Cluster members	CESVI, CISP, Danish Demining Group, Dialog Forening, DRC, GRT, Halo Trust, IIDA, INTERSOS, IOM, KAALMO, NAPAD, NRC, Oxfam Novib, RI, SARD, SOHRA, UNFPA, UNHCR, UNICEF, UNMAS, WOCCA
Number of projects	28
Cluster objectives	<ul style="list-style-type: none"> • Provide services and strengthen community resilience in order to respond to protection violations, with a particular focus on women, girls, boys and men affected by the conflict and other vulnerable communities • Enhance monitoring of and reporting on protection violations faced by women, girls, boys and men affected by the conflict and other vulnerable communities in order to inform advocacy and programmatic responses • Strengthen capacity-building of key duty-bearers, including formal and informal institutions, in order to enhance the overall protective environment, the prevention of, and response to protection violations against rights-holders
Beneficiaries	2,556,404 (1,379,253 women; 1,177,151 men)
Funds requested	Original requirements: \$46,479,655 Revised requirements: \$45,324,951
Funds requested per priority level	\$37,796,594 (High) \$7,528,357 (Medium)
Funding to date	\$6,076,739 (13% of revised requirements)
Contact	Dher Ali - alid@unhcr.org

³³ The MMTF in Bossaso and Hargeysa stepped up their existing response mechanisms and conducted a series of trainings for partners on international protection and refugee law. Similarly, “deportations” of IDPs from south central by Puntland authorities reportedly continued, although numbers appear to have decreased. PMN/PMT partners benefited from a training workshop on protection and human rights issues in Hargeysa and Puntland to further build their capacity and enhance reporting. The MMTF plans to set up a secretariat in Nairobi to support information exchange and coordination. The cluster will work closely with the Senior ProCap Officer for Children in Armed Conflict deployed to support the UN Country Team in Somalia to enhance the monitoring and reporting mechanism on grave violations against children, as well as the efforts of other clusters to mainstream protection in their interventions. Two training workshops on MRM and release and reintegration of children associated with armed forces/armed groups were conducted, bringing together child protection agencies, TFG, AMISOM and selected members of the protection cluster. A Country Task Force on MRM was established in April, co-chaired by the Specialist Representative of the Secretary-General (SRSG) and the UNICEF Representative.

³⁴ The cluster is planning a roundtable donor briefing on protection of civilians (PoC), children in armed conflict, and GBV.

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settlement in Gaalkacyo with the funding allocated to the cluster through the CHF second standard allocation. The targets for the remainder of 2011 have been revised upwards to reflect the necessity of increasing protection activities.

2011 CAP Somalia - Cluster Response Plans

Objectives	Major Activities	Indicators	End-May Targets	End-May Achievements
Protection				
SOM_PRT_1				
Provide services and strengthen community resilience in order to respond to protection violations, with a particular focus on women, girls, boys and men affected by the conflict or drought, as well as other vulnerable communities.	<ol style="list-style-type: none"> 1. Establish and strengthen multi-sectoral response (medical, legal, psycho-social services) 2. Increase gender sensitive livelihood opportunities for household members facing protection violations or threats, who thereby are better able to manage these threats 3. Increase the opportunities for boys and girls affected by conflict to develop, participate, learn, play and strengthen their resilience 4. Strengthen community security initiatives through community policing and infrastructure improvement suitable for women and men 5. Training of medical practitioners on clinical management of rape 6. Training for psychosocial counsellors on mental health and psychosocial counselling 7. Strengthening the monitoring and reporting mechanisms of violations against children 8. Providing children escaping armed conflicts/ forced recruitment with psychosocial and educational activities, and family reunification 	<ul style="list-style-type: none"> • Number of survivors of protection violations accessing services, emergency support and community-based projects (data disaggregated by sex and age) • Number (disaggregated by sex) of households provided with livelihood support and community protection initiatives • Number of services supported • Number of medical/ paramedical staff trained • Number of medical/ paramedical staff trained • Number of assessment tools developed • Number of children surviving conflict and forced recruitment assisted 	<ul style="list-style-type: none"> • 1,000 survivors. Revised target: 10,000 for 2011 • 2,000 households. Revised target: 5,000 for 2011 • 100 services • 45 • 45 • 5 • 50 	<ul style="list-style-type: none"> • 7797 (3571 female and 4226 male, of which 1549 were girls and 1660 boys) • 3771 • 35 • New • New • New • New
SOM_PRT_2				
Enhance monitoring of and reporting on protection violations faced by women, girls, boys and men affected by conflict and drought and other vulnerable communities in order to inform advocacy and programmatic responses	<ol style="list-style-type: none"> 1. Provide capacity building on data collection and protection monitoring including sex and age disaggregation, verification, timely analysis and reporting 2. Conduct mapping, gender sensitive profiling exercises and assessments in key locations to define advocacy and programmatic response, including an assessment on gang-related sexual violence in Bossaso and Gaalkacyo 3. Undertake advocacy initiatives to enhance the overall protective environment for women and girls, men and boys 4. Roll out GBV IMS to collect data on GBV cases 	<ul style="list-style-type: none"> • Number of advocacy initiatives undertaken informed by cluster members' monitoring reports • Number of programmatic initiatives developed and implemented to address key protection issues identified through the monitoring and reporting system • Number of capacity-building initiatives conducted to support organizations involved in protection monitoring • Number of mapping and profiling exercises and assessments conducted • Number of PMN/PMT reports disseminated 	<ul style="list-style-type: none"> • 10 • 10 • 2. Revised target: 5 for 2011 • 5 • 48 	<ul style="list-style-type: none"> • 20 • 7 • 3 • 3 • 26
SOM_PRT_3				
Strengthen capacity building of key duty-bearers, including formal and informal institutions, in order to enhance the overall protective environment, the prevention of, and response to protection violations	<ol style="list-style-type: none"> 1. Strengthen community based protection networks by enhancing the capacity of women and men to identify, report and respond to protection rights violations 2. Engage with formal and informal institutions, including service providers, to raise awareness on protection rights violations and build capacity to mitigate against, reduce, prevent violations 	<ul style="list-style-type: none"> • Number of gender-sensitive policies and frameworks developed or strengthened • Number of institutions (formal & informal) supported through capacity-building • Number of service providers supported through capacity-building 	<ul style="list-style-type: none"> • 1 • 20 • 20 	<ul style="list-style-type: none"> • 6 • 35 • 26

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Objectives	Major Activities	Indicators	End-May Targets	End-May Achievements
	<p>3. Capacity-building for formal and informal institutions, in particular service providers, to ensure equal response to the needs of survivors of violations and emergencies</p> <p>4. Strengthening Somali authorities through trainings and other capacity-building activities, to develop gender-sensitive policies and legislative frameworks, thus enabling the authorities to be able to respond to vulnerable, displaced populations' service provision gaps and needs</p> <p>5. Engaging more closely with the AMISOM and TFG as a means of reducing the violations practiced from their side (indiscriminate shelling, arbitrary arrest...etc.)</p>	<ul style="list-style-type: none"> • Number of police and investigators trained on GBV issues • Number of meetings held 	<ul style="list-style-type: none"> • 50 • 3 	

3.3.10 Water, Sanitation and Hygiene



In response to the harsh Jilaal dry season from January to May, the WASH Cluster developed a WASH severity map to prioritize response in the areas of greatest need, considering low rainfall and level of vulnerability. A Joint Drought Position Paper was developed by the WASH and Agriculture and Livelihood Clusters to ensure a consistent approach to drought response. The WASH Cluster strategic drought response focused on sustainable interventions, such as rehabilitation of boreholes, and deepening of shallow wells that provide immediate assistance, as well as reducing the impact of future droughts. A new approach of water access by voucher was supported, with the last and final option of water trucking if there was no alternative.

In water access by voucher, a local committee selects the most vulnerable people who will receive water vouchers, and existing local mechanisms (traditional water vendors) provide the water. The approach increases the chance of water getting to the people most in need, puts the power in the hands of beneficiaries (as the voucher is the equivalent of cash to the local water vendor); and reduces logistical water trucking movements in insecure environments. The WASH Cluster developed a guideline for consistent implementation of this approach, based on the pilot conducted by COOPI in Gedo. All projects funded by the CHF in 2011 have implemented this new approach rather than direct water trucking.³⁵

With the funding received, WASH Cluster partners have improved the lives of 970,000 people via water access by voucher or water trucking, and over 950,000 people have benefited from life-saving chlorination of water sources in Mogadishu and the Afgooye corridor. In addition, the cluster has reached 540,121 people in a more sustainable manner, including the construction or rehabilitation of 45 boreholes, 151 shallow wells, and 3,124 latrines. The gap between target and actual achievement is due to the low level of funding and access issues in the southern regions.

The WASH Cluster needs analysis in CAP 2011 forecast a lower than average rainfall as a result of La Niña phenomena and this has proved accurate. In addition to funding and access issues, a key challenge is the lack of a dedicated needs assessment and lack of a “live” map of functional water sources across Somalia. This would improve strategic targeting of new water sources and accountability of implementing agencies. At the start of 2011, two million people were reported to be in crisis by FSNAU, and in April 2011, this increased to 2.4 million people in the FSNAU Quarterly Brief “Outcome of the Jilaal”. In line with this report, and subsequent analyses, the WASH target has increased to 2.5 million people. A gap analysis has been conducted to ensure the WASH projects meet the increased needs. Projects in the CAP have been updated accordingly to reflect the increased needs.

Cluster lead agency	UNITED NATIONS CHILDREN’S FUND (UNICEF)
Co-lead	OXFAM-GB
Cluster members	ACTED, ADA, ADRA, AFREC, Baniadam, CARE, Caritas, CESVI, CISP, COOPI, COSV, DIAL, DRC, FAO, FERO, GMC, GTZ, HWS & CDO, IAS, IIDA, IR, KAALO, Medair, NAPAD, NCA, NRC, Oxfam GB, Oxfam Novib, RI, SDRO, <i>Solidarités & SADO</i> , TGV, UNICEF, WARDI, WOCCA, YME
Number of projects	39
Cluster objectives	<ul style="list-style-type: none"> • Ensure that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion through risk-sensitive interventions • Strengthen emergency preparedness and contingency planning • Ensure equitable capacity-building of women and men in institutions and communities for sustainable WASH interventions
Beneficiaries	2.5 million (revised upwards from two million)
Funds requested	Original requirements: \$49,622,722 Revised requirements: \$51,143,617
Funds requested per priority level	\$38,194,940 (High) \$9,783,429 (Medium)\$3,165,248 (Low)
Funding to date	\$24,378,657 (48% of revised requirements)
Contact information	Kathryn Harries - kharries@unicef.org Medard Hakizamungu - mhakizamungu@oxfam.org.uk

³⁵ CHF funding to WASH (\$12.7 million) is 52% of all funding received to date.

