



UNHCR/Riccardo Gangale, 2011

Somalia

2012

Consolidated Appeal





SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

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

SOMALIA - Reference Map



1. Executive Summary

Increased emergency humanitarian aid in the latter half of 2011 proved to have a significant impact in Somalia, where the number of people living in crisis conditions had jumped from 2.4 million at the start of the year to four million by September 2011. The deterioration in the humanitarian situation is principally due to failed rains and continued obstacles to humanitarian access. Without the generous response of donors since the onset of the famine in July, the situation would have become far worse.

Indeed, three of the six regions where famine was declared—Bay, Bakool and Lower Shabelle—were lifted out of famine by November, although they remain at pre-famine levels. However, the humanitarian community can only sustain these improvements if the current level of emergency assistance continues. Famine persists in parts of Middle Shabelle and among the internally displaced populations of Afgoye and Mogadishu. Humanitarian action has reduced the number of people facing famine conditions, but four million Somalis remain in crisis, with 250,000 people still at risk of imminent death.¹ The onset of the *Deyr* rains is welcome for cattle and livestock production, but they have also brought an increase in water-borne disease. Even as aid organizations scale up operations further, the humanitarian situation is expected to worsen and the crisis to continue well into 2012.

While the current emergency in southern Somalia – where three-quarters of the four million Somalis in crisis live – is a result of a combination of factors, ultimately drought and conflict are the main drivers. The poor performance of the rains since late 2010 led to the worst annual crop production in 17 years, excess animal mortality, and below-average livestock prices. Food prices have increased by over 200% since 2010, seriously impacting the purchasing power of poor and vulnerable households.

Despite a complex environment of conflict, clan rivalry and displacement, limited access in many parts of southern Somalia, and inadequate funding during the first half of the year, the humanitarian community managed to scale up its response mainly using local and international partners that have wide presence in the various regions. Mass vaccination campaigns reduced cases of measles by almost 50%. More than 2.6 million people received food aid and 1.2 million people had new access to clean water by October 2011. At the same time over 650,000 people received emergency assistance packages, and nearly 460,000 acutely malnourished children received nutrition interventions. In order to enhance resilience, more than 1.7 million people received livelihood support by October 2011. Tremendous efforts were made to meet the requirements, but given the exponentially increased needs over the past year as an additional 1.6 million people fell into crisis, compounded by continued extreme access limitations in the south, it was not possible to adequately meet all levels of need.

In order to address the immediate humanitarian needs of four million Somalis, the Somalia Humanitarian Country Team endorsed four strategic priorities:

- To provide life-saving assistance to people living in famine and humanitarian emergency in order to reduce mortality and prevent further displacement.
- To protect and restore livelihood assets through early recovery, resilience-building, emergency preparedness and disaster risk reduction, and improving social and productive networks.
- To provide a minimum package of basic services.
- To strengthen the protective environment of the vulnerable population.

¹ FSNAU/FEWS NET press release dated 18 November 2011 (<http://www.fsnau.org/in-focus/famine-continues-observed-improvements-contingent-continued-response>).

1. Executive Summary

The focus of the strategy and supporting projects in the 2012 Consolidated Appeal will be on reducing malnutrition rates, preventing further displacement by assisting people where they live before they are forced to move, and assisting people who are on the move or stranded. In areas where access remains difficult, the humanitarian community will capitalize on innovative programming such as cash-based and integrated food security activities to improve the lives of those in need. Interventions will help ensure that not only will life-saving assistance be provided, but also resilience will be built, thereby reducing dependence on humanitarian aid and ensuring households can withstand future shocks. The strategy of using partners and other networks to assist populations in areas where access remains challenging will continue. In accessible areas of Mogadishu and southern and central Somalia, the increased international presence is expected to continue, thus improving operational coordination. The positive engagement of new partners will also continue in 2012, and more linkages and partnerships will be established, particularly with those that have comparative advantages working in the south.

The 2012 consolidated appeal process brought together hundreds of humanitarian actors who carefully reviewed needs assessments and developed streamlined and coordinated cluster response plans targeting those most in need. The Somalia 2012 Consolidated Appeal includes 350 projects from 148 organizations coordinated by nine clusters plus Enabling Programmes. The appeal requires US\$1.5 billion² to respond to the most urgent life-saving needs of four million people.

² 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.

SOMALIA SUMMARY

Consolidated Appeal Process 2012

Situation Overview

Somalia's over two decades of humanitarian crisis further deepened in 2011 with the declaration of famine in parts of the South. The near failure of two rainy seasons (the Deyr rains of October-December 2010 and the Gu rains of April-June 2011) led to the escalation of drought that further traumatised a population whose assets and livelihoods had already been depleted by six previous consecutive failed rainy seasons. In the second half of the year, 4 million people were living in crisis of which 750,000 were in famine. Drought and conflict continued to displace millions of people. A total of 1.4 million people are currently internally displaced, while over 900,000 Somalis are living as refugees in neighbouring countries.

Malnutrition rates doubled and in some regions tripled from their 2010 levels to 33% GAM and 15% SAM. Even though access has improved, continued restrictions and insecurity continue to restrict humanitarian response. More partners, mainly non-traditional humanitarian actors, have joined the on-going response activities. Humanitarian agencies continue to deliver life-saving interventions, this has led to the reduction of the number of people in famine to 250,000. Coordination and partnership between various actors have improved significantly. The CAP 2012 appeals for USD 1.5 billion to respond to the most urgent life-saving needs of four million people.

People in Need of Humanitarian Response

Total Population of Country:	7.5 mn	Number of people in famine:	250,000
Estimated Number of People in Need of Response:	4 mn		
(53% of total population of country)			
Demographics of People in Crisis			
Assessed Urban population in AFLC*, HE* and Famine	585,000		
Assessed Rural population in AFLC*, HE* and Famine	2,555,000		
IDPs in AFLC*, HE* and Famine**	910,000		
Estimated Rural, Urban and IDP population in crisis	4,050,000		

* AFLC - Acute Food and Livelihood Crisis, HE - Humanitarian Emergency

** Estimated number of IDPs in Famine (Mogadishu and Afgoye): 178,000

HCT Strategic Priorities

Provide immediate and integrated life-saving assistance to people living in famine and humanitarian emergency to reduce mortality and prevent further displacement.

Stabilize and prevent the deterioration of livelihoods for populations in Famine, HE and AFLC through the protection and restoration of livelihood assets and through early recovery, resilience building, emergency preparedness, DRR and social/productive networks.

Provide vulnerable women, men, boys and girls, including but not limited to IDPs, with equal access to a minimum package of basic services.

Strengthen the protective environment for civilian populations by increasing response to protection violations, and through engagement with duty bearers and communities.

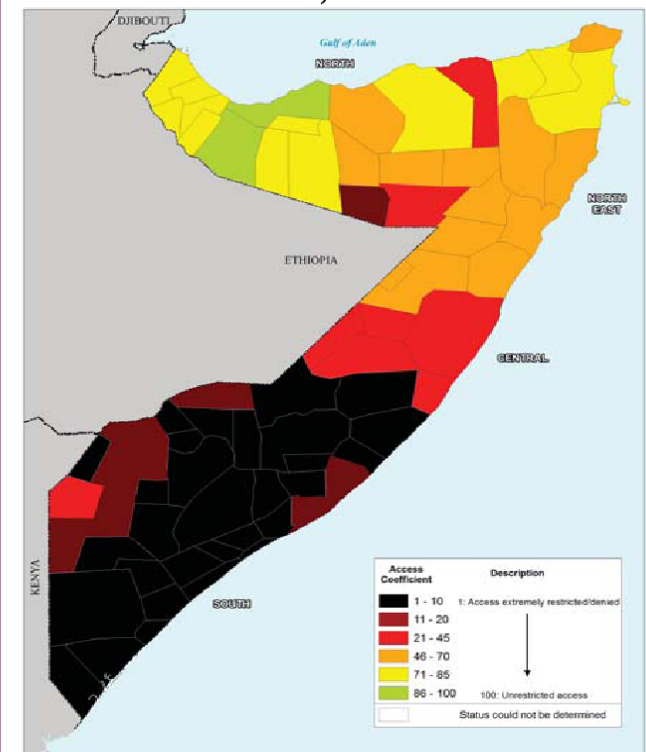
Estimated Humanitarian Needs and Targets by Cluster



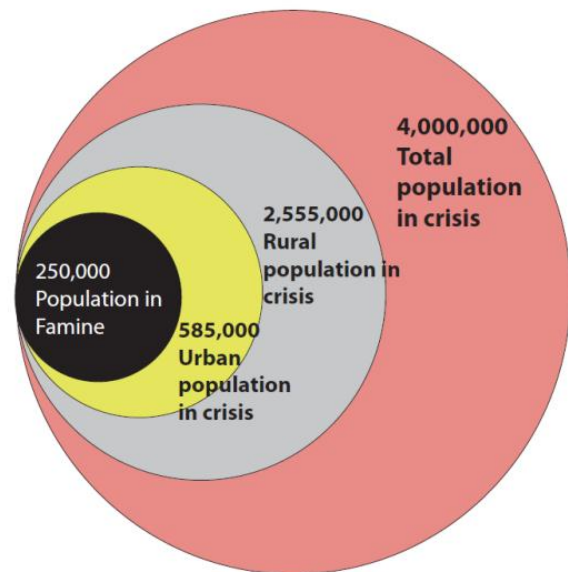
Indicators of Humanitarian Need

- FOOD - Number of persons who receive a food ration of any size for any period of time in 2012
- WASH - Number of people, disaggregated by sex, with sustained access to safe water
- HEALTH - Number of outpatient consultations
- NUTRITION - Number of acutely malnourished children treated in centres
- 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 July 2011



Population in Need of Response



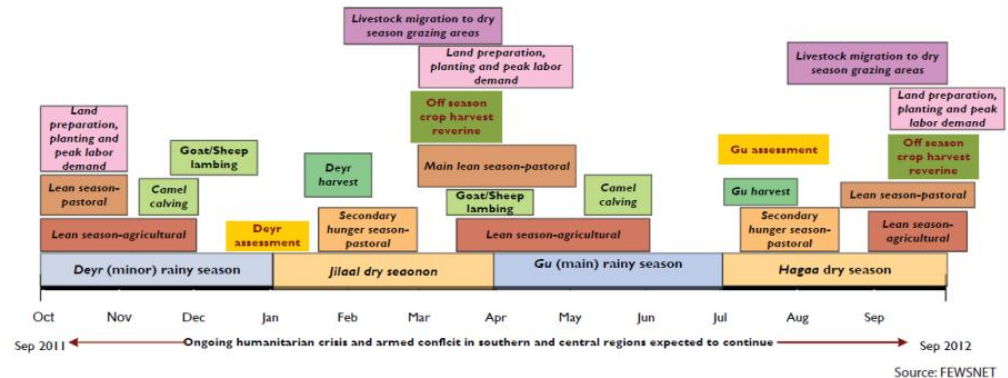
Accountability Commitment in CAP Projects

- Information Availability
More than 90 per cent of projects committed to making detailed project information available in Somali to beneficiaries.
- Gender Marker Score
100 percent of projects have a gender marker score of 1 and above, meaning that gender is fully mainstreamed in the projects.
- Monitoring framework
A three-tiered framework at project, cluster and strategic (HCT) level is in place.

Key Reference Data	2010	2011		2010	2011
Displaced	1.41m	1.46m	>5 Mortality Rate	142/1,000	200/1,000
Refugees	621,542	926,242	GAM rate	16%	33%
Maternal Mortality	1400/100,000	1200/100,000	GDP per capita (PPP)	US\$291	US\$291

Projected Trend and Preparedness

Upcoming Seasonal Events



Projected Trend

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

The south and central regions remain the hotbed of conflict between the warring parties in the country. The conflict between TFG/AMISOM and Alshabab in south central and external military incursions will likely result in continued displacements internally and refugees crossing over to neighbouring countries, such as Kenya and Ethiopia. The tensions in the disputed Sool and Sanaag regions will likely increase leading to conflict and displacement. The security situation in Galkacyo (Puntland) is increasingly getting worse and could likely result in further displacements too. These developments will pose further obstacles to humanitarian operations. However, TFG/AMISOM have taken control of Mogadishu and if they manage to extend their influence to neighbouring Banadir and lower Shabelle areas, humanitarian access may gradually improve in these areas.

Preparedness Measures in Place

- ✓ Inter-Agency Contingency Plan for conflict/floods for Somalia; Contingency plan for Somaliland as part of Disaster Risk Reduction Project
- ✓ FSNAU and FEWSNET monitor food security, nutrition and climate indicators and maintain early warning systems
- ✓ Relevant baseline and vulnerability data updated and response by cluster monitored through the Dashboard
- ✓ Limited relief stocks pre-positioned (However, due to insecurity many are pre-positioned in Kenya)

Basic humanitarian and development indicators for Somalia

		Most recent data	Previous data or pre-crisis baseline	Trend *
Economic status	Gross domestic product per capita	\$220 (UN Statistics Division 2009)	\$298 (UN Statistics Division 2008)	↓
	Percentage of population living on less than \$1 per day	43.20% (Somalia MDG Report 2007)	not available	N/A
Health	Maternal mortality	1,200/100,000 live births (UNICEF: Childinfo Statistics 2010)	1,400/100,000 live births (World Health Statistics 2010)	↑
	Life expectancy	51 years (UNDP – HDR 2011)	51 years (WHO: <u>Global Health Observatory</u> , 2009)	↔
	Number of health workforce (medical doctor, nurse, midwife) per 10,000 population	1/10,000 (WHO World Health Statistics 2010)	not available	N/A
	Measles vaccination rate (six months-15 years)	24% (UNICEF Statistics 2009)	not available	N/A
	Number of cases of AWD, measles and malaria	- 54,000 AWD cases including 39,000 children U5 years - 11,000 measles cases including 8,530 children U5 years - 24,000 malaria cases including 10,000 U5 years (Health Cluster 2011)	- 5,060 AWD cases including 3,680 children U5 years - 126 measles cases including 112 children U5 years - 2,146 malaria cases including 922 U5 years (Health Cluster 2010)	↓
Food Security	Other relevant food security indicator	Four million people are in Acute Crisis, including 1.8 million in HE and 250,000 live in famine conditions (FSNAU/FEWSNET): August 11)	2.85 million people in Acute Crisis (FSNAU/FEWSNET: May 2011)	↓
WASH	Proportion of the population using improved drinking water sources, total	30% (UNICEF Statistics 2008)	not available	N/A
	Percentage of population with access to protected water sources	Less than 20% of the majority of the population have access to protected water sources (2010-2011, FSNAU/ SWALIM)	not available	N/A
Other vulnerability indices	ECHO Vulnerability and Crisis Index score	3/3 (ECHO Global Needs Assessment 2011-2012)	3/3 (ECHO Global Needs Assessment 2010-2011)	↔
	IASC Early Warning - Early Action rating	Red	Red	↔
Also	Annual population growth 2010-2015: 2.6%; urban population growth 2011: 37.9%. (UN Statistics Division) 1.46 million IDPs within Somalia and more than 930,000 Somali refugees in the region – Kenya, Ethiopia, Yemen, Djibouti (UNHCR, November 2011) Four million people or 53% of the population are in humanitarian crisis, three million are in the southern regions (FSNAU)			