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Objectives	Major Activities	Indicators	End-May Targets	End-May Achievements
Water, Sanitation and Hygiene				
SOM_WS_1				
Ensure that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion through risk sensitive interventions	<p>1. Support the rehabilitation of existing water systems and construction of new water facilities, including the operation, maintenance and water treatment (Projects that provide flood-proof water and sanitation facilities, or is part of strategic boreholes planning as an emergency response will be counted under Cluster Objective 1.)</p> <p>2. With the full and equal participation of women and men in the household, community or institution, support the construction and rehabilitation of appropriate and gender-sensitive sanitation facilities (Projects that provide flood-proof water and sanitation facilities, or is part of strategic boreholes planning as an emergency response will be counted under Cluster Objective 1.)</p> <p>3. Promote dissemination of key hygiene messages, and practices addressing also underlying causes of malnutrition to both women and men equally in communities, and key institutions (nutrition feeding centres, health facilities, schools)</p>	<ul style="list-style-type: none"> • Number of people, disaggregated by sex, with access to safe water • Number of people disaggregated by sex, with increased access to appropriate sanitation facilities • Number of people, disaggregated by sex, who have participated in hygiene promotion campaigns, including in nutrition feeding centres, health facilities and schools 	<ul style="list-style-type: none"> • 800,000 people including 318,500 IDPs • Included in the above • Included in the above 	<ul style="list-style-type: none"> • Emergency water responses (chlorination, water access by voucher, AWD response) reached 1,401,059 people (698,604 female, 602,455 male). Non-CAP projects reached a further 547,679 people • Sanitation beneficiaries were 377,307 (47% of mid-year target) • Hygiene beneficiaries were 293,225 (37% of mid-year target)
SOM_WS_2				
Strengthen emergency preparedness and contingency planning	<p>1. In consultation with women and men at the level of households, communities and institutions, support the rehabilitation and the construction of strategic water systems in drought-prone areas</p> <p>2. In consultation with women and men at the level of households, communities and institutions, support the rehabilitation and construction of flood-proof water and sanitation facilities</p> <p>3. With the full and equitable participation of women and men in the community, raise awareness and, compile an emergency response plan</p> <p>4. Develop early warning system for high risk areas</p> <p>5. Pre-position stocks for disaster response in high-risk areas</p>	<ul style="list-style-type: none"> • Number of people disaggregated by gender benefited from constructed and rehabilitated strategic water systems • Number of people, disaggregated by gender, with increased access to flood-proof water and sanitation facilities (Projects that provide flood-proof water and sanitation facilities, or is part of strategic boreholes planning as an emergency response will be counted under Cluster Objective 1.) • Compiled emergency response plan developed • Early warning systems developed 	<ul style="list-style-type: none"> • 800,000 people • 10,000 people • Compiled contingency plan for all high risk areas • High risk areas and identified and mapped 	<ul style="list-style-type: none"> • 68% (540,121 – 307,869 female, 232,252 male). This equates to a coverage of 22% against the full-year target of 2.5 million. (non-CAP funded projects reached an additional 86,442, or 11%) • CHF funding for approx. 4,500 people (100 school and village flood-proof latrines) • Contingency planning undertaken for large scale IDP movement in South Central, including Mogadishu. Further contingency planning funded • Map developed for high risk areas of AWD outbreak, and drought severity
SOM_WS_3				
Ensure equitable capacity building of women and men in institutions and communities for sustainable WASH interventions	<p>1. Support the appropriate capacity-building of women and men in communities, and institutions to operate, maintain and manage water infrastructure in a sustainable manner</p>	<ul style="list-style-type: none"> • Number of members of WASH committees and institutions trained in water management, disaggregated by gender 	<ul style="list-style-type: none"> • 1,500 members trained 	<ul style="list-style-type: none"> • 810 members trained (54%) (462 female, 348 male) Non-CAP projects trained a further 18 people (1%)

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Objectives	Major Activities	Indicators	End-May Targets	End-May Achievements
	<p>2. Support appropriate capacity-building for women and men in communities and institutions to manage sanitation facilities in a sustainable manner</p> <p>3. Training of male and female community personnel, teachers and health staff to communicate key hygiene messages effectively, including hygiene practices to address water born diseases</p>	<ul style="list-style-type: none">• Number of members of WASH committees and institutions trained promoting good hygiene practices	<ul style="list-style-type: none">• Included in above	<ul style="list-style-type: none">• Included in above

4. FORWARD VIEW

Will there be a CAP in 2012?	YES
CAP 2012 Workshop Dates	Second half of August
EXISTING NEEDS ASSESSMENTS	
<p>The Food Security and Nutrition Analysis Unit- Somalia (FSNAU) provides the most comprehensive, evidence-based analysis of Somali food, nutrition and livelihood security to enable both short-term emergency responses and long-term strategic planning to promote food and livelihood security for Somali people. The key assessments are done twice yearly, following the <i>Deyr</i> and <i>Gu</i> rainy seasons in Somalia, and are the basis of the analysis that informs the strategy for the CAP process in Somalia. http://www.fsnau.org/</p>	
GAPS IN INFORMATION	
<p>One of the major gaps is related to the population figures that underpin needs analysis in Somalia. The 2005 UNDP population estimates that are the basis for many assumptions are out of date. Access constraints and gate keepers allow only indirect estimates of IDP numbers in many locations.</p>	
PLANNED NEEDS ASSESSMENTS	
<p>See http://ochaonline.un.org/Somalia for updated information.</p>	



1A new borehole in a remote drought-affected village in Galinsor, Mudug region, was completed and is now benefiting 15,000 people in the area / UNICEF

ANNEX I. LIST OF PROJECTS AND FUNDING TABLES

TABLE IV: LIST OF APPEAL PROJECTS (GROUPED BY CLUSTER), WITH FUNDING STATUS OF EACH

Consolidated Appeal for Somalia 2011 as of 30 June 2011 http://fts.unocha.org								
Compiled by OCHA on the basis of information provided by donors and appealing organizations.								
Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
AGRICULTURE AND LIVELIHOODS								
SOM-11/A/39855/R/5633	Assistance to vulnerable populations in Southern and Central Somalia	Solidarités	2,093,914	2,093,914	521,025	1,572,889	25%	A-HIGH
SOM-11/A/39858/R/123	Capacity building project for effective implementation and coordination of cluster activities	FAO	847,000	847,000	357,000	490,000	42%	A-HIGH
SOM-11/A/39872/R/14050	Emergency and recovery agriculture and livelihoods support programme for vulnerable communities in Gedo, Middle Juba and Lower Juba	ADA	734,768	734,768	-	734,768	0%	A-HIGH
SOM-11/A/39874/R/5645	Emergency assistance to IDPs and vulnerable host communities in Puntland State of Somalia	CARE International	722,665	722,665	-	722,665	0%	A-HIGH
SOM-11/A/39877/R/8890	Emergency farm inputs support to IDPs in Afgooye district in Lower Shabelle	SOADO	320,000	630,340	-	630,340	0%	A-HIGH
SOM-11/A/39878/R/8896	Emergency farming support to riverine farmers in Hiraan region	WARDI	250,000	250,000	-	250,000	0%	A-HIGH
SOM-11/A/39879/R/8890	Emergency flood prevention support to riverine farmers in Jalalaqsi district	SOADO	353,690	353,690	-	353,690	0%	A-HIGH
SOM-11/A/39880/R/8141	Emergency Food Assistance to vulnerable IDPs and Urban Poor in North Mogadishu.	HARDO	613,000	1,246,318	260,000	986,318	21%	A-HIGH
SOM-11/A/39881/R/6079	Emergency food security and livelihoods support to women, youth and children in vulnerable households in South Central Somalia (Hiraan and Galgaduud)	SC	2,074,296	2,074,296	782,821	1,291,475	38%	A-HIGH
SOM-11/A/39887/R/6971	Emergency livelihood support for Central region (ELSC)	RI	597,745	597,745	421,933	175,812	71%	A-HIGH
SOM-11/A/39888/R/5527	Emergency livelihood support to vulnerable IDPs and populations in Somalia	NCA	1,369,409	1,369,409	-	1,369,409	0%	A-HIGH

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Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
SOM-11/A/39889/R/5362	Emergency livelihoods intervention for pastoral and IDP communities in Hiraan and Galgaduud regions	OXFAM Netherlands (NOVIB)	2,413,558	2,413,558	332,000	2,081,558	14%	A-HIGH
SOM-11/A/39890/R/8938	Emergency Livelihoods Support for IDP and Riverine Populations in Lower Juba	KISIMA	200,000	200,000	-	200,000	0%	A-HIGH
SOM-11/A/39891/R/6458	Emergency livelihoods support to agricultural and agro-pastoralist communities affected by chronic droughts in Sanaag region, Somalia	ACTED	921,617	460,809	-	460,809	0%	A-HIGH
SOM-11/A/39892/R/8873	Diversifying livelihoods of conflict affected 4000 fishing IDP HHS to improve their coping mechanisms and response to shocks in Banadir region, South Central Somalia.	Hijra	604,813	864,828	200,001	664,827	23%	A-HIGH
SOM-11/A/39893/R/6458	Emergency livelihoods support to vulnerable and destitute riverine households affected by flooding in Middle Juba Region, Southern Somalia	ACTED	874,421	874,421	980,749	(106,328)	112%	A-HIGH
SOM-11/A/39913/R/14576	Emergency support to IDPs and host communities from the effects of drought and inflation	HAPO	249,516	249,516	-	249,516	0%	A-HIGH
SOM-11/A/39914/R/8863	Emergency support to IDPs and pastoral communities in humanitarian emergency in Abudwak district	Access Aid	250,000	250,000	-	250,000	0%	A-HIGH
SOM-11/A/39921/R/14000	Empowering economically women IDP porters in Belet Xaawo district to break the vicious cycle of poverty	NAPAD	375,000	375,000	-	375,000	0%	A-HIGH
SOM-11/A/39924/R/5181	Enhanced livelihoods and food security to conflict and disaster affected communities in Somaliland, Puntland and South Central Somalia	DRC	1,630,181	4,060,344	200,703	3,859,641	5%	A-HIGH
SOM-11/A/39928/R/7515	Enhancing resilience of communities living in drought and flood prone areas	SADO	581,064	581,064	499,343	81,721	86%	A-HIGH
SOM-11/A/39936/R/5587	Fighting drought in Somalia	VSF (Germany)	500,000	500,000	160,000	340,000	32%	A-HIGH
SOM-11/A/39937/R/123	Flood and drought disaster risk reduction and management in Somalia	FAO	700,000	700,000	-	700,000	0%	A-HIGH
SOM-11/A/39938/R/14574	Flood mitigation and increased food production through capacity building and rehabilitation of canals and weak river embankments	AGROCARE	214,292	214,292	-	214,292	0%	A-HIGH
SOM-11/A/39939/R/8000	Flood mitigation project for Doolow, Luuq and Belet-Xaawo in Gedo region	ASEP	333,620	333,620	-	333,620	0%	A-HIGH

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Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
SOM-11/A/39940/R/7513	Flood response emergency project for the riverine population in HE and AFLC in Lower and Middle Juba	AGRO-SPHERE	349,672	349,672	-	349,672	0%	A-HIGH
SOM-11/A/39943/R/123	Food Security and Nutrition Analysis Unit (Merged into CSS/42569)	FAO	2,500,000	-	-	-	0%	D-NOT SPECIFIED
SOM-11/A/39946/R/14000	Gender inclusive cash relief, cash-for-work and productive asset rebuilding as an emergency livelihood support to riverine farmers in humanitarian emergency in Jilib district, Middle Juba region	NAPAD	382,000	382,000	-	382,000	0%	A-HIGH
SOM-11/A/39954/R/8377	Improve food security and livelihoods of agropastoral and pastoral communities in Burao District	ADO	164,900	723,025	-	723,025	0%	A-HIGH
SOM-11/A/39958/R/13151	Improve livestock herd sizes and livestock productivity for households in HE, AFLC and IDPs in South Mudug region	ARDO	309,500	510,700	250,000	260,700	49%	A-HIGH
SOM-11/A/39979/R/8937	Integrated emergency livelihood support to poor rural, urban and IDP populations in Hiraan, Middle and Lower Shabelle and Bandir Regions in south central Somalia	WOCCA	1,353,367	1,653,367	-	1,653,367	0%	A-HIGH
SOM-11/A/39984/R/7513	Integrated support and emergency relief to most vulnerable women-headed households and IDP women in Afgooye City and the IDP Corridor	AGRO-SPHERE	469,623	469,623	219,900	249,723	47%	A-HIGH
SOM-11/A/39987/R/5167	Life Saving and Livelihood Support Project for Populations in Humanitarian Emergency in Hiraan, Galgaduud and Middle Juba Regions	COOPI	874,800	874,800	240,001	634,799	27%	A-HIGH
SOM-11/A/39988/R/8863	Livelihood rehabilitation for pastoral communities in Galdogob District in Mudug Region	Access Aid	489,300	489,300	681,402	(192,102)	139%	A-HIGH
SOM-11/A/39989/R/14051	Livelihood support against recurring floods	Techno Plan	245,455	245,455	-	245,455	0%	A-HIGH
SOM-11/A/39990/R/123	Livelihood support for agropastoral communities in humanitarian emergency and acute food and livelihood crises in south central Somalia	FAO	9,500,000	12,020,000	4,604,323	7,415,677	38%	A-HIGH
SOM-11/A/39991/R/14577	Livelihood support to riverine households in Belet Weyne district to increase their crop production	SAMRADO	249,847	249,847	124,750	125,097	50%	A-HIGH
SOM-11/A/39992/R/8016	Livelihood support to vulnerable IDPs and people facing humanitarian emergency in South Central and Northeast Somalia	FERO	302,800	302,800	130,000	172,800	43%	A-HIGH
SOM-11/A/39995/R/6706	North emergency livelihood intervention (NELI)	Horn Relief	2,044,843	2,570,225	546,851	2,023,374	21%	A-HIGH

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Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
SOM-11/A/40000/R/5110	Pastoral and agro-pastoral livelihood support in Somalia	VSF (Switzerland)	350,000	350,000	-	350,000	0%	A-HIGH
SOM-11/A/40002/R/298	Preventing malnutrition and stabilising vulnerable IDP households in Bossaso through sensitizations, cash based initiatives and skills development	IOM	916,150	2,728,500	-	2,728,500	0%	A-HIGH
SOM-11/A/40008/R/123	Protecting pastoral community livelihood assets in south central somalia and enhancing the communities capacity to cope with shock through an integrated approach.	FAO	3,800,000	7,296,000	1,429,065	5,866,935	20%	A-HIGH
SOM-11/A/40015/R/8028	Provide integrated livelihood options to riverine population-PILOR	AFREC	636,008	636,008	476,742	159,266	75%	A-HIGH
SOM-11/A/40023/R/123	Provision of basic livelihood assets to vulnerable riverine farming households in Hiraan, Gedo and Lower Juba.	FAO	3,000,000	3,000,000	-	3,000,000	0%	A-HIGH
SOM-11/A/40033/R/8890	Provision of lactating shoats to drought affected agropastoral communities in Hiraan and Galgaduud regions	SOADO	358,900	358,900	-	358,900	0%	A-HIGH
SOM-11/A/40043/R/8027	Recovery and shock resistance for hazardous flood victims through sustained flood prevention and crop production assistance in the riverine areas of Middle Shabelle region, Somalia	CEFA	400,000	400,000	312,000	88,000	78%	A-HIGH
SOM-11/A/40046/R/12903	Rehabilitation of livelihood productive assets, improving and enhancing food security for vulnerable population and host communities in South Mudug and Galgaduud regions of Somalia	GSA	588,000	588,000	-	588,000	0%	A-HIGH
SOM-11/A/40052/R/14000	Seed distribution as an emergency livelihood intervention to boost the resilience of the agro-pastoral farmers in Deeh, Galgaduud region, Somalia	NAPAD	250,000	250,000	150,000	100,000	60%	A-HIGH
SOM-11/A/40056/R/7037	Sool Plateau livelihood support project	CARE Somalia	672,277	672,277	-	672,277	0%	A-HIGH
SOM-11/A/40058/R/8939	Strengthen livelihood capacities of agro-pastoralist and pastoralist families in acute food and livelihood crisis and humanitarian emergency in Adale and Adan Yabaal districts, Middle Shabelle region affected by drought, poor rain and conflict	CED	500,000	500,000	-	500,000	0%	A-HIGH
SOM-11/A/42559/R/5834	Support to drought affected displaced populations through the provision of monthly food vouchers in Banadir.	NRC	-	850,650	-	850,650	0%	A-HIGH

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Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
SOM-11/A/42560/R/776	Improve household income and capacity of the HE and ALFC people in Banadir and Afgooye corridors through rehabilitation of basic social and productive infrastructure.	UNDP	-	6,770,000	-	6,770,000	0%	A-HIGH
SOM-11/A/42561/R/8380	Emergency intervention to save lives and livelihoods for the vulnerable drought affected households in Bakool region, Southern Somalia.	JCC	-	598,350	-	598,350	0%	A-HIGH
Sub total for AGRICULTURE AND LIVELIHOODS			50,532,011	68,837,096	13,880,609	54,956,487	20%	
EDUCATION								
SOM-11/E/39856/R/5103	Basic Education Support for Out-Of-School Children, Peace and civic education and Literacy in IDP Camps in Central South Somalia and Puntland	UNESCO	943,000	943,000	-	943,000	0%	A-HIGH
SOM-11/E/39862/R/5660	Contributing to a protective environment for conflict affected primary and secondary school children by providing safe learning spaces, psychosocial support and capacity building on life saving issues in SCZ in Somalia	INTERSOS	646,844	406,929	-	406,929	0%	A-HIGH
SOM-11/E/39867/R/6079	Education in Emergencies in Galgaduud Region	SC	750,001	750,001	-	750,001	0%	A-HIGH
SOM-11/E/39868/R/6079	Emergency and Life Saving Education for IDPs, and other children affected by drought and those in need of emergency support in Bari, Mudug and Nugaal in Puntland	SC	732,134	943,800	-	943,800	0%	A-HIGH
SOM-11/E/39869/R/14579	Education Response to Emergency Situations in Somalia	FENPS	510,000	510,000	-	510,000	0%	A-HIGH
SOM-11/E/39870/R/6971	Education Support for Children in Emergency in Puntland (ESCEP)	RI	548,000	548,000	-	548,000	0%	B-MEDIUM
SOM-11/E/39871/R/8028	Education Support for Vulnerable Communities in Jilib, Badhaadhe and Afmadow Districts	AFREC	501,816	501,816	-	501,816	0%	C-LOW
SOM-11/E/39876/R/14578	Emergency education opportunities are enhanced for conflict affected children in Jowhar, Balcad and Aden Yabaal of Middle Shabelle.	Farjano	562,077	562,077	-	562,077	0%	C-LOW
SOM-11/E/39932/R/8058	Ensure access to basic education for children affected by conflicts in areas of Lower Shabelle and Mudug regions, in Somalia	IRW	514,190	514,190	564,247	(50,057)	110%	A-HIGH

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Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
SOM-11/E/39973/R/5816	Increased access to basic education for youth, women, IDPs through provision of basic literacy/numeracy and Vocational skills in Galgaduud and South Mudug	CISP	320,358	320,358	-	320,358	0%	B-MEDIUM
SOM-11/E/40017/R/124	Providing inclusive educational opportunities and protection for vulnerable children affected by conflict, drought and poverty in Somalia	UNICEF	6,641,226	6,014,226	3,746,302	2,267,924	62%	A-HIGH
SOM-11/E/40036/R/8939	Provision of primary education and adequate WASH facilities for children-affected by conflict in Middle and Lower Shabelle with a special focus on building up local education systems and structures and dissemination of life-saving knowledge	CED	401,425	401,425	-	401,425	0%	A-HIGH
SOM-11/E/40064/R/5572	Strengthening the support to Merka emergency primary education	COSV	382,315	382,315	195,389	186,926	51%	A-HIGH
SOM-11/E/40066/R/5816	Support of Pre Primary and Primary Education in Conflict and Drought Affected Areas of Galgaduud and South Mudug Region of Central Somalia	CISP	495,570	495,570	-	495,570	0%	A-HIGH
SOM-11/E/40068/R/5834	Support to IDP Alternative Basic Education and transition to Formal School in South Central, Puntland and Somaliland	NRC	2,000,000	2,000,000	113,000	1,887,000	6%	A-HIGH
SOM-11/E/40078/R/5103	Women and Girls Empowerment through Literacy, Skills Training, Civic and Peace Education and conflict prevention in Central South Somalia and Puntland	UNESCO	780,000	780,000	-	780,000	0%	A-HIGH
SOM-11/E/40079/R/5834	Youth Education Pack (YEP) Project for IDPs, Refugees, Returnees in Somaliland, Puntland and South Central Somalia	NRC	1,000,000	1,000,000	-	1,000,000	0%	A-HIGH
Sub total for EDUCATION			17,728,956	17,073,707	4,618,938	12,454,769	27%	
ENABLING PROGRAMMES								
SOM-11/CSS/39864/R/119	Strengthening Humanitarian Coordination in Somalia	OCHA	7,036,359	8,621,850	3,247,629	5,374,221	38%	A-HIGH
SOM-11/CSS/39926/5139	Enhancing humanitarian Emergency Radio Communications System (ECS) network Somaliland	UNDSS	520,000	520,000	-	520,000	0%	A-HIGH
SOM-11/CSS/39968/123	Improving the quality of responses to humanitarian needs in Somalia through strengthened response analysis	FAO	627,000	627,000	-	627,000	0%	B-MEDIUM

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SOM-11/CSS/39986/R/7018	Radio ERGO (ex-IRIN Radio Somali Service)	IRIN	289,238	-	288,700	(288,700)	0%	B-MEDIUM
SOM-11/CSS/39986/R/8531	Radio ERGO (ex-IRIN Radio Somali Service)	IMS	-	289,238	-	289,238	0%	B-MEDIUM
SOM-11/CSS/39994/5181	NGO Security Program	DRC	1,571,984	1,571,984	859,284	712,700	55%	A-HIGH
SOM-11/CSS/42569/R/123	Food Security and Nutrition Analysis Unit	FAO	-	4,000,000	2,210,640	1,789,360	55%	A-HIGH
SOM-11/S/39922/5139	Enabling Security UN Security Training for Somalia	UNDSS	640,328	640,328	-	640,328	0%	A-HIGH
SOM-11/S/40018/5139	Providing mass casualty incident response	UNDSS	2,819,750	2,819,750	2,216,000	603,750	79%	A-HIGH
SOM-11/S/40019/5139	Providing stress counseling and psychosocial support to UN staff working inside Somalia and the UN support office for Somalia based in Nairobi.	UNDSS	500,766	500,766	-	500,766	0%	A-HIGH
SOM-11/S/40051/5139	Security Aircraft in Support of Relief Operations in Somalia	UNDSS	1,600,000	1,600,000	-	1,600,000	0%	A-HIGH
Sub total for ENABLING PROGRAMMES			15,605,425	21,190,916	8,822,253	12,368,663	42%	
FOOD ASSISTANCE								
SOM-11/F/39941/R/561	Food Assistance for Emergency Relief and Protection of Livelihoods	WFP	180,335,412	191,605,662	124,457,441	67,148,221	65%	A-HIGH
SOM-11/F/40035/5181	Provision of prepared food aid meals to conflict affected people in Mogadishu, Somalia	DRC	7,800,000	7,800,000	499,866	7,300,134	6%	A-HIGH
Sub total for FOOD ASSISTANCE			188,135,412	199,405,662	124,957,307	74,448,355	63%	
HEALTH								
SOM-11/H/39859/R/122	Chain Free Initiative to improve mental health in south central Somalia	WHO	62,674	62,674	-	62,674	0%	A-HIGH
SOM-11/H/39859/R/14608	Chain Free Initiative to improve mental health in south central Somalia	Habeb Hospital	61,000	61,000	-	61,000	0%	A-HIGH
SOM-11/H/39865/R/8772	Delivering vital primary health care service for IDPs and the host community in Marka, Lower Shabelle (Withdrawn)	MDM France	967,000	-	-	-	0%	D-NOT SPECIFIED
SOM-11/H/39875/R/6079	Emergency Child Survival among IDP populations	SC	1,847,000	1,847,000	-	1,847,000	0%	B-MEDIUM
SOM-11/H/39882/R/8058	Emergency Health Assistance to IDPs and local communities in Banadir region	IRW	930,000	470,000	-	470,000	0%	A-HIGH
SOM-11/H/39883/8058	Emergency Health Assistance to IDPs in Lower Shabelle	IRW	600,000	600,000	-	600,000	0%	A-HIGH

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SOM-11/H/39884/5572	Emergency health care provision for the vulnerable population/IDPs in Mogadishu, Banadir region	COSV	1,177,475	1,177,475	-	1,177,475	0%	A-HIGH
SOM-11/H/39885/8388	Emergency Integrated Health Service Delivery for Adale, Hobyo and Eyl Districts	SAACID	1,900,000	1,900,000	-	1,900,000	0%	B-MEDIUM
SOM-11/H/39886/5767	Emergency intervention in support of health service delivery in Somalia	UNOPS	3,410,103	3,410,103	398,793	3,011,310	12%	B-MEDIUM
SOM-11/H/39901/1171	Emergency preparedness and response to pregnancy and child birth complications in IDPs in three regions (Hiraan, Galgadud & Mudug) of Somalia.	UNFPA	810,100	460,100	960,100	(500,000)	209%	A-HIGH
SOM-11/H/39901/122	Emergency preparedness and response to pregnancy and child birth complications in IDPs in three regions (Hiraan, Galgadud & Mudug) of Somalia.	WHO	-	350,000	-	350,000	0%	A-HIGH
SOM-11/H/39902/5186	Emergency primary health care interventions for conflict-affected population in Wajid (Bakool) and Mogadishu-Hodan	ACF	440,000	440,000	100,000	340,000	23%	A-HIGH
SOM-11/H/39903/R/12801	Emergency Primary Health Care Support Program	MERCY-USA	860,922	860,922	-	860,922	0%	B-MEDIUM
SOM-11/H/39904/R/14581	Emergency primary health support to vulnerable women and children in IDPs and host community in Mataban district of Hiran region (Withdrawn)	SORRDO	120,000	-	-	-	0%	D-NOT SPECIFIED
SOM-11/H/39915/5660	Emergency support to the Health Centers of Balad, Hawadley and Warsheik, serving internally displaced and conflict-affected women and men, boys and girls in urban and rural areas of Middle Shabelle for primary health care needs and reproductive health	INTERSOS	315,784	315,784	209,297	106,487	66%	A-HIGH
SOM-11/H/39927/R/5128	Enhancing Primary Health Services in Belet Weyne District (HIRAN)	CESVI	391,000	177,500	-	177,500	0%	A-HIGH
SOM-11/H/39933/R/5128	Ensure access to quality emergency health services in rural areas of South Mudug to host communities and IDPs	CESVI	682,200	337,000	-	337,000	0%	A-HIGH
SOM-11/H/39935/122	Extension of emergency health care and life-saving services, including emergency surgical procedures in Banadir, Bay, Bakool, L/Shabelle, Nugaal, Mudug & Awdal regions of Somalia, including to conflict-affected communities	WHO	938,500	938,500	-	938,500	0%	A-HIGH
SOM-11/H/39947/122	Health cluster coordination and emergency preparedness in Somalia	WHO	1,150,000	1,150,000	151,679	998,321	13%	B-MEDIUM