Table I. Requirements per cluster

Consolidated Appeal for Somalia 2012 as of 15 November 2011 http://fts.unocha.org

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

Cluster	Requirements (\$)
AGRICULTURE AND LIVELIHOODS	486,295,780
EDUCATION	43,612,585
ENABLING PROGRAMMES	23,839,194
FOOD ASSISTANCE	344,072,110
HEALTH	84,868,472
LOGISTICS	36,991,031
NUTRITION	259,555,936
PROTECTION	69,094,498
SHELTER AND NFIs	68,455,324
WATER, SANITATION AND HYGIENE	105,145,624
Grand Total	1,521,930,554

Table II. Requirements per priority level

Consolidated Appeal for Somalia 2012 as of 15 November 2011 http://fts.unocha.org

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

Priority	Requirements (\$)
A - HIGH	1,407,168,049
B - MEDIUM	82,685,523
C - LOW	32,076,982
Grand Total	1,521,930,554

Table III. Requirements per organization

Consolidated Appeal for Somalia 2012 as of 15 November 2011 http://fts.unocha.org

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

Appealing Organization	Requirements (\$)
AADSOM	3,321,463
Access Aid	1,977,260
ACF	2,312,700
ACTED	7,153,229
ADA	2,708,071
ADO	967,087
ADRA	1,776,727
ADRO	249,999
AET	434,082
AFREC	4,641,661
AGROCARE	259,848
AGROSPHERE	1,610,350
ANPPCAN Som-Chapter	294,400
APD	3,766,262
ARC	2,487,452
ARDO	695,000
ASAL	342,000
ASD	1,107,155
ASEP	4,385,000
AVRO	230,672
AYUUB	1,534,178
BBC World Service Trust	794,666
BUDO	288,300
BWDN	1,296,580
CAFDARO	807,067
CARE Somalia	10,784,348
Caritas Switzerland	1,493,900
CED	1,188,553
CEDA	274,772
CEFA	600,000
CESVI	3,568,982
CHEE	595,300
CHF	-
CISP	8,081,045
COOPI	28,071,089
COSV	7,267,660
CPD	7,807,385
CRS	524,300
CSDO	510,000
DA	630,166
DDG	999,661
DEH	761,195
DF	234,000
DFI	974,622

1. Executive Summary

Appealing Organization	Requirements (\$)
Diakonie Emergency Aid	833,860
DIAL	3,787,600
DRC	49,761,890
FAO	180,834,782
Farjano	433,200
FENPS	456,570
FERO	1,270,240
GARDO	465,280
GEELO	424,000
GEWDO	394,215
GH	850,380
GREDO (Gol-Yome)	419,440
GRT	1,324,898
HACDESA	266,277
HAPO	290,925
HARD	524,090
HARDO	1,983,795
HAVOYOCO	885,319
HDC	397,165
HIJRA	1,587,350
HOD	946,257
HOPEL	542,472
Horn Relief	20,618,953
HRDO	1,114,852
HWS	250,075
IDRO	528,932
IFEDA	476,621
IIDA	430,615
ILO	14,829,081
IMC	2,725,067
IMS	861,336
INTERSOS	7,955,740
IOM	5,050,000
IRC	3,530,846
IRW	10,648,889
JCC	3,649,948
JDO	326,700
KISIMA	479,000
MDM France	401,000
MEDAIR	2,665,400
Mercy Corps	7,500,000
Mercy-USA for Aid and Development	2,807,373
MERLIN	760,000
Mulrany International	1,860,952
MURDO	1,219,561
NAPAD	1,334,400
NCA	7,303,025
NRC	35,983,334
OCHA	10,742,605
OXFAM GB	28,417,234

Appealing Organization	Requirements (\$)
OXFAM Netherlands (NOVIB)	14,388,187
PASOS	801,750
PENHA	480,000
RAAS	248,900
RAWA	5,573,821
RI	13,212,290
RRP	823,905
SADO	4,823,580
SAF	459,100
SAFUK-International	805,776
SAMRADO	845,400
SC	52,862,692
SCC	400,500
SDRO	730,786
SHA	368,580
SHILCON	586,520
SHRA	300,000
SOADO	3,886,612
Solidarités	10,000,000
SomaliAid	232,300
SOMTRAG	449,000
SORAC	334,760
SORDES	508,000
SORRDO	387,500
Southern Aid	909,280
SOYDA	1,051,290
SPDS	213,224
SRDA	1,185,285
SRDO	666,000
SSWC	1,551,680
SWC	492,000
SWISSO - Kalmo	1,714,033
SYPD	1,962,951
TARDO	827,320
TGV	960,181
UNDP	16,750,000
UNDSS	6,820,709
UNESCO	900,000
UNFPA	3,129,860
UN-HABITAT	6,700,000
UNHCR	48,563,290
UNICEF	289,129,855
UNMAS	7,405,828
UNOPS	7,494,278
VETAID	1,194,700
VSF (Germany)	1,891,695
WARDI	2,602,669
WASDA	392,868
WCI	495,100
WFP	424,390,735

1. Executive Summary

Appealing Organization	Requirements (\$)
WHO	20,985,035
WOCCA	6,917,416
WRRS	328,270
YAHAN NETWORK	276,000
YDA	295,256
YME	7,264,056
Grand Total	1,521,930,554

2. 2011 in review

2.1 Changes in the context

2.1.1 Overview

The year 2011 brought with it a rapid decline in the humanitarian situation in Somalia. The year started with some 2.4 million Somalis in humanitarian crisis. The near-failure of two rainy seasons (the *Deyr* rains of October-December 2010 and the *Gu* rains of April-June 2011) led to a deepening drought that further affected a population whose livelihoods and coping mechanisms were already weakened because of the protracted conflict and displacement. The failure of the rains, coupled with the suspension of large-scale food distributions following the banning of the World Food Programme (WFP) by non-state armed groups further constrained access to food. The limited humanitarian actions could not prevent a large swath of southern Somalia sliding into famine.³ As early August 2011, four million people were in crisis.

The food security situation deteriorated by November 2011 compared to the same time in 2010. (See map on the next page.) Signs of challenges to come in 2011 were highlighted as early as August 2010 when the La Nina was first predicted for the *Deyr* Season. In January, the Food Security and Nutrition Analysis Unit (FSNAU)⁴ and the Famine Early Warning Systems Network (FEWSNET)⁵ determined that Somalia was in the midst of a severe water crisis caused by the failure of the short *Deyr* rains and exacerbated by the “*La Niña*” phenomenon, which was causing a severe food access crisis for millions of Somalis.⁶ From June 2010 to January 2011, the number of people in crisis increased from two million to 2.4 million, a 20% jump in just six months. The drought had intensified by April because of the delayed start of the *Gu* rains. When the rains began, they were below normal and haphazard, resulting in crop failure in the southern regions. Food prices increased by over 200% in some regions, pushing 100,000 more people into crisis – by the end of May the number of people in crisis had increased to 2.5 million⁷. The epicentre of the crisis was in the southern regions, where nearly 70% of those in humanitarian emergency were located. The poor rains also resulted in a significant number of livestock deaths and reduced the value of livestock for the pastoralists. It was also around this time that mass movements of people began into Mogadishu and across borders, mainly into Kenya and Ethiopia, in search of assistance. Large-scale displacement and significant limitations on humanitarian access further exacerbated the situation.

By 20 July, famine was declared in two areas of south Bakool and Lower Shabelle region based on an FSNAU assessment⁸. Two weeks later, on 3 August, three more areas (parts of Middle Shabelle, the Afgooye Corridor IDP settlement, and the Mogadishu IDP community) slid into famine conditions⁹ with 3.7 million people in crisis countrywide, of whom 2.8 million were in the south¹⁰. A month later, on 5 September, the entire Bay region was declared to be in famine with the number of people in crisis reaching an all-time high of four million countrywide, three-quarters of whom were in the southern regions. FSNAU estimated that tens of thousands of people had died, over half of whom were children. By August, 750,000 people were at a risk of death and living in famine conditions.¹¹

³ An area is classified as in famine when at least 20% of the population faces extreme food deficits, GAM exceeds 30%, and the death rate exceeds 2/10,000/day for the entire population.

⁴ <http://www.fsnau.org>

⁵ <http://www.fews.net/Pages/default.aspx>

⁶ Press release <http://www.fsnau.org/downloads/FSNAU-News-Release-January-28-2011.pdf>

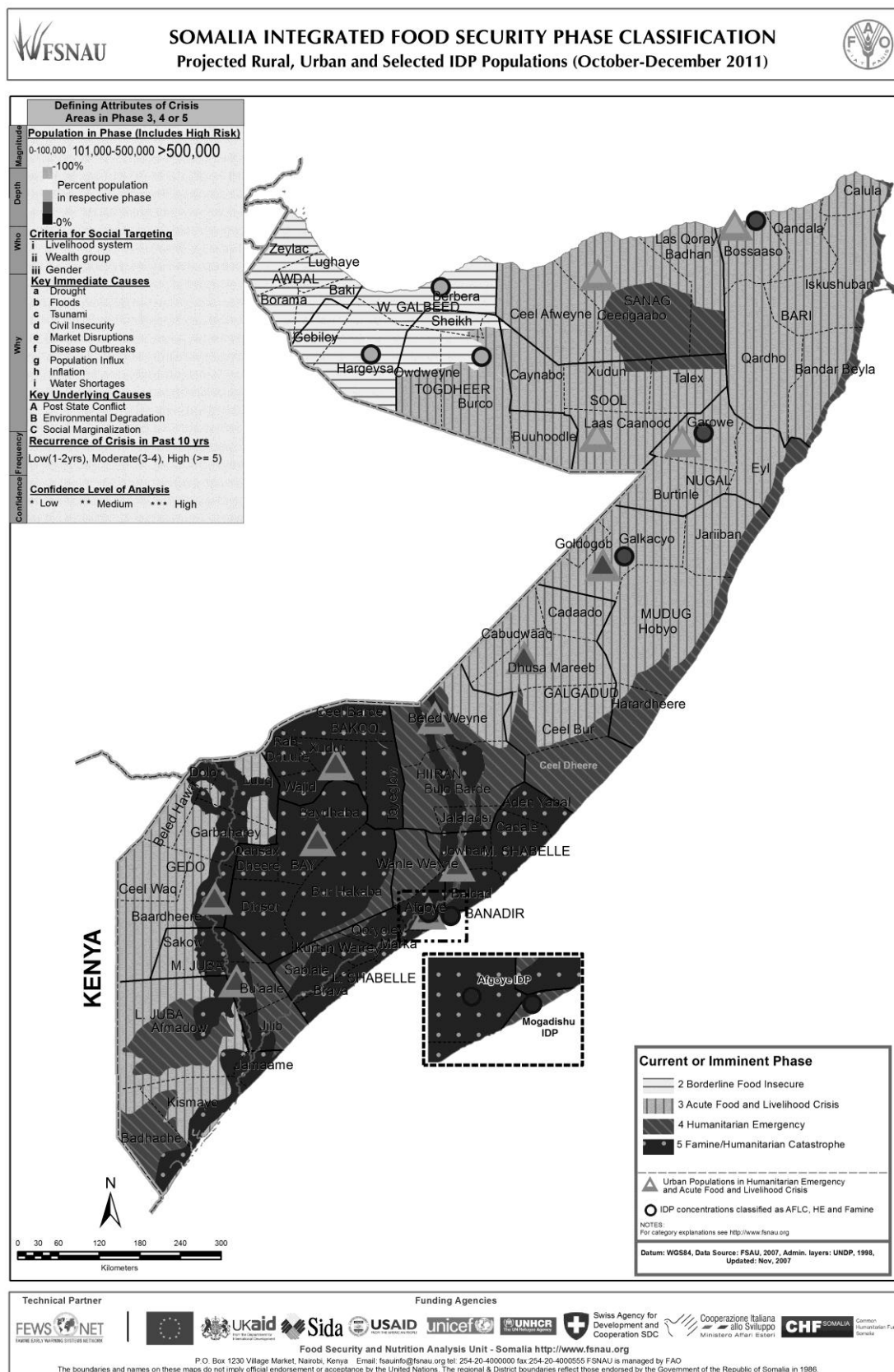
⁷ Press release <http://www.fsnau.org/downloads/FSNAU-News-Release-June-20-2011.pdf>

⁸ Press release <http://www.fsnau.org/downloads/FSNAU-News-Release-July-20-2011.pdf>

⁹ According to the IPC, evidence of three specific outcomes is required for a famine to be declared: (1) at least 20% of households face extreme food shortages with limited ability to cope; (2) the prevalence of GAM must exceed 30% and (3) crude death rates must exceed 2 deaths per 10,000 people per day.

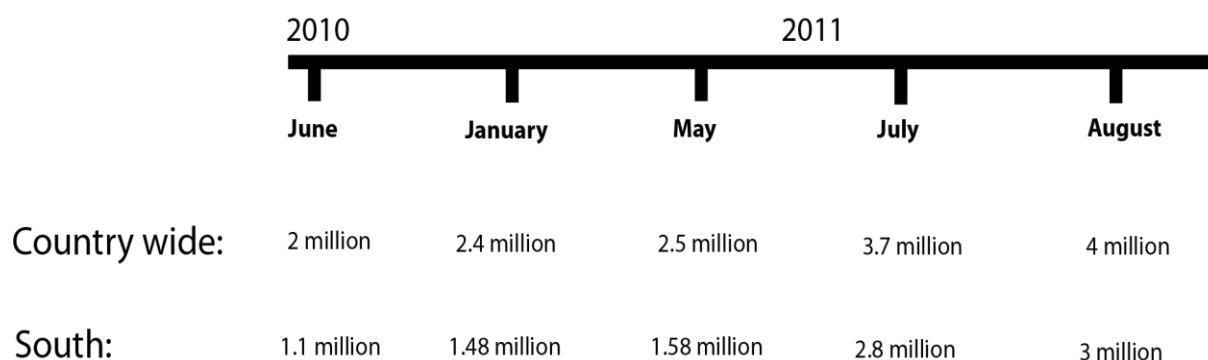
¹⁰ Press release http://www.fsnau.org/downloads/FSNAU_FEWSNET_020811_press_release_030811.pdf

¹¹ Press release http://www.fsnau.org/downloads/FSNAU_FEWSNET_050911_press_release.pdf



See **Annex IV** for a comparative map of the August-September situation.