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SOM-11/H/39956/5370	Improve Health Services through Primary Health Care and OPDs in Banadir, Lower Shabelle, Lower Jubba, Middle Shabelle, Hiran, Bari, Sanaag and Sool	Muslim Aid	1,304,712	1,304,712	299,200	1,005,512	23%	A-HIGH
SOM-11/H/39957/8058	Improve health services to IDPs and Host communities in Mudug	IRW	655,000	655,000	399,005	255,995	61%	A-HIGH
SOM-11/H/39964/14015	Improving access to basic health service for women, children, girls, boy and men in the underserved areas in Labatunjerow	SAMA	270,000	270,000	-	270,000	0%	B-MEDIUM
SOM-11/H/39978/R/5095	Integrated Emergency Health programme Burao district, Togdheer region and Laascaanood, Sool region	MEDAIR	678,900	201,751	-	201,751	0%	B-MEDIUM
SOM-11/H/39993/122	Mass provision of a package of evidence based low cost highly effective life saving health and nutrition interventions to reduce death and disability among women and children under 5 through Child Health Days (conducted twice a year)	WHO	10,601,965	10,601,965	-	10,601,965	0%	A-HIGH
SOM-11/H/39993/124	Mass provision of a package of evidence based low cost highly effective life saving health and nutrition interventions to reduce death and disability among women and children under 5 through Child Health Days (conducted twice a year)	UNICEF	10,228,426	10,228,426	4,734,220	5,494,206	46%	A-HIGH
SOM-11/H/39996/8502	Nugaal emmergency Primary Health Care support	WVI	350,000	350,000	-	350,000	0%	B-MEDIUM
SOM-11/H/39998/122	Control and response to outbreaks of communicable diseases in emergency health settings including IDP camps and settlements in Somalia and provision of gaps fillings activities for access to quality essential medicines and supplies of identified vulnerable populations	WHO	1,662,948	1,662,948	999,997	662,951	60%	A-HIGH
SOM-11/H/40001/8028	PHC provision for vulnerable IDPs and host communities in Kismayo, Afmadow, Dhobley and Kulbio MCH Centres and their catchments in Lower Juba Region	AFREC	607,869	607,869	199,992	407,877	33%	B-MEDIUM
SOM-11/H/40020/14669	Provision and maintenance of essential health care services for populations in Huddur, Rabdhure, Dinsor, Baidoa & Kansadhare districts, Bay & Bakool regions	GIZ	1,661,024	1,661,024	-	1,661,024	0%	B-MEDIUM

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SOM-11/H/40021/7730	Provision and support of Primary Health Care for Dalayat in Diid'ade and Jadeecaley settlements of Badhaadhe District	DIAL	258,500	258,500	-	258,500	0%	A-HIGH
SOM-11/H/40022/7730	Provision and support of Primary Health Care for Kismayo General Hospital and Peri-Urban Population (Kismayo General Hospital support and one MCH and 2 Health posts in rural Bulaguduud-Kismayo District)	DIAL	388,100	388,100	119,650	268,450	31%	A-HIGH
SOM-11/H/40024/8896	Provision of emergency primary health care with referral at Xamar Jabjab, Mogadishu, Belet Weyne town and eight villages at west of Belet Weyne	WARDI	343,720	343,720	109,650	234,070	32%	B-MEDIUM
SOM-11/H/40025/14014	Provision of emergency medical and ambulance services to conflict-affected people in Mogadishu	AVRO	276,952	276,952	-	276,952	0%	A-HIGH
SOM-11/H/40028/5195	Provision of Emergency Primary Health Care and Nutrition services targeting women, men and children in Galgaduud region, Somalia	MERLIN	342,092	342,092	183,226	158,866	54%	A-HIGH
SOM-11/H/40029/5195	Provision of Emergency Primary Health Care and Nutrition services targeting women, men and children in Mudug region, Somalia.	MERLIN	361,665	361,665	117,068	244,597	32%	A-HIGH
SOM-11/H/40032/12739	Provision of intergrated Primary Health Care Services in four districts of Bari regions of Puntland State in Somalia targeting children, women and men	AAHI	309,688	309,688	-	309,688	0%	B-MEDIUM
SOM-11/H/40034/124	Provision of maternal and child health services through delivery of essential medicines, medical supplies, equipment to health facilities; capacity building of health workers; and establishment of community based care by female CHWs	UNICEF	6,439,336	6,439,336	1,735,562	4,703,774	27%	A-HIGH
SOM-11/H/40037/122	Provision of quality Basic and Comprehensive emergency obstetric care (EmOC)	WHO	956,885	956,885	-	956,885	0%	A-HIGH
SOM-11/H/40039/14602	Provision of strengthened primary health services to both IDPs and host communities in Hiran, Middle Shabell and Afgoye corridor in Lower shabelle	Zamzam Foundation	552,200	552,200	92,210	459,990	17%	A-HIGH
SOM-11/H/40045/8890	Rehabilitation and restoration of functionality of Jalalaqsi district hospital, Hiraan Region	SOADO	605,220	605,220	-	605,220	0%	B-MEDIUM
SOM-11/H/40048/8868	Rehabilitation of secondary health centres and provision of primary health services in Adado and Hoby Districts.	CPD	684,500	684,500	-	684,500	0%	B-MEDIUM

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Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
SOM-11/H/40050/14580	Reviving of Balanbale MCH with medicines, medical tools, nutritional supplies and conducive working spaces	HOPEL	180,050	180,050	57,737	122,313	32%	B-MEDIUM
SOM-11/H/40059/5572	Strengthening access to primary health care services in Lower Shabelle and Gedo regions	COSV	518,394	518,394	331,869	186,525	64%	A-HIGH
SOM-11/H/40062/R/14014	Strengthening the capacity of community health promoters on birth attendance in Mogadishu & Afgooye corridor IDPs camps (Withdrawn)	AVRO	29,250	-	-	-	0%	D-NOT SPECIFIED
SOM-11/H/40063/8873	Strengthening the delivery and provision of emergency life saving health services to IDPs, urban poor and vulnerable host communities of Lafole and neighbourhood areas of Lower Shabelle and Banadir hospital of Somalia.	Hijra	666,624	666,624	100,000	566,624	15%	A-HIGH
SOM-11/H/40067/5816	Support of Primary Health Care Services at MCH-level in emergency-affected areas of Galgaduud and South Mudug region of central Somalia	CISP	508,357	508,357	262,925	245,432	52%	A-HIGH
SOM-11/H/40073/R/8890	To provide emergency health assistance including critical life-saving services for women and children in Bulo Burto districts	SOADO	340,000	340,000	-	340,000	0%	B-MEDIUM
SOM-11/H/40081/6971	Emergency Primary Health Care Provision in Mudug Region, Somalia	RI	343,971	343,971	-	343,971	0%	A-HIGH
SOM-11/H/41164/R/122	Awaiting allocation to specific project	WHO	-	-	2,363,416	(2,363,416)	0%	D-NOT SPECIFIED
SOM-11/H/42463/R/8772	"Delivery of quality Mother and Child Health Services for IDPs and the vulnerable urban population of Bosaso in the Puntland State of Somalia "	MDM France	-	280,000	-	280,000	0%	B-MEDIUM
Sub total for HEALTH			58,790,106	56,458,007	13,925,596	42,532,411	25%	
LOGISTICS								
SOM-11/CSS/39948/561	Humanitarian Air Service in support of relief operations in Somalia SO 106810	WFP	15,379,482	15,379,482	9,144,892	6,234,590	59%	A-HIGH
SOM-11/CSS/40047/561	Rehabilitation of Logistics Infrastructure in Somalia-SPECIAL OPERATION 10578.0	WFP	14,492,413	14,492,413	8,507,819	5,984,594	59%	A-HIGH
Sub total for LOGISTICS			29,871,895	29,871,895	17,652,711	12,219,184	59%	

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Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
NUTRITION								
SOM-11/H/39852/7730	Emergency Nutrition Response for the Management of Acute Malnutrition and Capacity Building for nutrition actors on IMAM & IYCF in South Central, Somalia.	DIAL	664,600	664,600	578,139	86,461	87%	A-HIGH
SOM-11/H/39857/R/14669	Basic life saving & sustaining nutrition interventions for vulnerable populations in Bakool & Bay regions, Somalia (Withdrawn)	GIZ	666,616	-	-	-	0%	D-NOT SPECIFIED
SOM-11/H/39895/R/6079	Emergency Nutrition & Child Survival support to Conflict Affected populations in Puntland, Hiran and Galgadud regions.	SC	2,751,790	2,855,096	-	2,855,096	0%	A-HIGH
SOM-11/H/39896/12801	Emergency nutrition assistance for children under five years and women in Somalia	MERCY-USA	511,161	511,161	-	511,161	0%	A-HIGH
SOM-11/H/39897/14581	Emergency Nutrition Intervention Response for the Management of Acute Malnutrition in Mudug and Galgaduud regions	SORRDO	357,600	357,600	-	357,600	0%	A-HIGH
SOM-11/H/39898/5186	Emergency Nutrition interventions for conflict affected population in South Central Somalia	ACF	1,172,500	1,172,500	271,192	901,308	23%	A-HIGH
SOM-11/H/39899/14585	Emergency nutrition support in Bu'aale and Hagar Districts Lower and Middle Juba Regions	SORDES	245,000	245,000	216,512	28,488	88%	C-LOW
SOM-11/H/39900/14582	Emergency Outpatient Therapeutic Feeding and Supplementary Feeding in Luuq, Dolow and Beled-Xawa District, Gedo Region	CAFDARO	213,271	213,271	212,161	1,110	99%	A-HIGH
SOM-11/H/39910/14049	Emergency Supplementary and therapeutic feeding to avert nutrition- related mortality and morbidity in Gedo south	HARD	343,500	343,500	-	343,500	0%	A-HIGH
SOM-11/H/39911/8890	Emergency support (SFP and OTP) to drought affected children under age of five and women in Buloburte and Jalalaqsi districts in Hiraan region	SOADO	320,000	320,000	-	320,000	0%	A-HIGH
SOM-11/H/39942/R/123	Food Security and Nutrition Analysis Unit (Merged Into CSS/42569)	FAO	1,500,000	-	-	-	0%	D-NOT SPECIFIED
SOM-11/H/39945/5492	Gedo Emergency Nutrition Programme	Trocaire	333,284	333,284	-	333,284	0%	A-HIGH
SOM-11/H/39953/124	Improve and maintain child and maternal nutrition status by ensuring access to and utilization of a quality integrated Basic Nutrition Services Package (BNSP)	UNICEF	18,419,163	18,419,163	8,827,039	9,592,124	48%	A-HIGH
SOM-11/H/39955/8380	Improve health and nutritional status of the women and children of Bualle and Salagle populations	JCC	226,560	226,560	225,080	1,480	99%	A-HIGH

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Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
SOM-11/H/39980/R/5095	Integrated Emergency Nutrition Programme for the vulnerable population of Burao district, Togdheer region, Sool region, Somaliland	MEDAIR	674,300	674,300	-	674,300	0%	A-HIGH
SOM-11/H/39982/8502	Integrated management of acute malnutrition in Puntland (Jariiban, Garowe and Burtinle)	WVI	550,000	550,000	510,640	39,360	93%	A-HIGH
SOM-11/H/39999/14583	Outpatient Therapeutic Feeding and Targeted Supplementary Feeding Programmes in Cadaado District, Galgaduud Region	HRDO	308,705	308,705	-	308,705	0%	A-HIGH
SOM-11/H/40004/5572	Prevention and treatment of acute malnutrition in Lower Shabelle and Gedo regions through community based therapeutic care	COSV	670,121	670,121	488,126	181,995	73%	A-HIGH
SOM-11/H/40005/5362	Prevention and Treatment of Acute Malnutrition in Mogadishu through Community-based Therapeutic Care	OXFAM Netherlands (NOVIB)	3,334,212	3,334,212	1,110,443	2,223,769	33%	A-HIGH
SOM-11/H/40006/13148	Prevention and treatment of severe and moderate acute malnutrition through integrated therapeutic and supplementary feeding programmes in Jilib and Afmadow districts.	APD	378,970	378,970	375,213	3,757	99%	A-HIGH
SOM-11/H/40027/5816	Provision of emergency nutrition support to vulnerable population of South Mudug Region in Central Somalia	CISP	209,035	209,035	-	209,035	0%	A-HIGH
SOM-11/H/40040/7064	Provision of supplementary feeding program in Gedo and Lower Shabelle Region"s Districts of Bardera, Garbahaarey, Belet Xaawo Ceel Waaq and Kurtunwaarey1	AMA	344,000	344,000	284,300	59,700	83%	B-MEDIUM
SOM-11/H/40044/8028	Reduce Morbidity & Mortality Related to Malnutrition Among U5 Children and Women (REMREM)	AFREC	470,290	470,290	367,645	102,645	78%	B-MEDIUM
SOM-11/H/40053/8887	Selective feeding and nutrition education program for acute malnourished children under 5years, lactating and pregnant women in South Mudug Region	SDRO	120,875	120,875	-	120,875	0%	A-HIGH
SOM-11/H/40054/6971	Selective Feeding and Nutrition Education Program, Mudug Region	RI	350,000	350,000	-	350,000	0%	A-HIGH
SOM-11/H/40071/14584	Targeted Supplementary Feeding programmes (TSFP) and Outpatient Therapeutic Feeding programmes (OTP)	RAWA	275,340	275,340	-	275,340	0%	C-LOW

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Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
SOM-11/H/40072/8937	Therapeutic and Supplementary Emergency Feeding to Acute Malnourished Children, Pregnant and Lactating Women in 14 IDP camps in Afgoooye through BNSP to avert nutrition related morbidity and mortality rates.	WOCCA	200,000	200,000	151,220	48,780	76%	A-HIGH
SOM-11/H/40074/8885	To reduce morbidity and mortality related to malnutrition of children	SAF	221,000	221,000	-	221,000	0%	A-HIGH
SOM-11/H/40075/5660	To reduce morbidity and mortality related to malnutrition of children	INTERSOS	234,544	234,544	213,046	21,498	91%	A-HIGH
SOM-11/H/42094/R/8388	Emergency Nutrition Programme-Cadale-Middle Shabelle-Somalia	SAACID	-	392,912	-	392,912	0%	A-HIGH
SOM-11/H/42222/R/5160	Emergency Nutrition Response for the management of Acute malnutrition and capacity building for local community members and Regional MOH staff in Sool and Sanaag regions of Somalia	IMC	-	674,777	-	674,777	0%	A-HIGH
SOM-11/H/42563/R/5195	Emergency prevention and treatment of acute severe malnutrition in Galgaduud, Mudug and Nugaal region, Somalia	MERLIN	-	445,869	-	445,869	0%	A-HIGH
Sub total for NUTRITION			36,066,437	35,516,685	13,830,756	21,685,929	39%	
PROTECTION								
SOM-11/MA/39894/R/5116	Emergency mine risk education, explosive ordnance disposal and survey response in South Central Somalia	UNMAS	2,000,000	2,000,000	-	2,000,000	0%	A-HIGH
SOM-11/MA/39950/R/5116	Humanitarian mine action support to the Puntland Mine Action Center and explosive ordnance disposal in Puntland	UNMAS	553,601	553,601	-	553,601	0%	B-MEDIUM
SOM-11/MA/39951/R/5147	Humanitarian Mine Clearance in Somalia (Somaliland Region)	HT	350,000	350,000	525,624	(175,624)	150%	B-MEDIUM
SOM-11/P-HR-RL/39853/R/13145	A holistic response to sexual and physical based violence against women, girls, boys, and men	IIDA	274,000	198,000	-	198,000	0%	A-HIGH
SOM-11/P-HR-RL/39854/R/298	Addressing mixed migration challenges by improving protection of IDPs, asylum seekers, refugees, migrants, victims of trafficking and other vulnerable communities (including women) through advocacy, awareness and outreach, basic services, livelihood and capacity building.	IOM	2,195,000	2,195,000	-	2,195,000	0%	B-MEDIUM

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SOM-11/P-HR-RL/39861/R/5182	Community Safety in Somalia	DDG	500,000	300,000	-	300,000	0%	B-MEDIUM
SOM-11/P-HR-RL/39863/R/5660	Contributing to a protective environment for the most vulnerable individuals with a focus on women and girls SGBV survivors by enhancing their coping mechanism through capacity building, advocacy activities, psychosocial support , community mobilization and by strengthening the health referral mechanism which serves the IDPs communities of South Central Somalia.	INTERSOS	877,400	894,298	-	894,298	0%	A-HIGH
SOM-11/P-HR-RL/39866/R/5128	Developing preventive and response services and mechanisms to identify record and respond to children and women rights violations in Somalia IDP settlements	CESVI	626,850	508,250	-	508,250	0%	A-HIGH
SOM-11/P-HR-RL/39930/R/8937	Enhancing the protection status of IDPS and with particular focus on women through capacity building and support in livelihood opportunities	WOCCA	300,000	225,554	-	225,554	0%	A-HIGH
SOM-11/P-HR-RL/39934/R/298	Establishing prevention and protection measures to counter human trafficking, particularly of women and children in Somalia	IOM	760,000	760,000	-	760,000	0%	B-MEDIUM
SOM-11/P-HR-RL/39949/R/14586	Humanitarian intervention to protect displaced vulnerable women and girls against Gender-based Violence and HIV/AIDS	DF	59,000	59,000	-	59,000	0%	B-MEDIUM
SOM-11/P-HR-RL/39960/R/5181	Improve the self reliance and capacity of displaced and other vulnerable populations in Somalia, as well as key duty-bearers, to better address the protection gaps and issues that these communities face	DRC	1,555,299	777,250	1,566,144	(788,894)	201%	A-HIGH
SOM-11/P-HR-RL/39961/R/120	Improved Response and Protection of Migrants and other Vulnerable Groups Travelling through Somalia (Somaliland, South Central and Puntland) to the Gulf States and other countries	UNHCR	750,000	750,000	-	750,000	0%	B-MEDIUM
SOM-11/P-HR-RL/39961/R/298	Improved Response and Protection of Migrants and other Vulnerable Groups Travelling through Somalia (Somaliland, South Central and Puntland) to the Gulf States and other countries	IOM	750,000	1,500,000	-	1,500,000	0%	B-MEDIUM
SOM-11/P-HR-RL/39969/R/14000	Improving the Status of Human Rights Situation for Better Response to Protection Rights Violations in Daawo Corridor, Doolow and BeletXaawo District, Gedo Region, Somalia	NAPAD	150,000	109,000	-	109,000	0%	A-HIGH

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SOM-11/P-HR-RL/39976/R/5834	Information counselling and legal assistance (ICLA) Somaliland	NRC	420,000	420,000	-	420,000	0%	B-MEDIUM
SOM-11/P-HR-RL/39985/R/5362	Integrated support for prevention and mitigation of SGBV in Lower Juba and Hiran Region	OXFAM Netherlands (NOVIB)	729,768	656,577	-	656,577	0%	A-HIGH
SOM-11/P-HR-RL/40003/R/1171	Prevention and response to rape and other forms of sexual violence amongst IDP women and girls in humanitarian crisis and conflict affected areas in Somalia	UNFPA	500,000	500,000	279,798	220,202	56%	A-HIGH
SOM-11/P-HR-RL/40003/R/120	Prevention and response to rape and other forms of sexual violence amongst IDP women and girls in humanitarian crisis and conflict affected areas in Somalia	UNHCR	2,704,000	2,704,000	-	2,704,000	0%	A-HIGH
SOM-11/P-HR-RL/40007/R/124	Protecting children from unlawful recruitment or use by armed forces or armed groups in central south Somalia	UNICEF	1,415,075	1,415,075	708,763	706,312	50%	A-HIGH
SOM-11/P-HR-RL/40009/R/120	Protection assistance for refugees, asylum seekers and other persons of concern in Somalia	UNHCR	9,360,000	9,360,000	-	9,360,000	0%	A-HIGH
SOM-11/P-HR-RL/40010/R/120	Protection Cluster coordination, capacity-building and profiling	UNHCR	1,580,000	1,000,000	-	1,000,000	0%	A-HIGH
SOM-11/P-HR-RL/40010/R/5181	Protection Cluster coordination, capacity-building and profiling	DRC	-	580,000	-	580,000	0%	A-HIGH
SOM-11/P-HR-RL/40011/R/5816	Protection of underage IDP and host community population in Guriceel	CISP	407,909	222,956	-	222,956	0%	B-MEDIUM
SOM-11/P-HR-RL/40012/R/120	Protection risk mitigation	UNHCR	10,442,000	10,442,000	499,900	9,942,100	5%	A-HIGH
SOM-11/P-HR-RL/40013/R/6971	Protection through economic empowerment (PECEM III)	RI	318,457	267,800	-	267,800	0%	B-MEDIUM
SOM-11/P-HR-RL/40014/R/14589	Protection through livelihoods/ WASH	KAALMO	124,786	-	-	-	0%	A-HIGH
SOM-11/P-HR-RL/40014/R/14590	Protection through livelihoods/ WASH	SOHRA	124,785	124,786	-	124,786	0%	A-HIGH
SOM-11/P-HR-RL/40055/R/14591	Enhancing the protection and well-being of IDP women and young people through self-sufficiency	SARD	149,550	99,629	-	99,629	0%	A-HIGH
SOM-11/P-HR-RL/40057/R/124	Strengthen IDP and host community's ability to prevent and respond to protection issues affecting children and women in humanitarian crisis and conflict, with a particular focus on GBV	UNICEF	3,297,740	3,297,740	2,126,510	1,171,230	64%	A-HIGH

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SOM-11/P-HR-RL/40061/R/120	Strengthening monitoring and reporting on population movements, human rights and grave child rights violations in Somalia for improved advocacy, prevention and response	UNHCR	2,080,000	2,080,000	-	2,080,000	0%	A-HIGH
SOM-11/P-HR-RL/40061/R/124	Strengthening monitoring and reporting on population movements, human rights and grave child rights violations in Somalia for improved advocacy, prevention and response	UNICEF	824,435	824,435	370,000	454,435	45%	A-HIGH
SOM-11/P-HR-RL/40065/R/14603	Strengthening vulnerable groups' resilience (with a special focus on GBV survivors and mentally ill people) by enhancing communities and institutions' capacity to identify, monitor, respond to and report HR violations in Puntland	Gruppo per le Relazioni Transculturali	300,000	150,000	-	150,000	0%	B-MEDIUM
Sub total for PROTECTION			46,479,655	45,324,951	6,076,739	39,248,212	13%	
SHELTER AND NFIs								
SOM-11/S-NF/39923/R/5834	Enhance the Protection and Improve Basic Living Conditions for IDPs in Somalia through the Provision of Emergency and Transitional Shelter	NRC	2,420,000	2,420,000	2,420,000	-	100%	A-HIGH
SOM-11/S-NF/39959/R/124	Improve the living conditions of emergency affected and temporary displaced populations through provision of Shelter/NFIs and ensure effective emergency preparedness and response plans in place	UNICEF	804,301	804,301	492,170	312,131	61%	A-HIGH
SOM-11/S-NF/39966/R/5834	Improving Living Conditions for the Displaced and Vulnerable Women, Men, Boys and Girls in Somalia through the Provision of Non Food Items (NFIs)	NRC	5,000,000	5,000,000	5,000,000	-	100%	A-HIGH
SOM-11/S-NF/39967/R/120	Improving the living conditions for displaced populations	UNHCR	18,740,359	18,740,359	5,222,903	13,517,456	28%	A-HIGH
SOM-11/S-NF/39981/R/7039	Integrated IDP community settlement micro-planning, site preparation and basic water and sanitary facilities provision in Galkayo, Garowe, and Bossaso	UN-HABITAT	5,100,000	5,100,000	1,700,000	3,400,000	33%	A-HIGH
SOM-11/S-NF/40016/R/5527	Provide live saving NFIs, emergency shelter and transitional shelter response to newly and protracted displaced, and other vulnerable groups in Somalia	NCA	1,693,000	1,693,000	400,000	1,293,000	24%	A-HIGH