On 18 November, an analysis issued by the Food Security and Nutritional Analysis Unit confirmed that famine will persist through December 2011 in the agro-pastoral areas of Middle Shabelle and among Afgoye and Mogadishu IDP populations. In areas of Bay, Bakool, and Lower Shabelle formerly classified as famine, substantial humanitarian aid has mitigated the most extreme food deficits and reduced mortality levels. Therefore, these areas have been downgraded from famine to emergency for the November/December 2011 period, and the total figure of people living in famine conditions has gone down to 250,000 people.



2.1.2 Malnutrition

Malnutrition levels increased throughout the year. The number of malnourished children in Somalia increased from 390,000 in January to 450,000 in July, of whom 190,000 were severely malnourished. Some 84% of the severe cases were in the southern regions.¹² In September, the crude mortality rates reached a high of 5.7 per 10,000 per day among Mogadishu IDPs.¹³ The global acute malnutrition (GAM) rates rose to as high as 58% in Bay region, nearly four times the World Health Organization (WHO) emergency threshold of 15%. The median rate of acute malnutrition in southern regions rose from 16% in August 2010 to 25% in January 2011 to a record of 36% in August 2011.

Limited humanitarian access coupled with disease outbreaks, such as cholera, malaria and measles, further complicated the situation in the second half of the year as the high levels of malnutrition, especially in children, made them even more vulnerable to disease. From January to October, 51,000 cases of acute watery diarrhoea (AWD)/cholera were reported in southern and central regions. The worst affected regions were Banadir, and Lower and Middle Shabelle regions where 25,000 cases were reported. Since January, there have been 7,573 suspected measles cases reported in Somalia, with 122 deaths.

2.1.3 Displacement

Massive displacements, mainly in southern and central Somalia, occurred throughout the year. According to the Population Movement Tracker (PMT)¹⁴, the quarterly breakdown of the population movements recorded in Somalia throughout the year up to date were 106,000, 58,000, 144,000, and 32,000 respectively. Only in July, the estimated number of drought-affected IDPs fleeing to Mogadishu from other southern Somalia regions reached 100,000. The number of displacements recorded in July (63,000) was the highest reported in a single month since March 2010. Population movements within Somalia decreased in August to 42,000 displacements, as humanitarian aid was scaled up. Drought was the main reason for displacement in July (89%) and August (73%). Additionally, fighting erupted between Transitional Federal Government (TFG) allied forces and Al Shabaab in other parts of southern Somalia, including Lower Shabelle, Banadir, Gedo and Middle Juba regions, resulting in a number of insecurity-related displacement and loss of livelihoods for

¹² Nutrition survey May-June 2011 <http://www.fsnao.org/downloads/FSNAU-Nutrition-Update-May-June-2011.pdf>

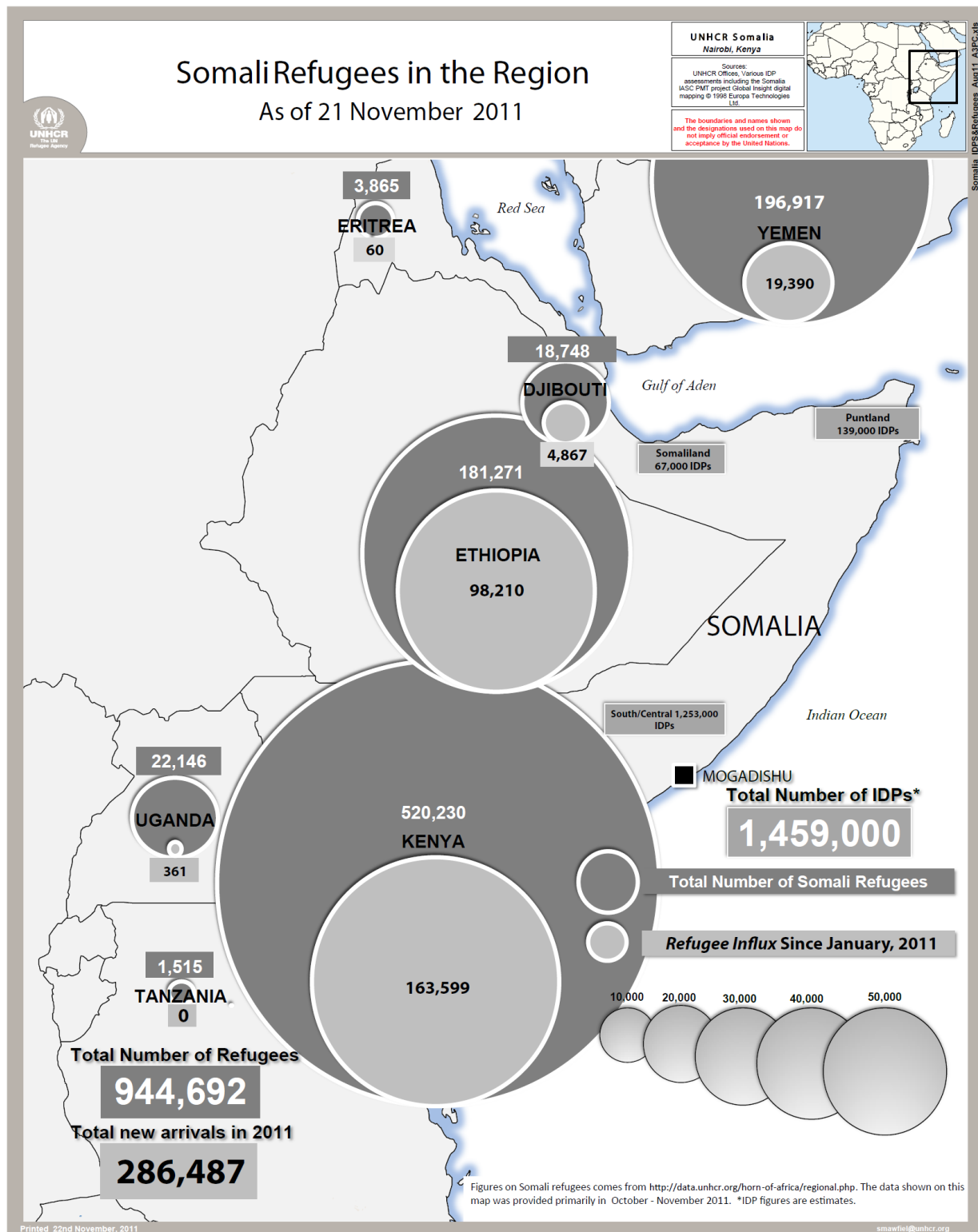
¹³ The U5 mortality rate was 15 per 10,000 per day among Mogadishu IDPs, though with low level of confidence.

¹⁴ <http://data.unhcr.org/horn-of-africa/somalia.php>

2. 2011 in review

civilians already struggling to cope with the effects of the famine and drought. In the north, tensions persisted in Sool and Sanaag regions over disputed areas, leading to some displacement.

In June and July, the monthly average of the number of Somalis crossing the border towards Kenya and Ethiopia reached 17,500 and 6,000 people, respectively. By the end of October, Dadaab refugee camp had received more than 195,000 new Somali arrivals since the beginning of the year, while at least 93,700 people had arrived in Ethiopia's Dollo Ado camps. The total estimated number of Somali refugees and asylum seekers (mainly in Kenya, Yemen, Ethiopia and Djibouti) is over 900,000.



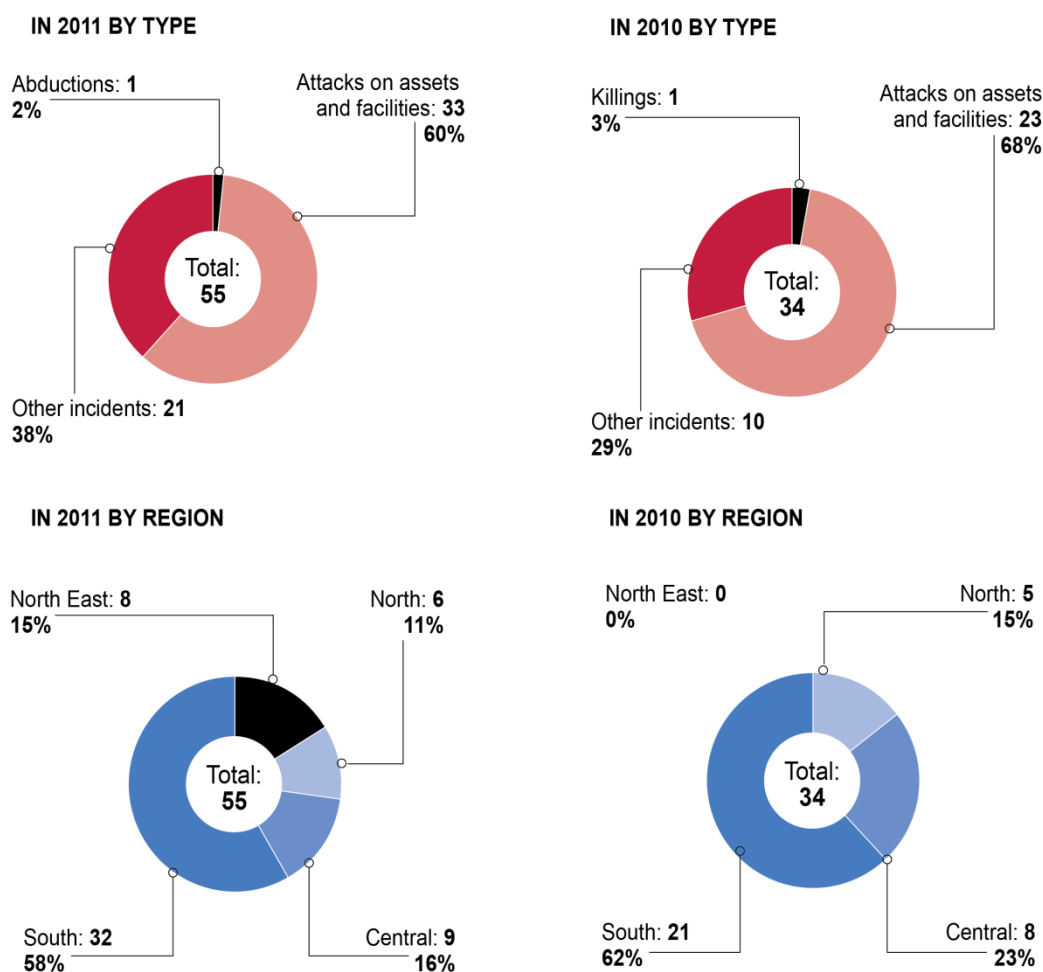
2.1.4. Humanitarian access and coverage

Access challenges throughout Somalia remained significant in 2011 and contributed to the rapid deterioration in the humanitarian situation. Access in northern Somalia remained generally stable, with the exception of the disputed areas in Sool and Sanaag regions. Access in the central and part of the northern regions, such as Jariiban, Hobyo, Cabudwaaq, Dhuusamarreeb and Matabaan districts in south Mudug, Gal Mudug and Hiraan regions, remained uneven due to sporadic fighting for territorial gain or clan-based violence.

Throughout 2011, humanitarian access remained the key constraint to scale up interventions in southern Somalia. Relief agencies and other types of activities enjoyed different levels of acceptance. Access varied in different areas and the main constraints included: categorical refusal to allow some humanitarian organizations to operate in certain regions; increased interference in and imposition of working modalities; negative statements against the humanitarian community; and sporadic fighting for control of territories. The seizure of some border towns in Gedo and Lower Juba regions by the TFG, or TFG affiliated militia, and the withdrawal of Al Shabaab from most of the capital have not translated into significantly improved access for the humanitarian organizations. In Mogadishu, although the TFG has taken control of the areas vacated by the Al Shabaab, this has not yet led to stability or security.

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

Humanitarian incidents by type and region in 2010 – 2011¹⁵



¹⁵ OCHA Somalia, *Humanitarian Access* (monthly reports).

Bureaucratic impediments and restrictions placed against the movement of humanitarian goods by different regional administrations throughout Somalia (as well as across the Somalia border) remained a challenge, but were overcome primarily through lengthy negotiations. These kinds of impediments hurt the ability of organizations to deliver humanitarian aid in a timely and predictable manner.

Though access remained a challenge, the total number of international staff working in Somalia increased considerably. There were about 150 United Nations (UN) and 152 non-governmental organization (NGO) staff based in Somalia, compared to the same period in 2010 when there were about 95 UN and 104 NGO staff. The number of humanitarian aid workers and organizations has increased dramatically in Mogadishu in response to the high visibility afforded to the crisis. For example, the total number of UN staff, including Somali and international staff, has increased from 36 to 82 compared to the same period in 2010. Meanwhile the significant attention on the famine resulted in both the arrival of numerous new aid actors, NGOs and charitable organizations from Turkey, Arab and Gulf countries, as well as the expansion of the activities of these organizations with existing projects. The Organization for Islamic Cooperation (OIC) also opened an office in Mogadishu in March 2011 with whom OCHA works closely to improve coordination. A number of new partners have joined coordination structures and participate with the clusters on the ground, providing assistance in several sectors, namely WASH, agriculture and livelihoods (and livestock), food, health, and education.

2.2 Achievements against 2011 strategic objectives and lessons learned

Through a series of consultative workshops, the Somalia 2011 consolidated appeal process (CAP) outlined four strategic priorities (agreed upon by the humanitarian community) to guide humanitarian action in 2011. These were to:

- 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 crises¹⁶.
- Increase livelihoods and livelihood assets to protect populations from future shocks and prevent those in AFLC from deteriorating into Humanitarian Emergency (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.

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

The clear intensification of the crisis and subsequent famine declaration prompted a marked increase in donor support. It also led to a concerted effort by clusters and their partners to undertake an emergency revision of the CAP 2011 targets and to scale up operations. A review of actual performance against indicators shows that programmatic support and operational activity increased significantly in the second half of the year. However, the scale of the crisis, combined with an extremely challenging security/access environment, ensured that considerable needs still remain.

¹⁶ This was the original strategic priority developed in 2010 for the 2011 CAP. It was revised during the August 2011 Emergency Revision to reflect new populations figures (3.2 million) for the number of people in HE and famine.

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

Up to date the nutrition cluster reached a total 459,156 U5 acutely malnourished children with nutrition services, of which 319,655 were moderately malnourished and 139,501 were severely malnourished. Regarding food assistance, the 2011 CAP initially established a target of over one million people, which was revised up to 3.7 million in August, and then to four million in September. By October, some 2.6 million people were being assisted with food rations.

Regarding the number of men and women in HE and IDPs accessing immediate cash and food vouchers, emergency livestock interventions, and emergency agricultural and fishing inputs, 2011 established a target of 621,840 people. This number was revised in the emergency revision up to 2.24 million and then 2.6 million. By October, 895,000 people were being reached with these emergency agriculture and livelihood interventions.