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SOM-11/S-NF/40026/R/5181	Provision of emergency NFI kits and transitional shelters to conflict and disaster affected populations in Somaliland, Puntland and South-Central Somalia.	DRC	2,889,750	2,889,750	1,276,881	1,612,869	44%	A-HIGH
Sub total for SHELTER AND NFIs			36,647,410	36,647,410	16,511,954	20,135,456	45%	
WATER, SANITATION AND HYGIENE								
SOM-11/WS/39873/6971	Emergency and Sustainable WASH Project for Mudug and Galgaduud Regions	RI	546,000	546,000	325,518	220,482	60%	A-HIGH
SOM-11/WS/39905/R/14051	Emergency Provision of Safe and Sustained Access to Water and Sanitation Facilities for Drought- and Conflict-Affected Vulnerable Communities in Jalalaqsi	Techno Plan	304,502	304,502	179,998	124,504	59%	A-HIGH
SOM-11/WS/39906/R/14052	Emergency Provision of Water, Sanitation and Hygiene Promotion for Internally Displaced People in Hiraaan Region	HWS	227,544	344,215	106,549	237,666	31%	B-MEDIUM
SOM-11/WS/39907/124	Emergency Response to Increase and Sustain Access to Safe Water, Appropriate Sanitation Facilities and Hygiene Promotion for IDPs, Disaster Affected Populations in Somalia.	UNICEF	12,629,303	12,629,303	10,372,540	2,256,763	82%	A-HIGH
SOM-11/WS/39908/5527	Emergency Response to the Need for Increased and Sustained Access to Safe Water, Sanitation Services and Hygiene Promotion in Somalia	NCA	2,435,083	2,435,083	2,402,000	33,083	99%	B-MEDIUM
SOM-11/WS/39909/R/5128	Emergency Solid Waste Management and Hygiene Promotion Programme in South-Central Somalia	CESVI	544,000	544,000	-	544,000	0%	A-HIGH
SOM-11/WS/39912/5645	Emergency Support to IDPs and Host Communities in Puntland State of Somalia	CARE International	689,240	689,240	-	689,240	0%	A-HIGH
SOM-11/WS/39916/R/5167	Emergency WASH Interventions for the Most Vulnerable IDPs and Disaster-Affected Rural Populations in Galgaduud, Mudug and Gedo Regions	COOPI	895,947	1,658,517	794,017	864,500	48%	A-HIGH
SOM-11/WS/39917/6458	Emergency WASH intervention to reduce malnutrition in Sakow district, south Somalia	ACTED	767,073	767,073	-	767,073	0%	C-LOW
SOM-11/WS/39918/R/5167	Emergency WASH response to most vulnerable IDPs and host communities in humanitarian crisis in Bossaso and Gaalkacyo districts	COOPI	854,793	1,435,402	610,402	825,000	43%	A-HIGH
SOM-11/WS/39919/14592	Emergency WASH support to crisis-affected IDPs in Faculty of Agriculture and Lafoole areas, Afgooye corridor in Lower Shabelle region	Baniadam	696,217	696,217	-	696,217	0%	B-MEDIUM

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SOM-11/WS/39920/5120	Emergency Water, Sanitation and Hygiene Intervention for Conflict- and Disaster-Affected Populations in Somalia	OXFAM GB	4,368,830	4,368,830	2,610,395	1,758,435	60%	A-HIGH
SOM-11/WS/39925/5128	Enhancing access to safe water and increasing sanitation facilities in the IDP settlements and strengthening flood emergency preparedness in Belet Weyne district	CESVI	834,500	834,500	-	834,500	0%	A-HIGH
SOM-11/WS/39929/R/14669	Enhancing Sustainable Water and Sanitation Infrastructure for Vulnerable Communities in Bay and Bakool Regions (Withdrawn)	GIZ	1,143,169	-	-	-	0%	D-NOT SPECIFIED
SOM-11/WS/39931/6579	Enhancing WASH Activities in Northeast Puntland (EWANEP)	ADRA	255,537	255,537	-	255,537	0%	A-HIGH
SOM-11/WS/39944/5362	Gal-Hiraan Emergency Water and Sanitation Project	OXFAM Netherlands (NOVIB)	1,571,871	1,571,871	-	1,571,871	0%	B-MEDIUM
SOM-11/WS/39952/123	Hydrogeological survey and assessment of selected areas in Somalia	FAO	750,000	750,000	499,946	250,054	67%	A-HIGH
SOM-11/WS/39962/R/8937	Improved safe water access, sanitation and flood preparedness in Hiraan, Middle and Lower Shabelle	WOCCA	606,860	802,300	225,500	576,800	28%	B-MEDIUM
SOM-11/WS/39963/5816	Improvement of Water Access For Pastoralist Communities and Newly Displaced People in Galgaduud, Hiraan and Mudug Regions	CISP	621,971	621,971	136,937	485,034	22%	A-HIGH
SOM-11/WS/39965/5181	Improving access to water and sanitation facilities for drought- and conflict-affected populations in Somaliland, Puntland and South Central Somalia	DRC	2,356,302	2,356,302	543,324	1,812,978	23%	A-HIGH
SOM-11/WS/39970/8887	Increase Access to safe and sustainable drinking water and appropriate sanitation facilities, as well as equitably promote good hygiene practices for vulnerable women, girls, boys and men displaced by drought and conflict, and vulnerable host communities in south Mudug region	SDRO	484,300	484,300	380,422	103,878	79%	A-HIGH
SOM-11/WS/39971/13145	Increase Access to Safe Drinking Water and Improve Sanitation Facilities for People Affected by Drought and Conflict in Dhuusamarreeb District	IIDA	220,500	220,500	191,455	29,045	87%	B-MEDIUM
SOM-11/WS/39972/14601	Increase access to safe drinking water, enhance sanitation and promote good hygiene practices for vulnerable women, girls, boys and men in South Mudug region	GCO	434,700	434,700	-	434,700	0%	B-MEDIUM

SOMALIA

Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
SOM-11/WS/39974/5582	Increased and sustained access to life saving safe water and sanitation through rehabilitation of water and sanitation facilities, hygiene promotion and capacity development in vulnerable communities	IAS	716,921	716,921	315,000	401,921	44%	A-HIGH
SOM-11/WS/39975/5572	Increasing access to safe drinking water and hygiene to vulnerable communities	COSV	313,876	313,876	-	313,876	0%	B-MEDIUM
SOM-11/WS/39977/5095	Integrated (WASH, Health, Nutrition, Livelihoods) Emergency Response Programme for the Vulnerable Populations in Togdheer and Sool	MEDAIR	660,000	660,000	592,593	67,407	90%	C-LOW
SOM-11/WS/39983/14000	Integrated Rural Water Supply Improvement and Participatory Health and Hygiene Education	NAPAD	321,800	321,800	-	321,800	0%	B-MEDIUM
SOM-11/WS/39997/R/8383	Nugaal Region Drought Survival and Mitigation WASH Project	KAALO Relief	269,900	499,500	255,187	244,313	51%	B-MEDIUM
SOM-11/WS/40030/R/8896	Provision of Emergency Water and Sanitation Support in Hiraan Region and Wanlaweyn District	WARDI	587,979	779,813	471,724	308,089	60%	B-MEDIUM
SOM-11/WS/40031/8028	Provision of Integrated Response for WASH in Juba Region-PIRWA	AFREC	649,175	649,175	197,195	451,980	30%	A-HIGH
SOM-11/WS/40038/R/5633	Provision of safe water, appropriate sanitation and hygiene promotion to vulnerable groups in Cadaado, Bardera and Afmadow districts in south central Somalia	Solidarités	1,405,573	1,405,573	613,000	792,573	44%	A-HIGH
SOM-11/WS/40041/8058	Provision of water and sanitation facilities to the IDPs, host communities and pastoralists in Banadir (South Central) and North Mudug (Puntland)	IRW	1,280,000	1,280,000	-	1,280,000	0%	A-HIGH
SOM-11/WS/40042/5834	Provision of Appropriate Sanitation Assistance and Hygiene information to IDPs in Somalia	NRC	3,000,000	3,000,000	500,000	2,500,000	17%	A-HIGH
SOM-11/WS/40049/8016	Response to the most vulnerable IDPs and disaster-affected populations in south central Somalia by providing 1) increased and sustained access to safe water and 2) appropriate sanitation facilities and hygiene	FERO	375,045	375,045	53,620	321,425	14%	B-MEDIUM
SOM-11/WS/40060/5128	Strengthening emergency drought preparedness and contingency planning in Somaliland	CESVI	397,000	397,000	-	397,000	0%	B-MEDIUM
SOM-11/WS/40069/R/7133	Supporting emergency preparedness and strengthening livelihoods of drought affected, rural and IDP communities through water, hygiene and sanitation development in Togdheer, Sool and Sanaag regions of Somaliland	CARITAS	770,000	1,020,000	611,999	408,001	60%	C-LOW

SOMALIA

Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
SOM-11/WS/40070/6552	Sustainable and Integrated WASH Interventions for Disaster-Affected Population in South-Central Regions of Somalia Through Participatory and Gender-Sensitive Access to Safe Water Supply, Improved Sanitation and Hygiene Practices	YME	3,664,867	3,664,867	1,389,336	2,275,531	38%	A-HIGH
SOM-11/WS/40076/14050	Water and Sanitation for Vulnerable Communities in Gedo, Middle Juba and Galgaduud regions	ADA	718,175	718,175	-	718,175	0%	C-LOW
SOM-11/WS/40077/7730	Water, sanitation and hygiene emergency response project for IDPs in Kismayo Town	DIAL	294,169	294,169	-	294,169	0%	B-MEDIUM
SOM-11/WS/42630/R/13147	Emergency WASH response to most vulnerable communities through the rehabilitation of water sources for long term use in 4 districts in Bakool region-Somalia.	GREDO	-	297,340	-	297,340	0%	B-MEDIUM
Sub total for WATER, SANITATION AND HYGIENE			49,662,722	51,143,617	24,378,657	26,764,960	48%	
CLUSTER NOT YET SPECIFIED								
SOM-11/SNYS/40113/7622	Common Humanitarian Fund (Somalia) (projected needs \$40 million) (The figure shown for 'funding' is the unallocated balance of the fund.)	CHF	-	-	5,059,995	n/a	n/a	D-NOT SPECIFIED
SOM-11/SNYS/41234/R/298	Awaiting allocation to specific project/sector	IOM	-	-	9,600,000	n/a	n/a	D-NOT SPECIFIED
SOM-11/SNYS/41245/R/120	Awaiting allocation to specific project/sector	UNHCR	-	-	5,463,330	n/a	n/a	D-NOT SPECIFIED
SOM-11/SNYS/41519/R/124	Awaiting allocation to specific project/sector	UNICEF	-	-	569,800	n/a	n/a	D-NOT SPECIFIED
Sub total for CLUSTER NOT YET SPECIFIED			-	-	20,693,125	n/a	n/a	
Grand Total			529,520,029	561,469,946	265,348,645	296,121,301	47%	

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

TABLE V: TOTAL FUNDING TO DATE PER DONOR TO PROJECTS LISTED IN THE APPEAL

Consolidated Appeal for Somalia 2011
as of 30 June 2011
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
Carry-over (donors not specified)	88,503,301	33%	-
Japan	33,800,000	13%	-
United Kingdom	31,035,367	12%	-
Allocation of unearmarked funds by UN agencies	16,734,111	6%	-
Central Emergency Response Fund (CERF)	14,989,087	6%	-
United States	12,953,674	5%	-
Norway	12,015,474	5%	-
Brazil	11,279,501	4%	-
Sweden	9,627,766	4%	-
Netherlands	6,760,563	3%	-
Various (details not yet provided)	6,723,152	3%	-
Denmark	3,983,178	2%	-
Australia	3,098,400	1%	-
Canada	3,057,060	1%	2,617,801
Finland	2,811,000	1%	-
Germany	2,517,744	1%	-
Switzerland	2,481,463	1%	572,738
European Commission	2,434,314	1%	-
France	2,062,549	1%	-
Ireland	1,509,150	1%	569,801
Private (individuals & organisations)	892,557	0%	-
New Zealand	762,777	0%	-
Spain	704,225	0%	4,273,504
Estonia	44,444	0%	-
Grand Total	265,348,645	100%	8,033,844

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Requirements and funding figures in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

TABLE VI: TOTAL HUMANITARIAN FUNDING TO DATE PER DONOR (APPEAL PLUS OTHER)

Somalia 2011
as of 30 June 2011
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding* (\$)	% of Grand Total	Uncommitted pledges (\$)
Carry-over (donors not specified)	88,503,301	25%	-
European Commission	44,385,750	13%	-
Japan	37,700,000	11%	-
United Kingdom	37,194,006	11%	-
United States	20,453,674	6%	-
Allocation of unearmarked funds by UN agencies	16,734,111	5%	-
Norway	16,148,214	5%	-
Central Emergency Response Fund (CERF)	14,989,087	4%	-
Brazil	11,279,501	3%	-
Sweden	10,683,907	3%	-
Netherlands	6,760,563	2%	-
Various (details not yet provided)	6,723,152	2%	-
Denmark	5,510,123	2%	-
Germany	5,448,907	2%	-
Canada	5,350,638	2%	2,617,801
Finland	5,112,575	1%	-
Switzerland	4,878,364	1%	572,738
Australia	3,098,400	1%	-
France	2,628,120	1%	-
Ireland	2,072,530	1%	569,801
Private (individuals & organisations)	1,214,557	0%	-
Islamic Development Bank	1,000,000	0%	-
New Zealand	762,777	0%	-
Spain	704,225	0%	4,273,504
Estonia	44,444	0%	-
Grand Total	349,380,926	100%	8,033,844

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

Requirements and funding figures in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

TABLE VII: HUMANITARIAN FUNDING TO DATE PER DONOR TO PROJECTS NOT LISTED IN THE APPEAL

Other Humanitarian Funding to Somalia 2011 as of 30 June 2011 http://fts.unocha.org

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
European Commission	41,951,436	50%	-
United States	7,500,000	9%	-
United Kingdom	6,158,639	7%	-
CHF	5,432,212	6%	-
Norway	4,132,740	5%	-
Japan	3,900,000	5%	-
Germany	2,931,163	3%	-
Switzerland	2,396,901	3%	-
Finland	2,301,575	3%	-
Canada	2,293,578	3%	-
Denmark	1,526,945	2%	-
Sweden	1,056,141	1%	-
Islamic Development Bank	1,000,000	1%	-
France	565,571	1%	-
Ireland	563,380	1%	-
Private (individuals & organisations)	322,000	0%	-
Grand Total	84,032,281	100%	-

NOTE: "Funding" means Contributions + Commitments + Carry-over
 This table also includes funding to Appeal projects but in surplus to these projects' requirements as stated in the Appeal.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Requirements and funding figures in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

TABLE VIII: REQUIREMENTS AND FUNDING TO DATE PER GENDER MARKER SCORE

Consolidated Appeal for Somalia 2011 as of 30 June 2011 http://fts.unocha.org

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Gender marker	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
0-No signs that gender issues were considered in project design	71,259,879	74,670,686	48,801,522	25,869,164	65%	-
1-The project is designed to contribute in some limited way to gender equality	161,945,209	181,857,113	65,249,762	116,607,351	36%	-
2a-The project is designed to contribute significantly to gender equality	281,557,630	295,494,007	145,103,735	150,390,272	49%	6,891,305
2b-The principal purpose of the project is to advance gender equality	7,831,276	9,448,140	1,133,631	8,314,509	12%	-
Not specified	6,926,035	-	5,059,995	n/a	n/a	1,142,539
Grand Total	529,520,029	561,469,946	265,348,645	296,121,301	47%	8,033,844

TABLE IX: REQUIREMENTS AND FUNDING TO DATE PER GEOGRAPHICAL AREA

Location	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
Multi Zone	431,776,045	453,357,668	225,494,353	227,863,315	50%	8,033,844
North East	15,823,025	18,443,250	4,998,704	13,444,546	27%	-
North West	5,808,994	6,353,939	1,730,216	4,623,723	27%	-
South Central	76,111,965	83,315,089	15,128,826	68,186,263	18%	-
Not specified	-	-	17,996,546	n/a	n/a	-
Grand Total	529,520,029	561,469,946	265,348,645	296,121,301	47%	8,033,844

NOTE: "Funding" means Contributions + Commitments + Carry-over

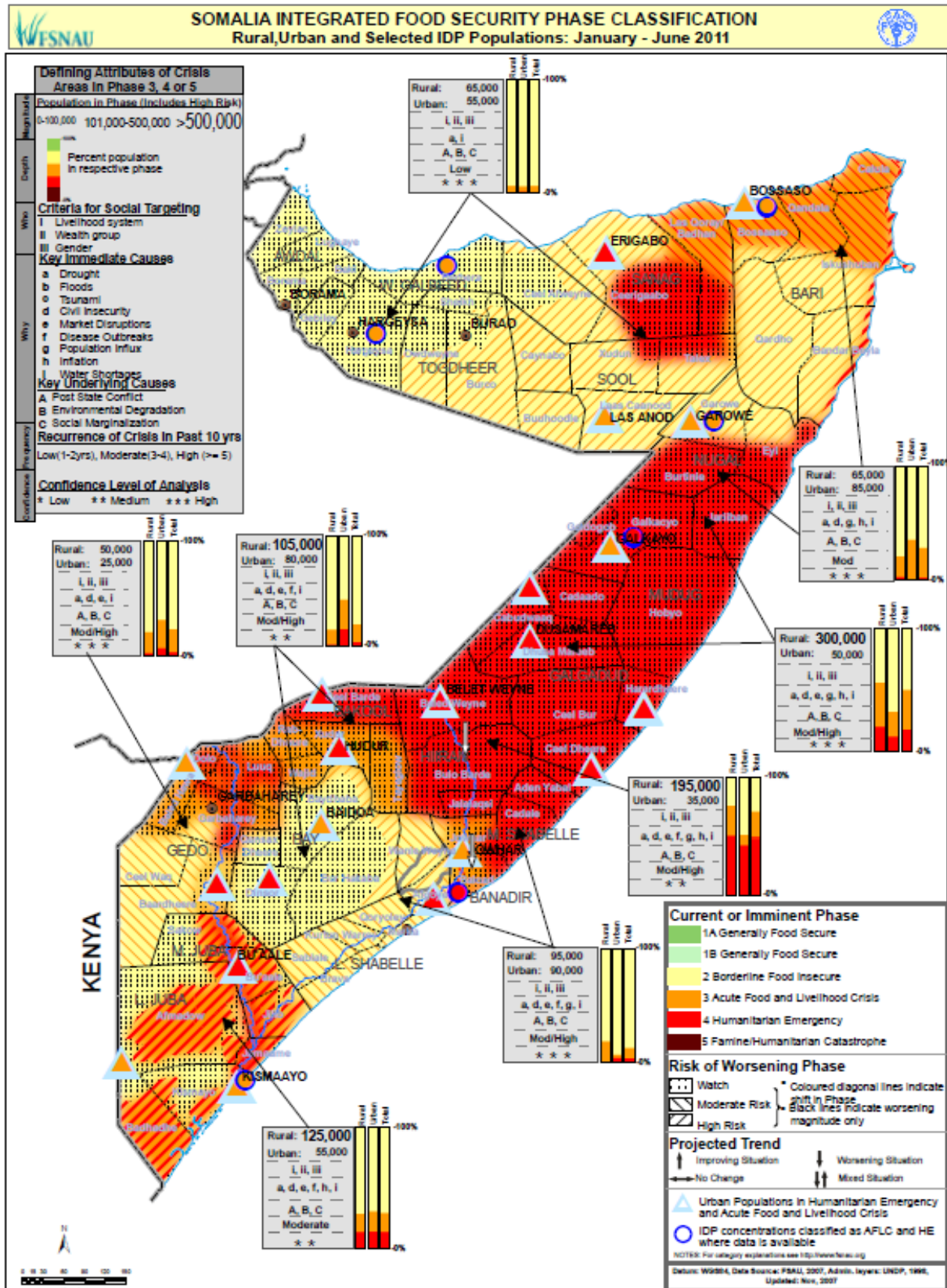
Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Requirements and funding figures in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

ANNEX II. MAPS AND CHARTS





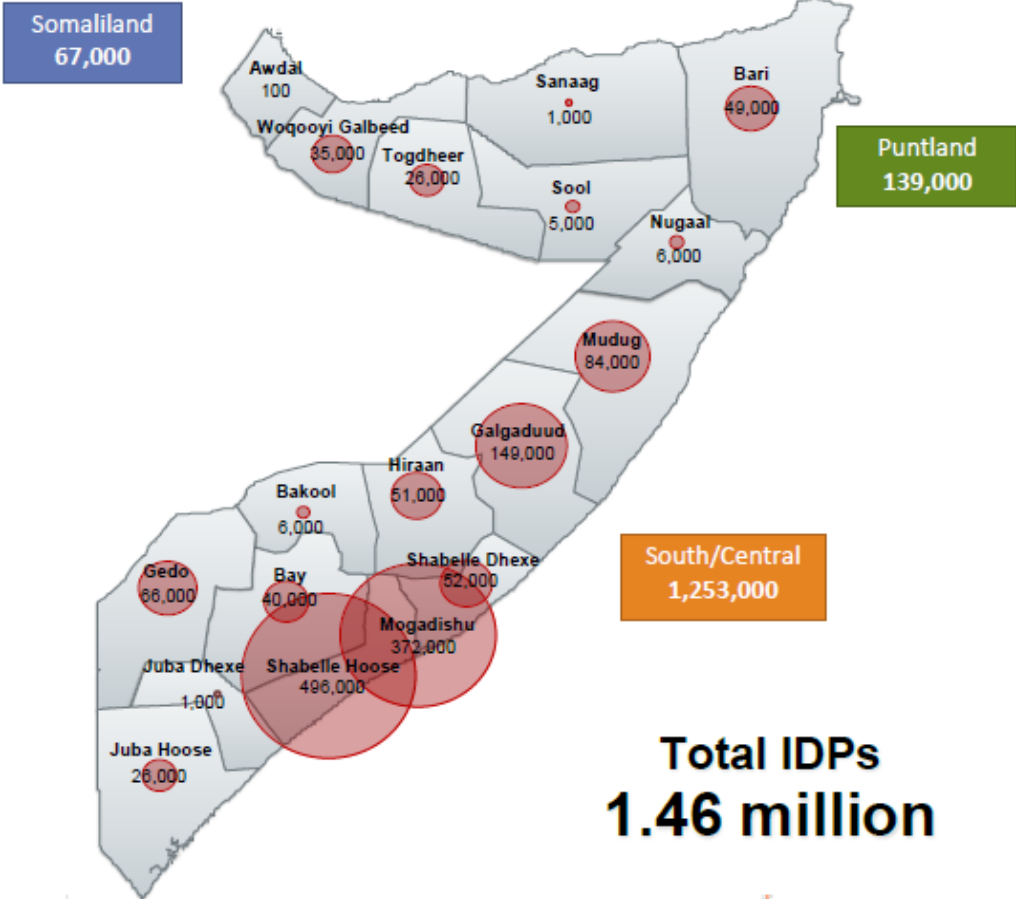
Total IDPs

April, 2011

UNHCR Somalia
Nairobi, Kenya

Source:
UNHCR Office, Various IDP
surveys including the Somali IASC
PMT project, Global Insight digital
mapping © 2008 Europa Technologies
S.A.

The boundaries and names shown
and the designations used on this map do
not imply official endorsement or
acceptance by the United Nations.



Total IDPs
1.46 million

Mogadishu Periphery IDPs

As of 23rd September 2010

Afgooye Corridor

Population in Shelters

299,780

(303,200 previously)

Population in Buildings

109,560

(82,400 previously)

409,340

Dayniile

Population in Shelters

37,840

Population in Buildings

17,090

54,930

Bal'cad Corridor

Population in Shelters

12,500

Population in Buildings

2,700

15,200

Kax Shiiqaal

Population in Shelters

2,060

Population in Buildings

5,200

7,260

Figures for Dayniile, Bal'cad Corridor and Kax Shiiqaal are included in the Banadir figures of 372,000. Figures for the Afgooye Corridor are included in Shabelle Hoose

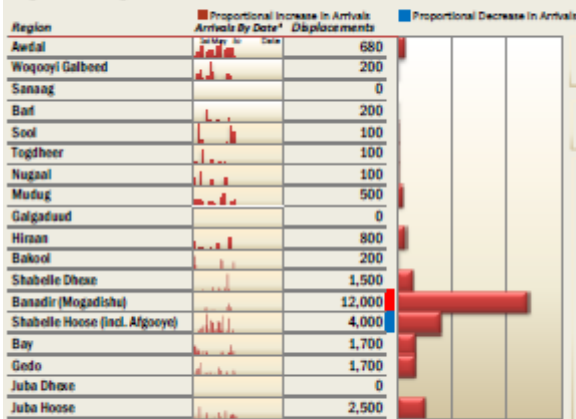
IDP figures are estimates

Since 1 May 2011....