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

Strategic priority two focused on increasing livelihoods and livelihood assets to protect populations from future shocks and prevent those in AFLC from deteriorating into HE. CAP 2011 targeted 1,095,000 men and women in HE and AFLC to receive access to improved productive assets. This was subsequently revised up to 2,600,000 men and women. By the mid-year point, 45,100 people had received productive assets. By October, 1,594,977 people had received productive assets.

Strategic priority three related to a minimum package of life sustaining basic services, including interventions relating to health, water, sanitation, hygiene, nutrition, shelter, and education. The critical inter-linkages between these clusters, such as the strong relationship between Nutrition, WASH, and Health Clusters, were evident and significant efforts were made to optimize the effectiveness of cluster interventions through inter-cluster coordination. Despite severe challenges regarding access and security, considerable progress towards reaching key indicators was made. For example, 50% of the targeted 2.59 million beneficiaries gained access to basic primary and/or secondary health care leading into the critical *Deyr* rainy season, and 1.2 million of a targeted 2.8 million people (at Mid-Year Review (MYR)) have been reached with sustained access to water.

Achieving strategic priority four was particularly challenging due to conflict, displacement, access constraints and, in some cases, challenges in establishing dialogue with local authorities. In a number of instances, humanitarian workers were directly targeted with violence and intimidation. However, significant progress was made. For instance, the target for the number of female and male survivors of violence equally accessing services and community-based projects was revised from 2,000 up to 15,000 at the Emergency Revision, and by October 12,942 beneficiaries had been assisted through various protection activities and initiatives. By October 2011, 73,138 girls and boys (children and youth) and female and male community members were benefiting from school-based child protection interventions. By mid-November, post-exposure prophylaxis was distributed as a response to increased sexual violence in the southern and central Somalia.

Table: Summary of progress in response versus the revised strategic priorities of the CAP Emergency Revision of August 2011

Strategic Priority One for Original CAP 2011: 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			Strategic Priority One for Emergency Revision (ER) of CAP 2011: Provide life-saving humanitarian services to 3.2 million people in humanitarian emergency (HE) and famine to reduce mortality and prevent further displacement	
Indicator for CAP 2011	Target for 2011	Achievement at MYR	Target for ER CAP 2011	Achievement (as of end-October)
GAM and SAM rates do not deteriorate from 2010 median rates	GAM (16%) and SAM (4%) levels do not increase	National average rates remain the same; but a sharp increase in the south (with regional median rate of 25% GAM, and of 6% SAM); Total caseloads increased by 7% compared to same time in 2010	Current GAM (16%) and SAM (4%) levels do not increase	Extremely limited access, drought and the effect of increased global and local food prices increased the mean GAM and SAM levels (mainly in the south) to 36.4% and 15.8% respectively
Number of food assistance recipients	1,030,000	By mid-year, 770,000 (75% of the target) beneficiaries on average per month received food allocations	3.7 million	2.6 million people received food assistance (by end of October)
Number of men and women in HE and IDPs accessing immediate cash and food needs, emergency livestock interventions, and emergency agricultural and fishing inputs	863,678	By mid-year, 132,414 (21% of the target) were reached with emergency agriculture and livelihood interventions	2,240,000	1.7 million
Number of target beneficiaries of emergency response receiving NFIs (modified as EAPs)	1.2 million	104,520 IDPs received emergency NFIs(EAPs)	960,000	652,764 people received EAPs
Number of acutely malnourished children and pregnant and lactating women (P/L)	65% of SAM and GAM caseloads (244,400 acutely malnourished children six-59 months old and 34,000 acutely malnourished pregnant and lactating women)	137,361 acutely malnourished children six-59 months old and 7,519 acutely malnourished pregnant and lactating women	Total targeted children six-59 months nationwide: 476,000, including 373,000 moderately malnourished and 103,000 severely malnourished children; 33,600 acutely malnourished P/L women	459,156 acutely malnourished children reached (139,501 severely malnourished and 319,655 moderately malnourished children).

Strategic Priority Two for Original CAP 2011: Increase livelihoods and livelihood assets to protect populations from future shocks and prevent those in AFLC from deteriorating into HE, capitalizing on the 2009 Deyr and 2010 Gu rains where possible			Strategic Priority Two for ER CAP 2011: Increase livelihoods and livelihood assets and strengthen disaster management and mitigation activities to protect populations from future shocks and prevent those in crisis, capitalizing on the 2009 Deyr and 2010 Gu rains where possible	
Indicator for CAP 2011	Target for 2011	Achievement at MYR	Target for ER CAP 2011	Achievement (as of end-October)
Number of men and women in HE and AFLC with access to improved productive assets	1,095,000	45,100 people received productive assets	2,600,000	1,594,977
Strategic Priority Three for 2011: Provide vulnerable populations with a minimum package of life-sustaining basic services			Strategic Priority Three for ER CAP 2011: Provide vulnerable populations with a minimum package of life sustaining basic Services	
Number of learners, teachers and Community Education Committee (CEC) members (male and female) benefiting from the cross-cutting emergency and life-saving intervention	161,335	41,160 CEC members benefitted from cross-cutting life-saving interventions	443,210	435,000
Percentage of population in humanitarian crisis with access to primary and/or basic secondary health care services	70% (representing 1.93 million people)	40%	70% (representing 2.59 million people)	50% of target reached
Percentage of geographical area providing basic nutrition services accessed by children six-59 months old	80%	96% of target	80% for children	99% of target reached
Number of children U5 and women of child-bearing age vaccinated	90% of children targeted U5 and 60% of women of child-bearing age	0% First round scheduled to commence in July in Somaliland. No progress against target due to insecurity and funding constraints	70% of <5 years = 518,000 40% of women of child-bearing age = 296,000	Children = 1,018,072 (196% for measles) Women = 188,196 (60.45% for TT)
Number of beneficiary households receiving temporary/transitional shelter	7,000 households	2,527 households	10,000 households	435,000
Number of people with sustainable access to safe WASH	Two million	540,121 reached with sustained access to safe water	2.8 million reached with sustained access to safe water	50%, 1.2 million people

Strategic Priority Four for CAP 2011 Strengthen the protective environment for civilian populations through advocacy, including dialogue with local authorities, community mobilization, and access to services.			Strategic Priority Four for ER CAP 2011 Strengthen the protective environment for civilian populations through advocacy, including dialogue with local authorities, community mobilization, and access to services	
Indicator for CAP 2011	Target for 2011	Achievement at MYR	Target for ER CAP 2011	Achievement (as of end-October)
Number of survivors of human rights violations equally accessing services and community-based projects (data disaggregated by sex and age)	2,000 survivors	8,041 survivors	15,000 survivors	12,942 survivors
Number (disaggregated by sex) of households provided with livelihood support and community protection initiatives	4,000 Households	3,771 households	2,600 households	4,001 households
Number of men and women from disaster-prone communities involved in risk reduction activities	65,000 men and 75,900 women	4,530 men and 1,943 women involved in the rehabilitation of strategic/communal water catchments	60,400 (27,900 men and 32,500 women)	4,530 men and 1,943 women involved in the rehabilitation of strategic/communal water catchments
Number of girls and boys (children and youth) and female and male community members benefiting from school-based child protection interventions	126,335	38,638	435,847	73,138

2.3 Summary of 2011 cluster targets, achievements and lessons learned

2.3.1 Agriculture and Livelihoods

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

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

Of 2.6 million total target beneficiaries following the emergency scale-up, 1,594,977 people (62% of target) were reached, either by cash or food vouchers, emergency livestock interventions, or emergency agriculture or fishing inputs. Reaching 1,594,977 people represents a 29-fold increase over the 54,240 people reached in the same period in 2010, a clear indicator of both a deepening crisis and the cluster's capacity to mobilize the substantially increased amount of funding.

Beneficiaries reached with multiple interventions from January to October 2011

Activity	Number of people reached	
	Men	Women
Agriculture inputs	600,472	331,829
Cash-for-work (CFW)	488,150	307,078
Cash relief ¹⁷	21,748	23,688
Food vouchers ¹⁸	234,431	202,335
Emergency livestock interventions (water vouchers, animal vaccination/treatment, fodder provision)	330,465	332,211
Income-generating activities	2,250	2,250
Training	1,825	652

Following the declaration of famine in July, agencies increased their input deliveries with the initial voucher distributions taking place in late July and the bulk starting in September. Voucher distributions are expected to continue for the next four to five months. From the small number of vouchers distributed by the end of June, there was a sharp increase from September, covering cash-for-work, food vouchers, and cash relief, benefitting 1,201,486 people. This accounted for 53% of the total beneficiaries targeted for 2011 to receive vouchers.

¹⁷ These data are from August. More complete figure will be reported at the end of the year.

¹⁸ The Food Assistance Cluster and the Agriculture and Livelihoods Cluster agreed that the latter is responsible for reporting on food voucher distribution. Even though FAC members also distributed food vouchers, the focal point for reporting is FAO.

Emergency interventions such as vaccination, disease treatment, and the provision of fodder and water through voucher systems benefitted livestock belonging to 737,586 people (367,821 men and 369,765 women). Additionally, between January and October 2011, 962,615 people (620,000 men and 342,615 women) received improved drought-tolerant crop seeds and fertilizers, accounting for 100% of the 158,333 households in southern Somalia, which the cluster partners had planned to target during the *Deyr* season in September/October 2011.

The impact of CFW schemes on infrastructure rehabilitation will be detailed at the end of the year. The anticipated increase in crop production will likely benefit the secondary beneficiaries. A total of 190 people (140 men and 50 women) attended the first training on project cycle management (seven more are planned) for local implementing partners in Nairobi.

The output monitoring is on-going, and more than 300 people who have benefitted from food vouchers are currently being interviewed. During the past two months, funding from the Common Humanitarian Fund (CHF) and Central Emergency Response Fund (CERF) has decreased. This has led to difficulties in implementing a coordinated response and has limited the ability of local NGOs to directly access funds for urgent response.

2.3.2 Education

The Education Cluster objectives in 2011 were to:

- Increase access to inclusive quality education for children, youth and adults in humanitarian emergencies.
- Integrate life-saving practices in formal and non-formal education.
- Support the establishment and strengthening of education systems and structures in emergency-affected areas.

There are an estimated 2.3 million schoolchildren in south and central Somalia. The cluster target was to reach approximately 435,000 children and 8,000 teachers and other education personnel in southern and central Somalia.

During the reporting period, the education cluster partners supported 380,000 children (46% girls) to enrol in school. The support included provision of school supplies, text books, learning and recreational materials, and water and sanitation facilities. Learners, teachers and community education committees (CECs) members benefited from cross-cutting emergency and life-saving practices such as psycho-social support, health and hygiene promotion and life skills. The cluster conducted three capacity-building training events for local and international partners and Ministry of Education representatives. A coordinated rapid needs assessment was carried out in all ten affected regions in south and central Somalia to assess the impact of famine and drought on education institutions. Approximately 2,039 children (859 boys and 1,180 girls) were assisted with school meals and alternative food assistance programmes in southern and central Somalia. Thirty-four classrooms were constructed, 54 rehabilitated and 43 school tents were distributed. Teaching, learning and recreational supplies have been procured for 1,432 schools and learning spaces were provided with teaching and learning supplies and recreational material.

The Education Cluster continues to struggle to secure funds and maintain its programming in conflict and famine-/drought-affected communities. Scale up and contingency plans are often hampered by a lack of funds for education supplies, teachers' incentives and rehabilitation of learning spaces and WASH facilities. Absence of school feeding programmes in famine and drought zones, as a result of the ban of WFP from parts of the south, is significantly disrupting the attendance, retention and nutrition status of schoolchildren. Host community schools are overstretched by the additional enrolment where IDP influxes have been largest. Inadequate water and sanitation facilities, limited classrooms and supplies and a shortage of teachers are the key challenges in overcrowded schools. Child recruitment, compulsory military training, segregation of boys and girls classes and growing concerns over attacks on education institutions were key challenges in the south. Data collection,

verification and monitoring remain major challenges for the Education Cluster in Somalia. Field coordination will remain a challenge due to the low capacity of partners in the south.

2.3.3 Food Assistance

In 2011, the Food Assistance Cluster (FAC) sought to provide food assistance to prevent further deterioration of acute malnutrition in children U5 in targeted, emergency-affected populations in Somalia; to develop, build and restore livelihood assets by targeted communities; and to improve access to basic social services in selected health institutions and schools, targeting a total of 1.03 million people. In August 2011, following the declaration of famine in regions of Somalia, the overall strategy of the cluster was revised to expand life-saving food and nutrition assistance to reach 3.7 million people in crisis. This was later increased to target four million people in response to the worsening food and nutrition security situation.

FAC members have aggressively scaled up their response from reaching an average of 770,000 people per month between January and July, to 1.3 million people in August and 2.6 million people in October. Cumulatively by October, the cluster had reached over half of the revised target.¹⁹

	July	August	October
Beneficiaries	770,000	1,300,000	2,600,000

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

While the cluster continues to scale up interventions to reach the four million people in need, the continuing conflict and insecurity continue to impede access to some parts of the country. Furthermore, the response capacity of the cluster was constrained by inadequate funding at the initial stages, delays in scaling up of humanitarian organizations' capacities given the complex operational environment, low capacity of local partners and limited food supplies through the local markets. Until July 2011, WFP was drastically cutting rations to beneficiaries because of severe funding shortfalls. However, resource levels have improved for some cluster members, including WFP.

Despite the significant challenges already highlighted, the cluster is making a substantial effort to expand the outreach of food assistance interventions by strengthening field level coordination, improving coordination and collaboration with other clusters and engaging new partners. Since the declaration of famine, the cluster membership has increased to over 60 participating organizations.

2.3.4 Health

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

The cluster managed to reach 1.3 million (70% of the targeted 1.9 million people). Four basic emergency obstetric care (EMOC) facilities serving 500,000 people were assisted with drugs, medical kits and supplies, and staff were trained in basic obstetric care. Vitamin A/de-worming for 240,000 children and 260,000 women was conducted in north-east (NE) and north-west (NW) Somalia. A child health day (CHD) was conducted in 52 districts of Somalia (including Mogadishu, Galgudud, Bay, Bakool regions and all districts of Puntland and Somaliland): 937,785 children were reached with the complete CHD package: DTP, measles and OPV vaccination, Vitamin A supplementation, de-

¹⁹ It should be noted that the food basket, ration sizes and frequency of distribution varied among cluster members.

worming, oral rehydration salts, Aquatabs and MUAC screening. At the same time, 589,391 women of child-bearing age (WCBA) received at least one dose of tetanus toxoid (TT) vaccine. In addition to the regular CHD and routine immunization, 747,742 children in Mogadishu and some districts of South Somalia were vaccinated against measles in response to the on-going measles outbreak that has been exacerbated by the drought and famine.