Updated 17/06/2011 13:09



Regions Receiving IDPs



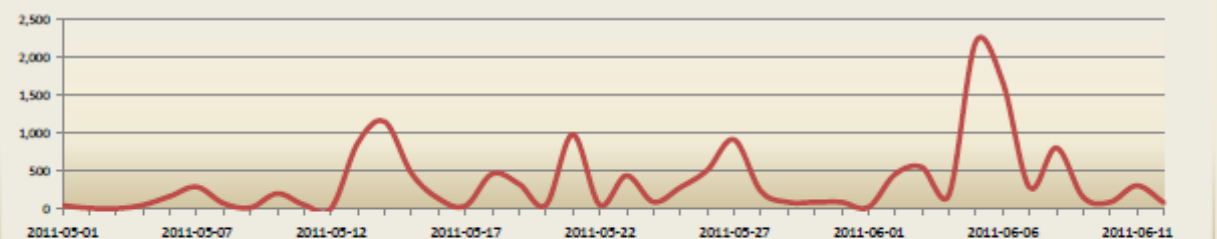
Total Displacements (nationwide) **26,200** **Returns (nationwide)** **1,920**

Total Displacements from Mogadishu **15,000** **Leaving** **6,700** **Within** **8,300**



* Arrivals by Date shows roughly when the IDPs arrived over the report time range.

Displacement from Mogadishu



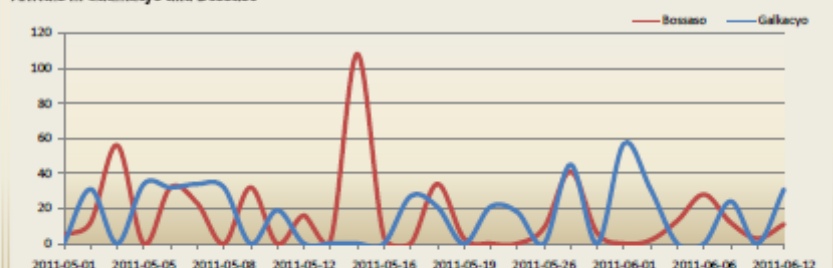
Returns to Mogadishu

Returns to Mogadishu are often underreported **200**

Top 10 Districts Receiving IDPs

District	Region	Displacements
Afgooye	Shabelle Hoose	3,400
Dharkenley	Banadir	3,280
Hodan	Banadir	3,070
Wadajir	Banadir	2,150
Baydhebe	Bay	1,670
Afmedow	Juba Hoose	1,630
Haliwaa	Banadir	1,050
Belet Yaawo	Gedo	920
Balcad	Shabelle Dhexe	870
Dayniile	Banadir	760

Arrivals in Gaalkacyo and Bossaso



Top 10 Settlements Receiving IDPs

Town/City	Region	Displacements
Mogadishu	Banadir	11,980
Ceelasha	Shabelle Hoose	2,270
Baydhebe	Bay	1,530
Dobley	Juba Hoose	970
Belet Yaawo	Gedo	920
Lafolle	Shabelle Hoose	780
Lawyoocado	Awdal	650
Afmedow	Juba Hoose	560
Kismaayo	Juba Hoose	520
Baardheere	Gedo	500

Where People Came From

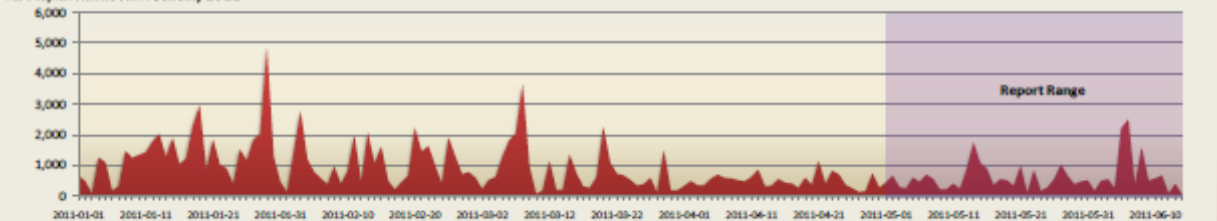
Town/City	Displacements
Mogadishu	15,050
Baydhebe	2,060
Diinsoor	980
Garbahaarey	770
Afgooye	710
Ceelasha	650
Qansax Dheere	590
Baardheere	400
Marka	350
Xudur	340

By District

District	Displacements
Baydhebe	2,540
Afgooye	1,570
Diinsoor	980
Qansax Dheere	840
Garbahaarey	810
Marka	690
Kurtunwaarey	500
Baardheere	400
Saakow	300
Xudur	300

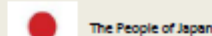
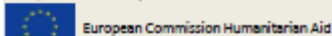
NOTE: These figures are estimates. They are intended to show population movement trends, not cumulative IDP population data. Figures are based upon reports received from local NGOs based in the field.

All Displacement Since January 2011



Source: IASC Somalia Population Movement Tracking system

PMT/PMN Funded by:



For further information contact:

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ceadham@unhcr.org Needham Andrew (PI Officer/Executive Assistant)

ANNEX III. ACRONYMS AND ABBREVIATIONS

3W	who is doing what where
AAH.I	Action Africa Help - International
ACF	<i>Action Contre la Faim</i>
ADA	Active in Development Aid
ADRA	Adventist Development and Relief Agency
AFLC	acute food and livelihood crisis
AFREC	African Rescue Committee
AMA	Assistance Mission for Africa
AMISOM	African Union Mission in Somalia
APD	Agency for Peace and Development
AVRO	Aamin Voluntary Relief Organization
AWD	acute watery diarrhoea
BCC	behaviour change communication
BEmOC	basic emergency obstetric care
BNSP	basic nutrition services package
CAFDARO	Community Activity for Development and Relief Organization
CAP	consolidated appeal <i>or</i> consolidated appeal process
CBO	community-based organization
CDO	Community Development Organization
CEC	community education committee
CED	Centre for Education and Development
CERF	Central Emergency Response Fund
CESVI	<i>Cooperazione e Sviluppo</i>
CHDs	child health days
CHF	Common Humanitarian Fund
CHW	community health workers
CISP	<i>Comitato Internazionale per lo Sviluppo dei Popoli</i>
COOPI	<i>Cooperazione Internazionale</i>
COSV	<i>Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario</i>
CPD	Center for Peace and Democracy
DIAL	Development Initiatives Access Link
DDG	Danish Demining Group
DPO	district polio officer
DRC	Danish Refugee Council
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
FAO	Food and Agriculture Organization of the United Nations
FENPS	Formal Education Network for Private Schools
FERO	Family Economy Rehabilitation Organization
FSNAU	Food Security and Nutrition Analysis Unit
FTS	Financial Tracking Service
GAM	global acute malnutrition
GBV	gender-based violence
GBV WG	Gender-based Violence Working Group
GFD	general food distribution
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH</i>
GMC	Galmudug Concern
GRT	<i>Gruppo per le Relazioni Transculturali</i>
GTZ	German Technical Cooperation
HARD	Humanitarian Africa Relief Development Organization
HCT	Humanitarian Country Team
HDI	Human Development Index
HDR	Human Development Report
HE	humanitarian emergency
HH	household
HIV/AIDS	human immuno-deficiency virus/acquired immuno-deficiency syndrome
HOPEL	Horn of Africa Organization for Protection of Environment and Improvement of Livelihoods
HWS	Hiran Water Supply and Community Development Organization
IAS	International Aid Services

IASC	Inter-Agency Standing Committee
IDPs	internally displaced people
IIDA	IIDA Women's Development Organization
IMC	International Medical Corps
IOM	International Organization for Migration
IR	Islamic Relief
IRIN	Integrated Regional Information Network
ISF	International Solidarity Foundation
JCC	Jubaland Charity Centre
KAALMO	Kaalmo Women Development and Relief Organization
KAALO Relief	KAALO Relief and Development Organization
LNGO	local non-governmental organization
M&E	monitoring and evaluation
MCH	mother and child health
MCNH	maternal, newborn and child health
MDG	Millenium Development Goal
MDM	<i>Médecins du Monde</i>
M&E	monitoring and evaluation
MERLIN	Medical Emergency Relief International
MMTF	Mixed Migration Task Force
MRM	monitoring and reporting mechanism
MT	metric ton
MYR	Mid-Year Review
NAPAD	Nomadic Assistance for Peace and Development
NCA	Norwegian Church Aid
NFI	non-food item
NGO	non-governmental organization
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OTP/SC	outpatient and therapeutic/stabilization centres
OXFAM GB	OXFAM Great Britain
PDM	post-distribution monitoring
P/L	pregnant or lactating
PLW	pregnant or lactating women
PMN	Protection Monitoring Network
PMT	Population Movement Tracking
PoC	protection of civilians
RI	Relief International
RMMS	Regional Mixed Migration Secretariat
SADO	Social-Life and Agricultural Development Organisation
SAF	Somali Aid Foundation
SAM	severe acute malnutrition
SAMA	Salama Medical Agency
SARD	Sustainable Agriculture and Rural Development
SC	Save the Children
SC	stabilization centre
SDRO	Somali Development and Relief Organization
SFP	supplementary feeding programme
SGBV	sexual and gender-based violence
SOADO	Somali Organic Agriculture Development Organization
SOHRA	Somali Human Rights Action
SORDES	Somalia Relief and Development Society
SORRDO	Somali Relief, Rehabilitation and Development Organization
SPC	Secretariat of the Pacific Community
SPHERE	A Project on Minimum Humanitarian Standards in Disaster Response
SRSG	Special Representative of the Secretary-General

TB	tuberculosis
TFG	Transitional Federal Government
TGV	Technoplan Group Volunteers
ToT	Terms of Trade
TSFP	targeted supplementary feeding programme
UN	United Nations
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action Service
UNOPS	United Nations Office for Project Services
UNSAS	United Nations Somalia Assistance Strategy
WARDI	Wardi Relief and Development Organization
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization
WOCCA	Women and Children Child Care Organization
WVI	World Vision International
YME	YME Foundation

Consolidated Appeal Process (CAP)

The CAP is a tool for aid organizations to jointly plan, coordinate, implement and monitor their response to disasters and emergencies, and to appeal for funds together instead of competitively.

It is the forum for developing a strategic approach to humanitarian action, focusing on close cooperation between host governments, donors, non-governmental organizations (NGOs), the International Red Cross and Red Crescent Movement, International Organization for Migration (IOM) and, United Nations agencies. As such, it presents a snapshot of the situation and response plans, and is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP)
- resource mobilization leading to a Consolidated Appeal or a Flash Appeal
- coordinated programme implementation
- joint monitoring and evaluation
- revision, if necessary
- reporting on results

The CHAP is the core of the CAP – a strategic plan for humanitarian response in a given country or region, including the following elements:

A common analysis of the context in which humanitarian action takes place;

- An assessment of needs
- Best, worst, and most likely scenarios
- A clear statement of longer-term objectives and goals
- Prioritized response plans, including a detailed mapping of projects to cover all needs
- A framework for monitoring the strategy and revising it if necessary

The CHAP is the core of a Consolidated Appeal or, when crises break out or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, and in consultation with host Governments and donors, the CHAP is developed at the field level by the Humanitarian Country Team. This team includes IASC members and standing invitees (UN agencies, the International Organization for Migration, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR), but non-IASC members, such as national NGOs, can also be included.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal document. The document is launched globally near the end of each year to enhance advocacy and resource mobilization. An update, known as the Mid-Year Review, is presented to donors the following July.

Donors generally fund appealing agencies directly in response to project proposals listed in appeals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of appeal funding needs and worldwide donor contributions, and can be found on <http://fts.unocha.org>.

In sum, the CAP is how aid agencies join forces to provide people in need the best available protection and assistance, on time.

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