Capacity-building of partners was the main focus of all health programmes. In total, 536 male and female health workers were trained (423 on surveillance, case detection, and standard management; 93 on trauma and emergency surgery; 20 on effective management of essential medicine). Forty nine disease outbreak rumours were reported, out of which 34 (70%) were investigated within the standard 96 hours. The case fatality rate (CFR) for AWD was recorded at 1.27% (target: below 2%). The cluster provided bridge funding support to six hospitals for the continuation of essential services for complicated cases through the CHF. Procurement of medicines to treat mental illnesses and psycho-social disorders and equipment for major hospitals was a hallmark of the cluster's support to partners. The introduction of a basic package of health services (BPHS) and integrated community case management (ICCM) strengthened the health portfolio and helped standardize services across various levels of healthcare.

The main priority was the development of emergency preparedness plans and pre-positioning of essential supplies for expected massive outbreaks of AWD/cholera, malaria, measles, acute respiratory infections (ARI) and other diseases. The approach was based on worst case, best case and most likely scenarios. The clinical case management of malnutrition with medical complications was strengthened at selected health facilities.

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

The most important constraint was the limitation of humanitarian access to certain geographical locations where most of the population had limited access to essential health care including life-saving emergency medical treatment. Additionally, large-scale population movements across Somalia, overcrowding and fatigue all compounded and contributed to increased communicable disease outbreaks. Dengue, AWD and measles often resulted in increased mortality rates among children U5 due to the high GAM and SAM rates. The impact of the drought was compounded by an escalation in the civil conflict between the opposing forces and the TFG. Injury management procedures drained essential human and material resources, thereby limiting services provided to other critical public health problems.

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

2.3.5 Logistics

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

The Logistics Cluster received 38 requests from participants for cargo handling services in 2011, and handled over 5,000 metric tons (MTs) of inter-agency cargo. The cluster also increased storage capacity in Bossaso, Berbera, and Gaalkacyo in line with the initial cluster response strategy formulated at the beginning of 2011. The Logistics Cluster strengthened capacities and responded to increased requests for logistics services in 2011. At least 95% of service requests from participants were responded to (the target was 65%). Each inter-agency cargo shipment included more than three

organizations, which was in line with the mid-2011 indicator that called for a ‘minimum of three partner organizations coordinated for all shipped cargo’.

A Logistics Cluster Concept of Operations Plan from September 2011 and going into 2012 was finalized this year, in reference to the indicator ‘Logistics contingency response process updated and maintained yearly’. The two Logistics Cluster projects in the 2011 CAP, the UNHAS air operation (WFP SO 10681) and the Special Operation for the infrastructure rehabilitation of ports and roads (WFP SO 10578) both progressed in line with expected outcomes. The UNHAS operation provided safe and secure scheduled flights into and across Somalia, with an average of 1,310 passengers and 11.3 MTs of light cargo per month (as of August 2011). Berth D (the inner port) was rebuilt after the burning out of the dhow in Bossaso Port. Debris removal at Bossaso Port was also completed. Five wrecks were removed from the port basin of Mogadishu, easing the berthing of ships at this port. Navigation aids were also installed in the Mogadishu Port, supporting the entry of incoming vessels. These rehabilitation activities have reduced humanitarian cargo delivery times and the overall cost of shipping.

On-going activities at the end of the year included dredging and fender rehabilitation at the Bossaso Port; warehouse construction at the Berbera, Bossaso, and Mogadishu ports; and tendering for electronics for the marine tower in Mogadishu (including radar, radios, etc.)

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

The main challenge faced by UNHAS this year was the poor condition of air infrastructure in Somalia. In addition, limited funding led to a reduction in the fleet and created challenges for long-term planning. The rehabilitation project’s main challenge this year was insecurity, which led to limited access to the project site in Mogadishu Port. Field coordination was difficult for Logistics Cluster members due to limited access, travel restrictions, and limited international staff presence in Somalia.

2.3.6 Nutrition

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

The August 2011 post-*Gu* rains nutrition surveys showed that the situation in the southern region of Bay worsened into famine according to the Integrated Phase Classification. This was added to the other southern areas of Mogadishu IDPs, Afgooye IDPs, Balcad and Cadale areas of Middle Shabelle, Lower Shabelle and Bakool agro-pastoral livelihood zones where famine had already been declared in July and August 2011. The GAM prevalence for Bay was 58% with the median GAM for the whole southern region being 36.4%; the median SAM was 15.8%. Crude and mortality rates of children U5 were also very high, reaching rates of 13/10,000 children per day. The number of children requiring treatment for acute malnutrition nearly doubled from 238,000 to 450,000 requiring treatment in the second half of the year including 190,000 severely malnourished children. Of those 161,000 (85%) were located in the south of Somalia.

Due to the worsening nutrition situation, the Cluster continued to prioritize the populations of Somalia’s southern and central zones, NE and NW IDPs and NE and NW pastoral areas of Guban pastoral, West Golis pastoral, Nugaal valley and the Sool-Sanaag Plateau pastoral populations. Nutrition Cluster partners have scaled up the provision of nutrition services, especially in Mogadishu, covering both the IDP settlements and host communities. In Mogadishu alone there are now nine Stabilizations Centres (SCs), 38 outpatient therapeutic care programmes (OTPs) and 38 targeted

supplementary feeding programmes (TSFPs). This represents a scale-up from four SCs, 14 OTPs and 21TSFPs at the beginning of the year.

By mid-September, there were three wet feeding centres that reached a total of 22,800 households with three meals a day in the areas of Dhobley, Doolow and Luuq. The United Nations Children's Fund (UNICEF) supported blanket supplementary feeding reached 32,727 households (approximately 32,727 pregnant and lactating women and 64,454 U5 year olds)²⁰ in areas of Hiraan, Middle and Lower Shabelle, Bay, Bakool and Jubas. WFP supported blanket supplementary feeding in Gedo, Bakool, Lower Juba and Hiran reached up to 99,852 children six-59 months and pregnant and lactating women (PLW). As for treatment services, a total of 319,655 moderately malnourished children and 139,501 severely malnourished children were reached by the nutrition partners up to October 2011.

The cluster scaled up to cover increased caseloads and by mid-September there were 95 nutrition partners compared to 57 at the beginning of the year. Treatment centres increased from 25 to 32 stabilization centres (SC); from 388 Outpatient Therapeutic Programmes (OTP) to 461; and from 512 TSFPs to 656 since January 2011.

The establishment of field cluster coordination across Somalia, including in all the regions of southern and central Somalia, contributed to improved response, gap identification, gap filling and information flow from the field. However, it still needs to be strengthened. In 2011, a Somali Nutrition Strategy (2011–2013) was finalized and adapted by the governments and local authorities across Somalia.

2.3.7 Protection

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

The total number of people targeted by the Somalia Protection Cluster only through service delivery was 154,385 (an estimated 93,000 women and 61,000 men). This number represents the total number of beneficiaries mentioned in the response plan, including Child Protection and gender-based violence (GBV) Activities. These figures include IDPs, survivors of protection violations (with a particular focus on the different needs of women, boys, girls and men affected by drought and conflict) and other vulnerable communities. In addition to this target, the Somalia Protection Clusters continued conducting capacity-building, awareness raising and advocacy activities to mitigate, both responsively and preventively, the protection risks faced by the vulnerable Somali population.

A total of 105 Population Movement Tracking (PMT) and 34 Protection Monitoring Network (PMN) reports were disseminated during the period. The most frequently reported violations were in southern and central Somalia (2,543 victims), while the number of violations in Somaliland and Puntland were lower (1,006 and 858 respectively). The top four areas of reported violations were physical assault/attack not resulting with death (1,553), illegal arrest and detention (778), killing/manslaughter (776) and rape (446).

At least 12,942 survivors of protection violations (an estimated 3,387 men, 3,257 women, 3,403 girls and 2,895 boys) received psycho-social, legal, medical aid and protection through livelihood support. Identified protection risks included GBV and child labour and insecurity. Some 4,000 households benefited from livelihood support and community protection initiatives. A total of 69 services,

²⁰ Approximation is based on one pregnant and lactating woman and two children U5 per household.

including community-based psycho-social support, child-friendly spaces, basic education skills and livelihood opportunities were provided for 689 men, 777 women, 2,321 girls and 2,355 boys. 28,259 people have benefitted to date from a range of child-friendly spaces (CFS) including recreational activities, psycho-social support and distribution of nutritional snacks. To date, 280 CFSs have been set up through child protection and education partners and are operational. Through these services, a number of child referral cases were made for health services, including 28 children who were referred to the Baidoa MCH for measles care. Additionally, children benefitted from hygiene and sanitation awareness programs. Through the CFS services, 322 separated and unaccompanied children have been identified to date. 368 children (160 of whom were girls) and 275 adults benefited from Mine Risk Awareness community mobilization. Over 100 participants were trained on preventing the recruitment of children and the release and reintegration of children associated with armed forces and groups.

Cluster Members conducted 33 joint advocacy initiatives on Illegal Detention, IDP Rights, Child Rights and GBV. Some 186 people benefited from capacity-building activities on mitigating protection risks, clinical management of rape, caring for survivors, multi-sectoral and multi-level prevention and response to GBV, and protection monitoring and reporting. A further 25 capacity-building activities targeted 310 male and 240 female service providers, including teachers and traditional birth attendants. Six gender sensitive policies and frameworks were developed/strengthened for community-based protection networks benefiting 1,712 men and 1,198 women, six girls and nine boys. The Somalia Protection Cluster drafted and shared a Somali-tailored protection mainstreaming tool to assist the other clusters in Somalia in fine-tuning their activities by ensuring that all vulnerable groups and members will have the chance to access the services provided by these clusters. The GBV Working Group developed a GBV mainstreaming checklist to assist all clusters in implementing the minimum standards of prevention and response to GBV.

Access remained the main challenge faced by Somalia Protection Cluster members. In addition to general access constraints, it has been extremely challenging for Somalia Protection Cluster members to assess and address protection needs. The Somalia Protection Cluster remained the least funded cluster in the CAP 2011 at 17% and, therefore, many needs remain unmet. Because the Somalia Protection Cluster was not considered a priority cluster, it was extremely challenging to advocate for additional funds to scale -up activities to meet the increased protection gaps. A key challenge faced by the cluster was recruiting suitably qualified partners, particularly in famine-affected areas, due to access and security concerns.

2.3.8 Shelter/Non-Food Items (NFIs)

The cluster objectives were aimed at: protecting newly-displaced and other vulnerable groups from life-threatening elements; improving the living conditions of the displaced population in stabilized settlements; and supporting the IDPs and responsible authorities in voluntary relocation, or return where possible.

The target population were IDPs throughout Somalia who were displaced by drought, famine, conflict, fire or flood. To complement activities, the host population was also supported with the provision of NFIs, when appropriate. The number of displaced and the target population varied. The planning figure was 1.29 million across all regions of Somalia.

From January 1 to 16 September the cluster distributed 85,840 EAPs benefitting 515,040 people throughout Somalia. These packages contain: a 4m x 5m plastic sheet; three 150cm x 200 centimetres blankets; a synthetic sleeping mat 2.7 metres x 1.8 metres; a kitchen set consisting of two aluminium cooking pots with lids; five deep plates; five bowls; five table spoons; one kitchen knife and one serving spoon; two non-collapsible ten litres water containers; and sanitary items (sanitary cloth, underwear and soap). This distribution represents 40% coverage. The remaining 60% have not been reached due to a lack of funding.

Transitional shelter has been provided to 33,000 IDPs (55%) out of a target of 60,000. For the same period in 2010, 71,425 packages were distributed (20% fewer compared to 2011). In 2010, for the

same period, 75,000 beneficiaries received shelter, more than double the amount for 2011. The drop in 2011 can be attributed to difficulties with relocations and funding being drawn away from Puntland to the food crisis regions in the south.

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

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

2.3.9 WASH

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

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

By the end of October, cluster members had reached 1.19 million people with sustained access to safe water (67% of the original target and 34% of revised target). Concurrently, 1.8 million people were receiving temporary provision of safe water, (operation and maintenance/chlorination, household water treatment/chlorination, water access by voucher, water trucking); 517,071 people were able to access sanitation facilities through humanitarian efforts; and 1,282,776 people have benefited from hygiene promotion and/or NFI hygiene packages.

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

The introduction of the Water Access by Voucher approach (in January 2011) has improved accountability to beneficiaries compared to water trucking. In 2011 to date, 520,000 beneficiaries have been reached through Water Access by Voucher schemes. A Somalia-specific Hygiene Promotion Package, which includes key health and nutrition messages, has been developed and implemented during the emergency response in southern Somalia. This focuses on training dedicated hygiene promotion experts for Nutrition Centres, IDP camps and communities.

Integration with other clusters has been crucial in leveraging the impact of WASH interventions (for example, the development of cross-cluster response matrices for Health/Nutrition/WASH and Education/WASH for agencies to use). Improved clarification of responsibilities between WASH and Health for AWD/cholera preparedness and response has been achieved via an AWD/cholera

responsibilities matrix. A *Do no Harm* guide has been introduced to help WASH agencies consider/reduce conflict when implementing WASH projects.

The cluster faces the challenge of a limited number of experienced WASH agencies with access to southern Somalia, and even these have some restrictions on movement of personnel and equipment. The WASH Cluster famine response strategy focused on scaling up existing organizations that have the best chance of scaling up quickly and effectively in this environment. However, this means there is a limited absorptive capacity of WASH agencies, and limited technical capacity. The needs also change regularly because population movement is very fluid as households seek food and other resources.

2.3.10 Enabling Programmes

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

In 2011, five regional Inter-Cluster Working Groups (ICWGs) were activated (Hargeisa, Garowe, Galkacyo, Mogadishu and Gedo) and all regions have functioning cluster field focal points. Cluster coordination has begun to be strengthened in Mogadishu with eight clusters activated and supported by the Office for the Coordination of Humanitarian Affairs (OCHA) field office in Mogadishu. OCHA and clusters increased their field presence, particularly in central Somalia and in Mogadishu. In Somaliland, United Nations Development Programme (UNDP), OCHA, Food and Agriculture Organization (FAO), OXFAM and the authorities have started working on a comprehensive disaster risk reduction project which will last three years and build the capacity of the authorities and the communities to respond to and mitigate natural disasters. The coordination mechanisms, such as ICWG, humanitarian forums and functioning cluster coordination meetings in both Puntland and Somaliland have increased or been re-established, which has led to improved humanitarian action and responses.

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

OCHA's information and data collection and management was enhanced with the introduction of the Humanitarian Dashboard that is regularly updated by clusters. Before the crisis, the 'who is doing what and where' (3W) database was updated on a quarterly basis; but now, it is updated monthly. Improved data collection, analysis, and presentation have produced a clearer picture of the needs and gaps to be presented to donors, humanitarian actors, and other stakeholders. It has contributed to a better targeting of beneficiaries and increased donor engagement. In 2011, OCHA produced 108 area-based maps which highlight and summarize humanitarian actions by region. These maps were updated every month to include on-going and completed interventions, as reported by the clusters. They were used to support decision-making and, more specifically, provided a visual interpretation of key humanitarian service points in the famine-affected regions of Somalia. In addition, they were posted on the website and there has been a 217% increase in the number of hits on the website ever since.

Pooled funding projects responded to assessed needs and identified gaps. The CHF supported 100 projects with a combined budget of more than \$32 million in the three months following the declaration of famine on 20 July. The funds came from its emergency reserve to speed up the release of funds to approved projects.

Key messages on protection of civilians and the humanitarian crisis in Somalia were issued by the Humanitarian Coordinator. These messages played a key role in publicizing the deteriorating humanitarian situation in the country.

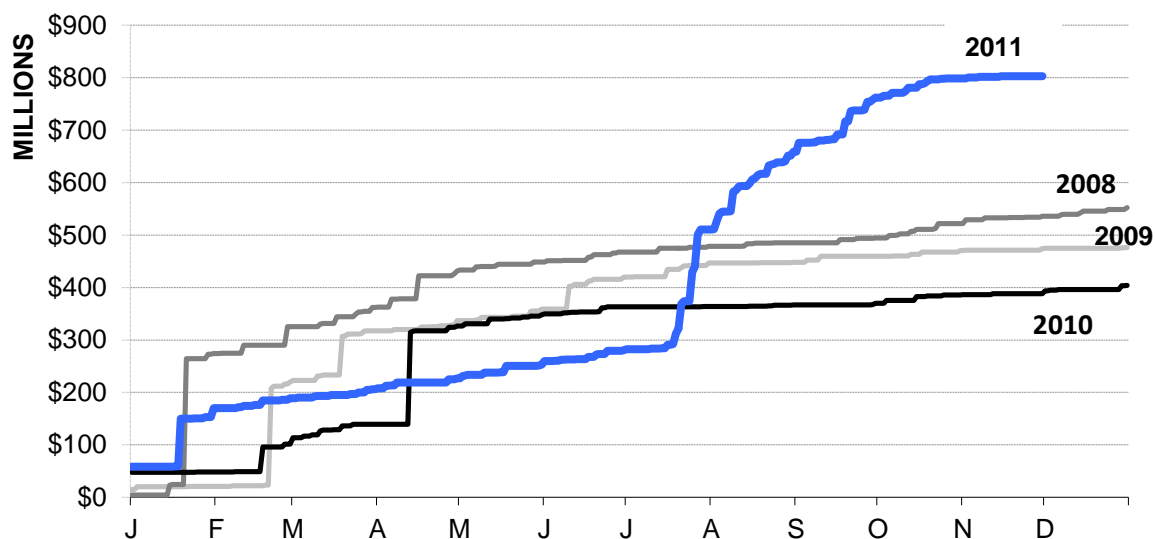
UNDSS has expanded its presence in Somalia. The Security Information and Operations Centre (SIOC), which provides seamless day to day management of security operations and information, as well as enhanced management of security during major incidents and hostile incident management (HIM) situations, became operational and fully staffed. The security aircraft reinforced the capacity to react in support of the UN agencies, funds and programmes (AFPs) and humanitarian counterparts in the case of medical evacuations, emergency relocations or evacuations and search and rescue situations. It also enhanced the ability to respond to the needs of the AFPs in terms of urgent security assessments in the light of the changing working environment and the needs emerging from the acute humanitarian emergency in Somalia. Operations in southern and central Somalia are under continuous review and change as soon as new security developments allow the creation of UN hubs there with an international presence. The operation of locally embedded national staff in southern and central Somalia is regulated by a specific “concept of operations” that allows them enough flexibility to cope with their hazardous operational environment. The deployment of five medical emergency response teams (MERT) and a dedicated security aircraft have improved the existing MEDEVAC capacities, benefiting the UN AFPs and humanitarian partners. Enhanced coordination with international non-governmental organizations (INGOs) in the field and the NGO Security Programme (NSP) has been achieved by providing appropriate support and information sharing (focus on southern and central Somalia where NGOs are conducting operations). The new NGO Liaison Officer post is helping with the implementation of the Saving Lives Together framework. Within the critical incident stress management unit (CISMU), two peer support volunteer (PSV) workshops for UN AFPs and humanitarian counterparts will be conducted in 2011 to develop a network of PSVs all over Somalia. They will be the first responders in the case of critical incidents or cumulative stress.

2.4 Review of humanitarian funding

Humanitarian funding for Somalia was low and came in slowly during the first half of 2011. In early July, funding for the CAP was less than at the same point in any of the three previous years. This made it difficult for the humanitarian community to respond to the worsening drought in the country and resulted in the CHF being called upon to provide funding, particularly for drought action (\$43.6 million). A few donors gave substantial amounts of funding early in the year and pooled funds stepped in. Both the CHF for Somalia and the Central Emergency Response Fund (CERF) allocated funds before famine was declared.

All this changed dramatically when famine was declared, initially in two regions, on 20 July 2011. The HCT revised the strategic priorities of the CAP, and appealing organizations raised requirements from \$530 million to \$1 billion. From 20 July – 20 September, donors gave \$572 million (CAP and non-CAP)—more than they had contributed in the first half of the year and more than in all of 2010 (see below). As of mid-November, the Somalia CAP was one of the best-funded humanitarian appeals worldwide.

CAP FUNDING 2008-2011 BY MONTH



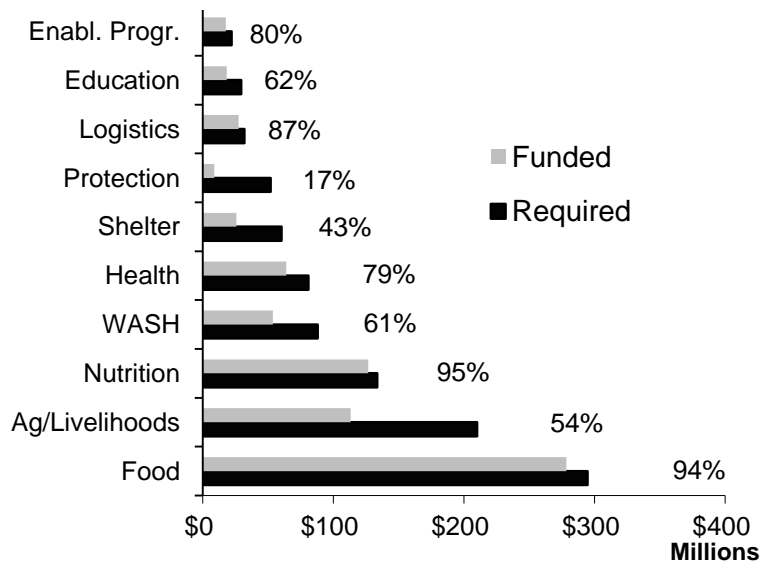
Source: FTS. Data for 2011 includes pledges and is as of 15 November.

This funding came from donors that have supported humanitarian aid in Somalia for years and who increased their contributions substantially in 2011. Among traditional donors, the United States, the United Kingdom, and Australia top the list of those who increased their 2011 contributions the most; Australia, Canada and the United States saw the highest percentage increases as of mid-November. In addition, new donors significantly supported relief in Somalia for the first time in years. Overall new donors accounted for more than one third of new funding since the declaration of famine. The top new donors were Saudi Arabia, Turkey, Brazil, China, the United Arab Emirates and Qatar who together donated over \$167 million.

While aid agencies welcomed a broadening of the donor base and the quick release of funds following the declaration of famine, the quick arrival of large amounts of funds also brought challenges. Most of the funding went directly from donors to aid agencies and, in many cases, much of it was provided outside established coordination mechanisms. In some cases the provision of in-kind assistance outside a coordinated response strategy made it difficult to focus on the most urgent priorities in a coordinated fashion. For instance, a large percentage of assistance is concentrated in Mogadishu, less in Bay, Bakool and other rural areas with dramatic needs. Some donors, including new ones, did not regularly participate in donor coordination meetings.

Cluster funding levels in 2011 were unbalanced: some clusters (Food, Nutrition, and Health) were relatively well-funded, while others struggled (Protection, Agriculture and Livelihoods, and Shelter), as seen below.

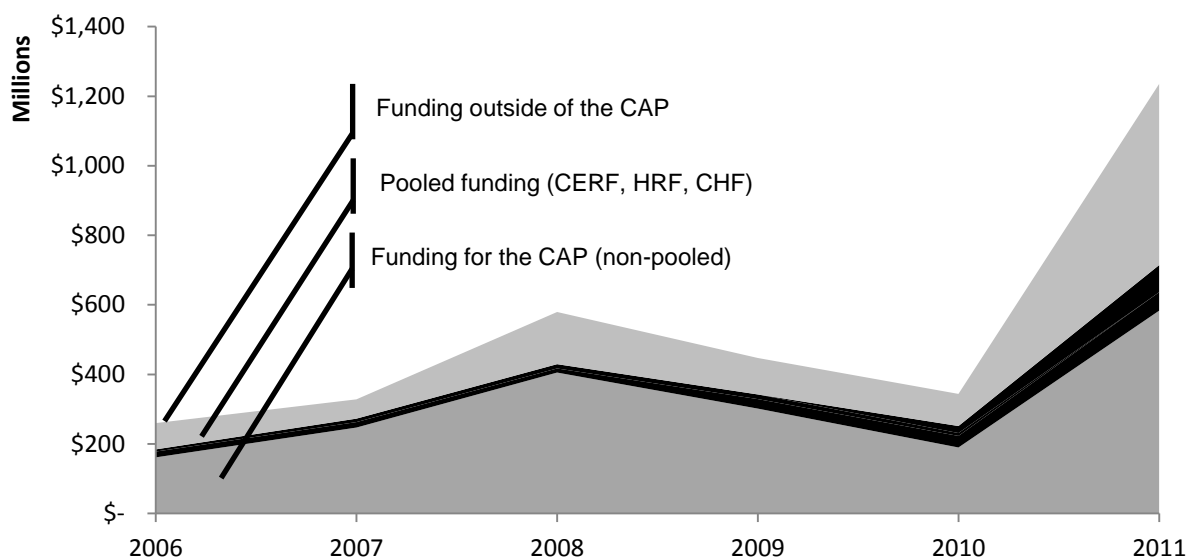
FUNDING BY CLUSTER



Source: FTS as of 15 November 2011

A higher percentage of funding than in previous years (39% for 2011, as of 15 November 2011, compared to 19% for 2010) went to projects outside of the CAP (see below). There was no clear distinction between traditional and new donors in terms of how they apportioned their funding between CAP and non-CAP projects. Some traditional donors gave substantial amounts of funding to projects outside the CAP, while some new donors, including the top three new donors, Saudi Arabia, Brazil and China, exclusively funded CAP projects. Much of the funding for projects outside the CAP was given in-kind.

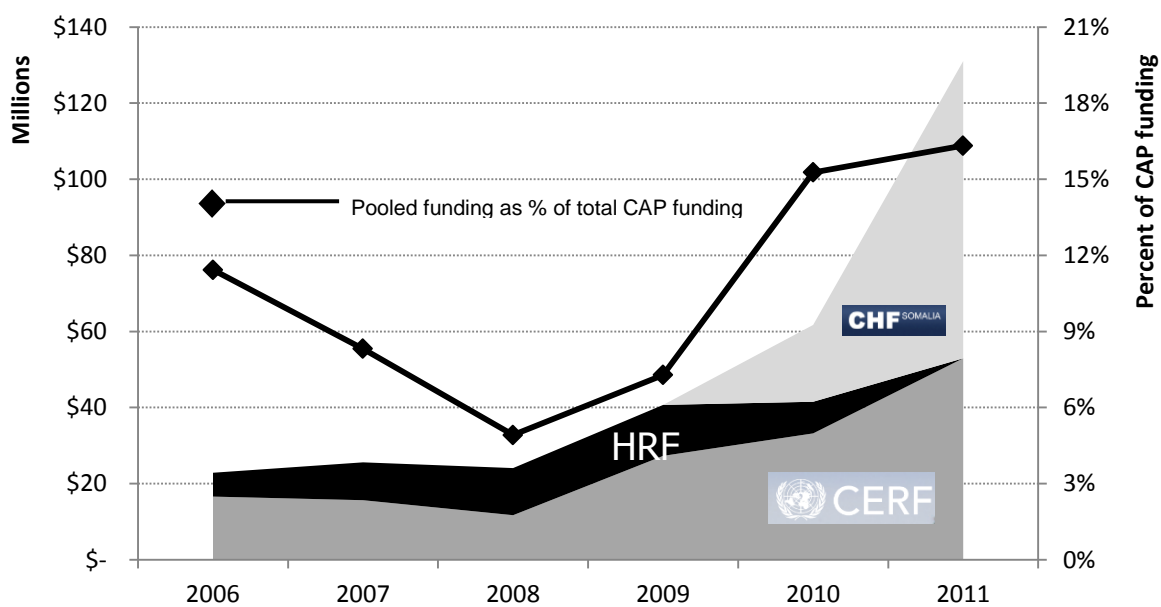
HUMANITARIAN FUNDING FOR SOMALIA



Source: FTS as of 15 November 2011

Overall, the CHF, its emergency reserve and the CERF were crucial funding mechanisms for the Somalia operation in the face of increased needs in dire emergency contexts (see below). In 2011, pooled funding provided \$140 million, accounting for 17% of overall CAP funding. This is the highest share ever and represents a six-fold increase over the past five years. In 2011, the CHF supported 214 projects with \$80 million, including 27 projects from a special drought allocation of \$4.5 million early in the year for Agriculture and Livelihoods and WASH activities. According to project plans, aid agencies receiving CHF funding will assist some 2.2 million beneficiaries suffering from the effects of drought. The CERF supported 17 projects with almost \$53 million in 2011.

POOLED FUNDING IN SOMALIA



Source: FTS CERF, MPTF, OCHA as of 15 November 2011

2.5 Review of humanitarian coordination

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

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

The ICWG is the body responsible for cross-cluster coordination among the nine clusters in Somalia. It is a forum where clusters jointly plan, strategize and coordinate their activities. ICWG developed contingency plan for conflict in southern and central Somalia and put together an inter-cluster strategy to ensure alignment between the interventions of various clusters. To address food insecurity and malnutrition, a tri-cluster strategy was jointly developed by Food Assistance, Agriculture and Livelihood and Nutrition Clusters. Protection and Education clusters developed an integrated response plans to address child-protection related issues, especially in schools. Five field ICWG forums were active inside Somalia and played a key role in coordinating humanitarian response in the field. These field structures provided useful guidance on needs, gaps, and mapping of response in the

field to ICWG in Nairobi. These forua are active in Gedo (covered from Mandera) and Mogadishu in the south, Gaalkacyo and Garowe in Puntland and in Hargeysa in Somaliland. In Somaliland, cluster structures were aligned with government sectors to ensure coordination between humanitarian and development interventions.

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

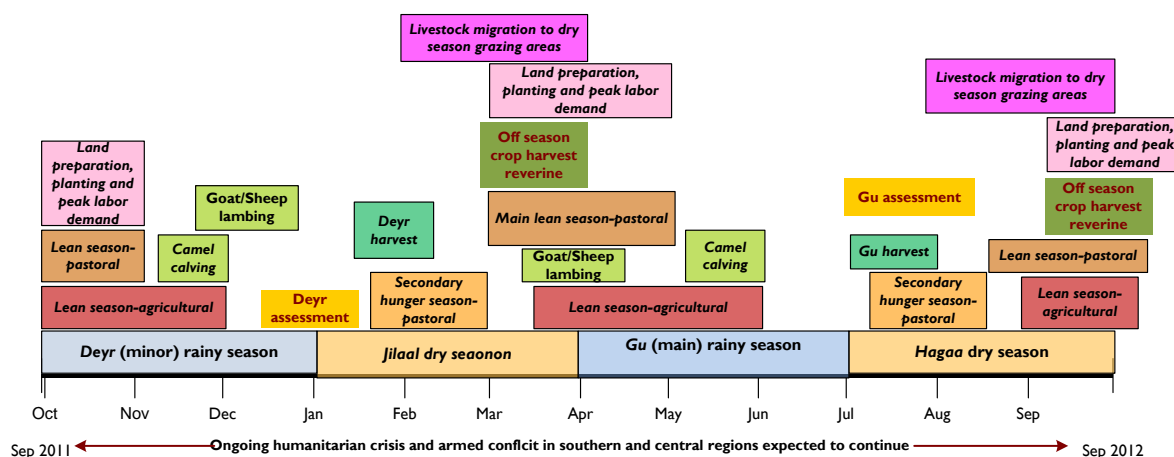
All clusters increased their support to the field cluster structures through increased field presence. All regions have field cluster focal points and the volume of information received from these focal points has increased. Communication between the field and Nairobi clusters has also improved. Field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

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

3. Needs analysis

3.1. Food Security

FEWS NET Somalia Seasonal Calendar and Critical Events 2011-2012



Somalia continues to suffer from a prolonged humanitarian crisis which unfolded in a devastating famine in parts of Southern Somalia in the second half of 2011. In total, four million people are in crisis nationwide. Three million of these are in the south. Some 250,000 people (178,000 urban and 75,000 rural) live in famine conditions.

Breakdown of population in crisis by rural, urban and IDPs

Urban, rural and IDP population in AFLC, HE and Famine (January – October)	Number affected	% of total population	% of total population in crisis
Assessed urban population in AFLC, HE and Famine	585,000	8%	14%
Assessed rural population in AFLC, HE and Famine	2,555,000	34%	63%
IDPs in AFLC, HE and Famine ²¹	910,000	12%	22%
Total estimated rural, urban and IDP population in crisis	4,050,000	54%	100%

Source: FSNAU, November 2011

From July 2011, famine was declared according to the Integrated Phase Classification (IPC) in the agro-pastoral areas of Balcad and Cadale districts of Middle Shabelle, the Afgoye corridor IDP settlement, the Mogadishu IDP community, Bakool agro-pastoral livelihood zone, the Lower Shabelle region and Bay region.²² In addition, approximately 50,000 people in the cropping areas of Gedo and Juba and pastoral areas of Bakool face famine-level food deficits. Despite a large-scale increase in humanitarian response, evidence suggested that food security in the agro-pastoral and riverine areas of

²¹ This includes an estimated 178,000 IDPs in famine from Mogadishu and Afgoye.

²² According to the IPC, evidence of three specific outcomes is required for a famine to be declared: (1) at least 20% of households face extreme food shortages with limited ability to cope; (2) the prevalence of GAM must exceed 30% and (3) crude death rates must exceed 2 deaths per 10,000 people per day.

3. Needs analysis

the south would deteriorate further over the last four months of the year. Famine is considered likely by December 2011 in agro-pastoral areas of Middle-Shabelle and Hiraa, and in riverine areas of Gedo and Juba.

Concerns also persist regarding pastoral populations in the northeast and northwest, and agro-pastoralists in the Cowpea Belt and coastal populations in central Somalia, where half of pastoralists have lost all their livestock, thus rendering them destitute. However, food security outcomes have improved for camel pastoralists in Gedo and Juba, and pastoralists in the Addun and Hawd zones of the central and northern regions.

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

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

3.2. Nutrition and Mortality

The nutrition situation continued to deteriorate in southern and central regions in 2011. Median GAM prevalence increased to 36.4% from 16.4% last year and the median SAM prevalence increased fourfold from 4% last year to 15.8%. The highest recorded level of acute malnutrition was in Bay, where the GAM prevalence was 8.3%.²³ Emergency levels of malnutrition and mortality persist in cross-border refugee camps. Conditions are especially dire in the new camps in southern Ethiopia, where acute malnutrition exceeds 30% and mortality has likely surpassed two per 10,000 per day, despite adequate stocks of food aid.

Population-wide death rates are above the alert level (1/10,000/day) set by the IPC across all areas of the south and above the famine threshold (2/10,000/day) in the Bay, Bakool and Middle Shabelle (Balcad and Cadale) agro-pastoral livelihood zones, and more than double the famine threshold in Lower Shabelle and among IDPs in the Afgooye corridor and Mogadishu. Results in the other regions remained below two but above 1.5. Tens of thousands of people have died in the past three months. Death rates of children U5 are higher than four per 10,000 per day in all areas of the south except Juba pastoral. Death rates of children U5 meet or exceed 13 per 10,000 per day (equivalent to 10% of children U5 dying every 11 weeks) in riverine and agro-pastoral areas of Lower Shabelle and among Afgooye and Mogadishu IDPs. Measles and AWD outbreaks continue in southern Somalia, especially among Mogadishu IDPs where the nutrition and mortality results indicate deterioration from the July surveys.

²³ The U.S. Centers for Disease Control and Prevention (CDC) has verified these findings.

The nutrition situation has generally deteriorated in most pastoral livelihoods of north-west and north-east Somalia, particularly in West Golis and Nugaal Valley, where the situation has significantly declined to *Very Critical* levels; and in Sool Plateau and Costal Deeh to *Critical* levels in 2011. The median GAM prevalence increased to 14.4% this year from 10.3% last year in north-west regions and to 16.7% from 10.7% in north-east regions. The median SAM prevalence has almost doubled from 1.6 and 2.4% last year in north-west and north-east regions respectively to respective median rates of 2.6% and 4.1%. However, crude and U5 death rates have remained within the respective acceptable levels of <1 per 10,000 per day and <2 per 10,000 per day in both north-west and north-east regions. The IDP nutrition situation in the north-east has deteriorated to *Very Critical* levels with GAM rates of over 20%, and in Burco IDPs to *Critical* levels. Crude death rates in these population groups are nevertheless below one per 10,000 per day.

3.3. Conflict Dynamics

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

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

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

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

In Puntland, IDPs from the southern regions also face the daunting challenges of being arrested and deported. The Puntland administration cites concerns about the threat of acts of terrorism in the region as justification for its approach towards IDPs. Pirates also have influence in coastal parts of Mudug region, particularly Xarardheere. Conflict in this area creates insecurity and limits movement of humanitarian aid and personnel from time to time.

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

3. Needs analysis

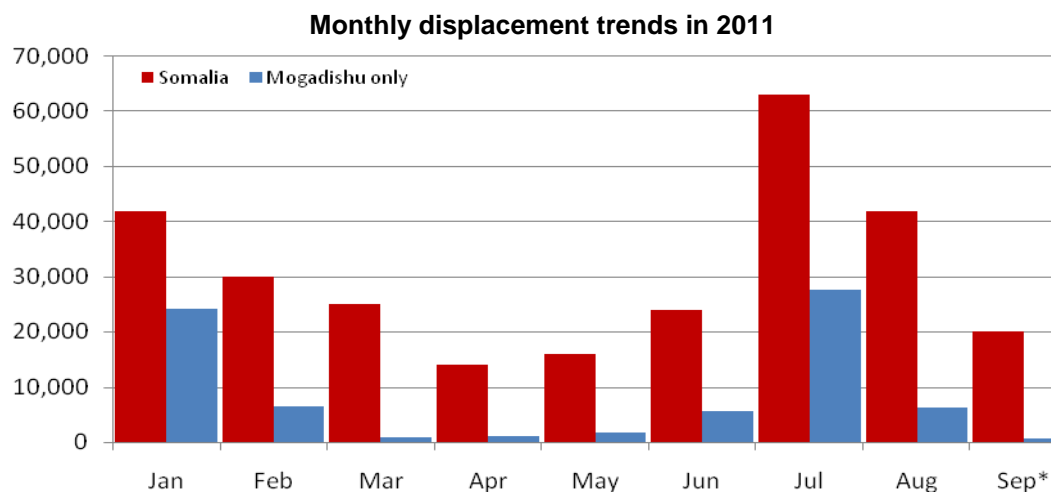
and expansion towards northern regions. Conflict between ASWJ and Al Shabaab continues to cause displacement, disruption of livelihoods and basic services, and reduced humanitarian access in these regions.

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

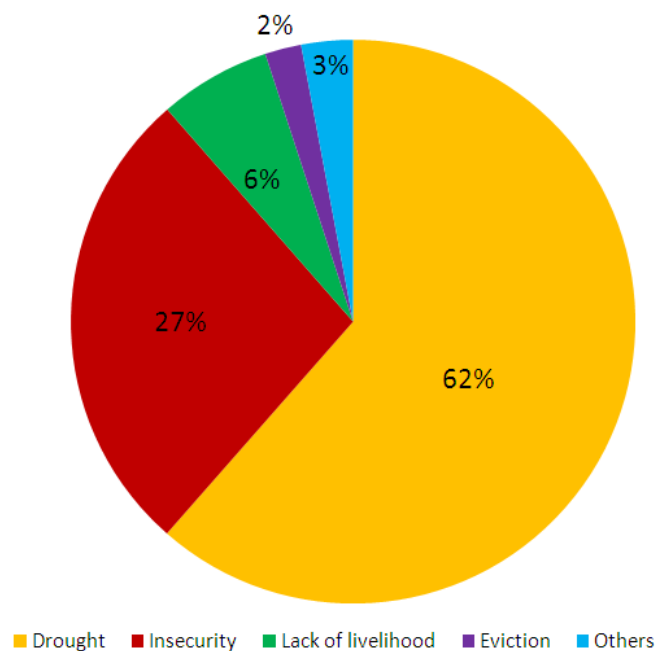
The capital, Mogadishu, has been a contested zone between the TFG and its supporters on the one hand and Al Shabaab and affiliates on the other since 2006. In August 2011, Al Shabaab withdrew from the majority of the districts under its control in Mogadishu, leaving almost 95 % of the city in the hands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

3.4. Displacement

IDPs remain the largest single population in crisis. The Somalia HCT estimates that 1.46 million people are still displaced in the country. The vast majority (62%) of the displacements in 2011 were due to drought. As the charts below illustrate, between January and the end of September more than 270,000 displacements were recorded. However, much of this displacement could be for short or long periods (days, weeks or months) and some IDPs returned to their homes or fled the country to seek asylum when the situation allowed. Increased displacements to Mogadishu were recorded in June, July and August due to drought (see below). Further drought-related displacement to Gedo, Lower and Middle Juba regions was also recorded in July and August. Similar patterns of temporary displacement, a large IDP population and periodic incidents of increased displacement due to drought and outbreaks of violence are expected to continue in 2012.



Reasons for displacement in 2011**



Source: IASCs' Population Movement Tracking

* September data is up to 21 September, 2011.

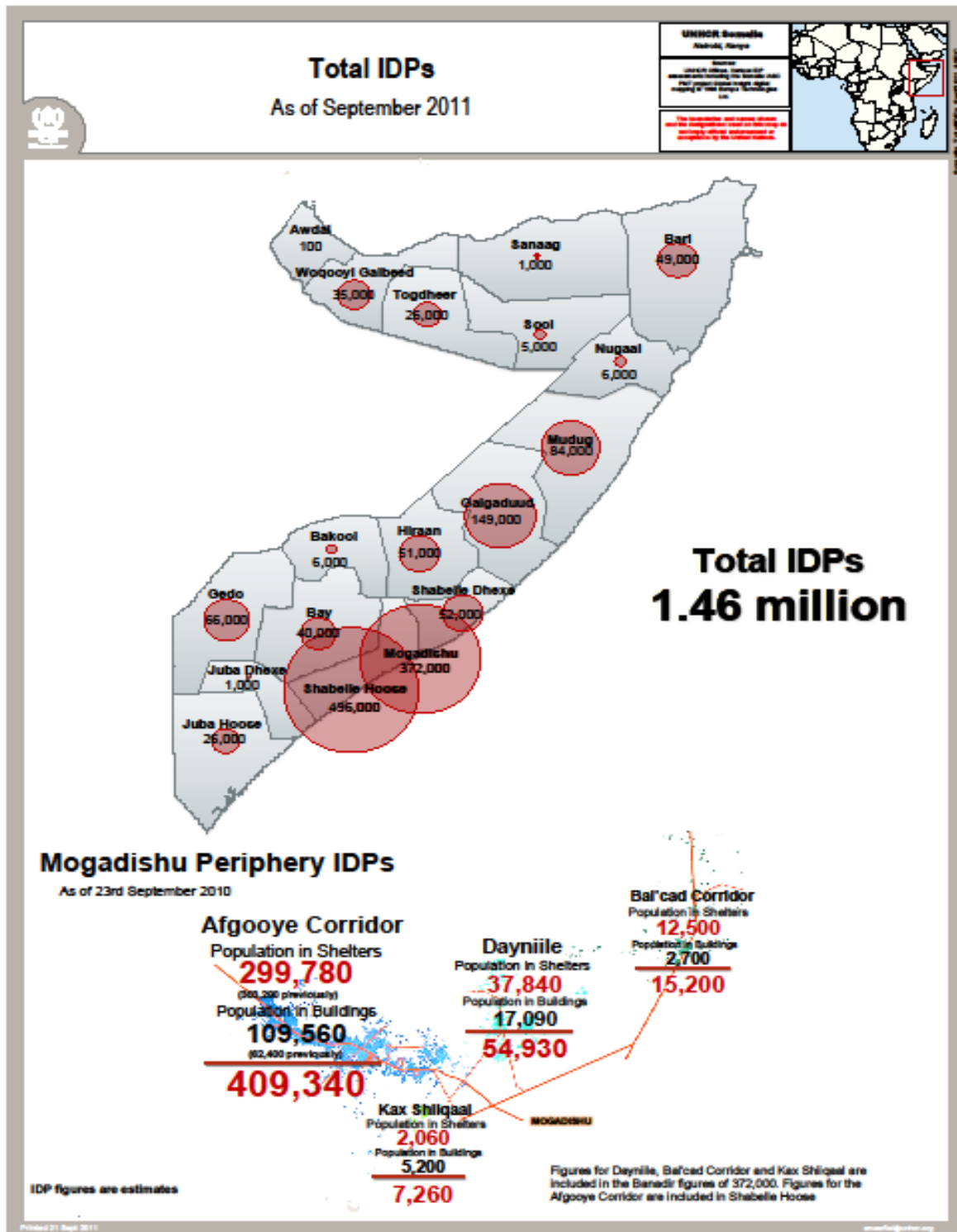
** The others category (62%) include floods, clan conflicts and relocation.

3. Needs analysis

The continuing drought coupled with conflict in Shabelle, Hoose, Bay and Bakool regions continue to lead to displacement in the southern and central regions. The shifting of Al Shabaab's base from Mogadishu to these regions is preventing humanitarian access and putting more pressure on the 1,253,000 displaced people in the southern and central regions. In August, as a result of drought, more displacements were reported in the Belet Weyne district of Hiraaan region.

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

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



Source: UNHCR, Somalia HCT

4. The 2012 Common Humanitarian Action Plan

4.1 Scenarios

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

Best-Case Scenario

Somali agriculturalists enjoy two good harvests in January and August and rangeland is regenerated thanks to average seasonal rains. Livestock conditions improve thanks to limited/controlled livestock disease outbreaks and increased availability of pasture. Agriculture crop production increases and the livelihoods of farmers and pastoralists, for women, girls, boys and men improve. The affected population begins to recover from famine; however, some humanitarian needs remain. Food prices either return to normal levels or decrease slightly.

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

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

Worst-Case Scenario

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

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

There is an increase in the total number of IDPs and refugees due to conflict, highlighting the gender dimension of displacement as men remain behind to protect family assets and women with children

move in search of food and shelter, exposing women and girls to GBV and sexual exploitation and abuse. Regional authorities prevent the free movement of IDPs within and out of Somalia. Circumstances for IDPs in Puntland and Somaliland become more difficult and there are increased forced relocations on security grounds. In Puntland, IDP relations with host communities deteriorate. In Somaliland, there is increased migration to urban centres due to conflict and drought. Key humanitarian indicators deteriorate because of the above. Clashes due to resource competition increase in all zones.

The deteriorating security situation will shrink the humanitarian space in certain parts of the country. Food pipelines are broken and corridors for humanitarian aid are blocked by the fragmented authorities on the ground. Militarized access increases, resulting in increased risks for humanitarian access and decreased access to vulnerable groups, including mobility restrictions for women and girls due to gender constraints and increased vulnerability to sexualized violence and exploitation and abuse. Life-saving interventions will be prolonged and recovery delayed. Donor fatigue and funding gaps will increase. Key donors may decrease their support. Overall, humanitarian funding is low and increasingly politicized, particularly in areas controlled by insurgents.

Most Likely Scenario

Below-average rainfall due to the *La Niña* phenomenon will lead to a below-average harvest and early depletion of rangeland and water resources for livestock. This reduces herd sizes and worsens destitution among pastoral communities. Due to below-average 2011 *Gu* rains, not only southern and central Somalia, but also large parts of the population of Somaliland will also be greatly affected by below-average nutrition. Food prices continue to rise.

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

Deteriorating security will lead to a continued shrinking of humanitarian space. Key humanitarian indicators deteriorate because of the exhaustion of existing stocks and restrictions on humanitarian agencies. Access to basic services, particularly in Mogadishu and Afgooye, decreases. There is an increase in human rights violations, which particularly harms women and girls trying to access humanitarian aid and protection. They are exposed to sexual violence and an increase in transactional sex as they face ‘barriers’ to access services.

In southern and central Somalia, humanitarian access remains uneven. Non-state armed groups continue to directly restrict access and some agencies are banned from operating. Humanitarian activity felt to be non-threatening may be allowed to continue without an international presence. Local NGOs also face severe constraints, especially for women workers due to cultural and security constraints. The Somaliland political situation stabilizes and facilitates humanitarian operations; recovery programmes expand. However, in Puntland, instability leads to a decrease in humanitarian access.

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

4.2 The humanitarian strategy

4.2.1 Response Strategy

In response to the deepening crisis and increased needs, the humanitarian community developed a clear response strategy to better address the immediate needs of the four million people in crisis. The strategy recognizes that women, girls, boys and men will have different needs for humanitarian aid and aims to reduce excess mortality and further displacement. The humanitarian response strategy for 2012 concentrates on ameliorating the impact of drought/famine and conflict with an emphasis on providing urgent humanitarian aid and meeting the needs of those who have already been displaced, particularly women and children under five, who are disproportionately affected by this crisis and must be targeted to reduce mortality and protection risks such as GBV.

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

- **Increased access to food** by vulnerable and drought-affected populations, with a key emphasis on support to vulnerable populations in famine areas. A combination of cash voucher and cash transfer schemes are being deployed to ensure that the amount of food available at the household level is adequate and will also alleviate the distress caused by migration and reduce the exposure to sexual exploitation and abuse, particularly for women and girls.
- **Immediate multi-sectoral assistance to address excess mortality.** Nutrition, health and WASH activities are focusing on reducing excess mortality, although their impact will to an extent be determined by increased food availability at the household level.
- **Sustaining livelihoods** in critical drought-affected areas through quality seeds, agricultural inputs and cash-for-work activities, with a particular focus on women and girls.

An overarching element contained within the 2012 strategy is an attempt to mitigate the impact of displacement by supporting IDPs where they are located. The strategy is also designed to support people in their own communities to prevent further displacement. The strategy also aims to help build the conditions conducive to the voluntary return of displaced populations through community-based assistance at their places of origin.

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

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

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

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

Basic NFIs and shelter for the displaced are essential for survival, and will be coordinated with WASH, nutrition and food interventions to ensure synergy. Protection will be mainstreamed in the humanitarian response and protection activities will continue to focus on populations on the move, the prevention of and response to GBV and sexual exploitation and abuse, and family reunification. Child protection activities will be emphasized through joint education and protection interventions, and the scaling-up of education activities in advance of the new academic year in September will be crucial for the thousands of school-age girls and boys who have been displaced. Female teachers will be targeted for retention and recruitment, due to their direct impact on enrolment and retention of girls.

The Assessment and Information Management Working Group was established in August. It is a sub-working group of the ICWG, and includes members from the UN and NGO community. The group will focus on regularly updating the survey of surveys, defining common standards for assessments, and refining inter-cluster rapid needs assessment tools. The main objective is to improve data collection for both response programming and monitoring and evaluation. In particular, the group will ensure collection of sex- and age-disaggregated data, and use this information to target the most vulnerable women, girls, boys and men for assistance and protection.

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

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

4.2.2 Humanitarian Access Strategy

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

4.2.3 Risk Mitigation

In order to ensure accountability of humanitarian operations and establish a systematic approach to identifying risks and mitigating against the possible diversion of aid, the United Nations Country Team (UNCT) has introduced a risk management regime. The Resident Coordinator's Office now has a unique dedicated Risk Management Unit (RMU) to provide support to the 24 UN entities working in Somalia, as well as to partners and donors. The RMU and introduction of a common approach to risk management are designed to further develop and strengthen a harmonized planning and programming approach among the UNCT, while recognizing and respecting the differing programmatic requirements. This is also to enable more effective and efficient development and humanitarian aid to Somalia.

Since 2010, staff throughout Somalia have received training on the principles and methodologies of risk management. This training has been extended to government partners and enables participants to understand and identify potential and real risks to programming and will assist in better decision-making. The Contractor Information Management System (CIMS) is a UN-wide system that allows the UN to share information about the quality and integrity of partners. It aims to reduce risks associated with contracting and improve due diligence processes.

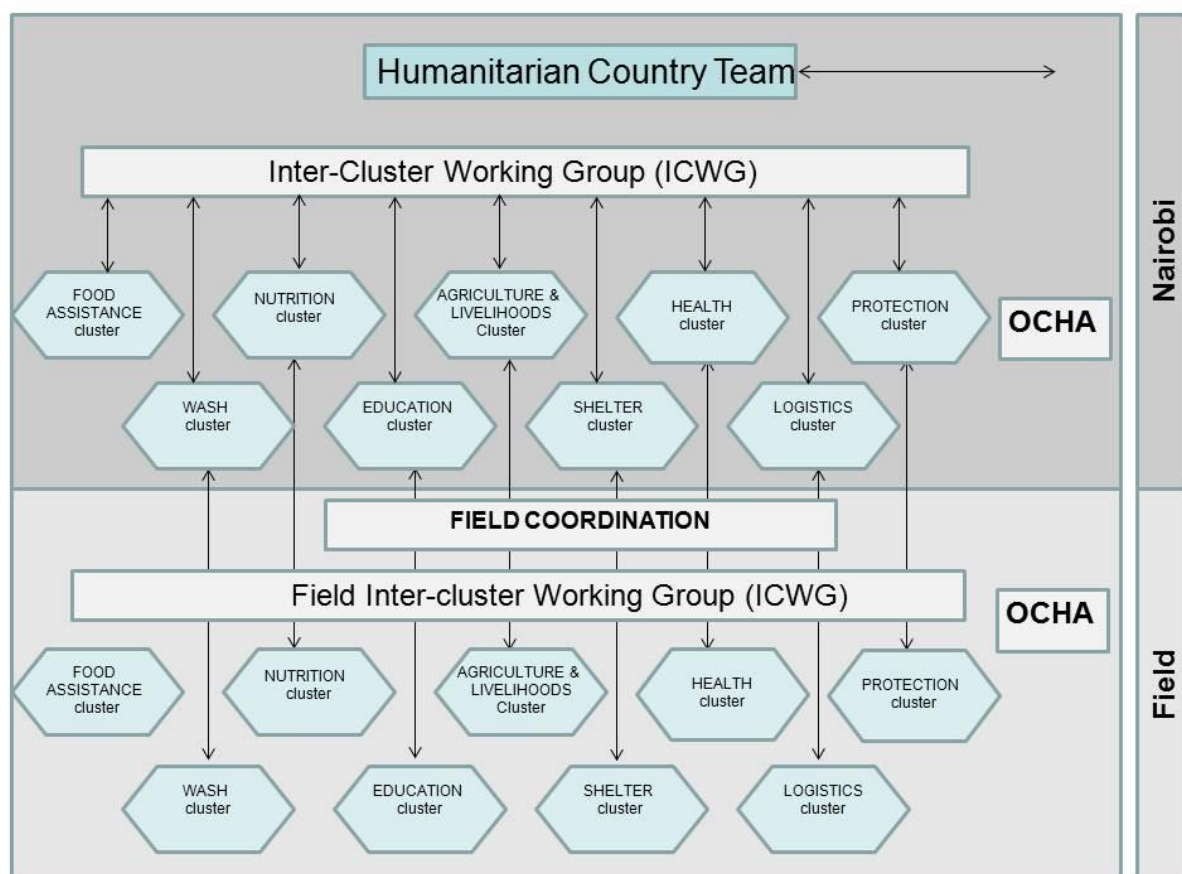
The RMU also provides support when requested to ensure risk management processes and methodologies are integrated into programme planning (in particular joint programmes) and that there are systems in place for monitoring risks.

4.2.4 Preparedness and Contingency Planning

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

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

4.2.5 Coordination Strategy



Inter-cluster coordination is taking place regularly in Nairobi, Somaliland, Puntland and southern and central Somalia. Coordination in southern and central Somalia is weaker than in other zones, although considerable improvement has been made in Mogadishu. The existing ICWG will be strengthened while efforts will be made to create at least three more similar forums in southern and central Somalia (in Hiraan, Jubas and Bay). This is contingent on access and the security situation. However, Mogadishu remains the main focus for strengthening coordination in the south. The GBV WG in Nairobi is currently focusing on strengthening the GBV WG in Mogadishu through the Protection Cluster. Two GBV Coordinators will be based full-time in Mogadishu to strengthen response and coordination due to the increase in sexual violence reported.

The Agriculture and Livelihood Cluster and Food Assistance Cluster will be merged into one single Food Security Cluster commencing in January 2012 in order to enhance the output of the response to address food insecurity, malnutrition and livelihoods. Individual clusters will deploy strong field coordination focal points in Mogadishu. The Health, Nutrition and WASH Clusters will take the lead due to the increasing number of humanitarian partners. In light of the increased disease risks in Mogadishu, the Health Cluster will place an international staff member to lead. Other clusters will increase support with experienced national staff and regular visits from international staff. With the arrival of many new humanitarian partners, coordination and cooperation needs to remain a priority and efforts will be continued to ensure participation in coordination structures. Various Red Cross and Red Crescent Societies are coordinated by the ICRC and the Somalia Red Crescent Society (with some exceptions). The humanitarian forum will continue to ensure that Islamic NGOs engage in coordination structures. OCHA and the Organisation for Islamic Cooperation will continue to cooperate closely and strengthen their partnership and benefit from each other's expertise to improve coordination on the ground.

Attention will also be paid to coordination with government authorities in Puntland and Somaliland and with the TFG in the south. TORs have been written for posts in the Humanitarian Liaison Unit and will be filled. UNDP has provided an additional post in the Disaster Management Agency. There

are on-going discussions between the local district administrations and the TFG. As a result of the roadmap, the TFG may take a broader national role. There is a great need for tracking humanitarian receipts by the government as a basic element of coordination and accountability. OCHA is now able to identify assistance coming into the country through Mogadishu and a tracking system of where the assistance is delivered will be established.

Cluster	Cluster lead	Organizations with projects in the 2012 Somalia Consolidated Appeal
Agriculture and Livelihoods	FAO	AAD, ADRO, AADSOM, ASAL, ADA, ASEP, AFREC, APD, ACTED, ADO, Agrosphere, ARDO, BWDN, CLHE, CARE, CRS, CED, CSDO, COOPI, DRC, DIAL, CEFA, FERO, FAO, GEELO, GREEN HOPE, HOD, HAVOYOCO, Horn Relief, HARDO, HIJRA, IDRO, ILO, IOM, JCC, KPD, MC, MURDO, NAPAD, NCA, NRC, Oxfam GB, Oxfam Novib, PENHA, PASOS, RAWA, Relief International, RRP, SAMRADO, SC, SHARDO, SHILCON, SADO, Solidarités, SHA, SOADO, SPDS, SORDA, SORAC, SOMTRAG, SOUTHERN AID, SWISSO - Kalmo , TARDO, TGV, UNICEF, UNDP, Vetaid, VSF-Germany, WOCCA, YAHAN NETWORK
Education	UNICEF	AET, AFREC, AYUUB, BUDO, Caritas Switzerland / Luxembourg, CED, CISP, COSV, DFI, Farjano Foundation, FENPS, GRT, HOD, IFEDA, Intersos, Islamic Relief, MURDO, NCA, NRC, Relief International, Save the Children, SCC, SHARDO, UNICEF, UNESCO, WCI, WOCCA.
Food Assistance	WFP	AAD, AADSOM, APD, BWDN, CARE, DEH, DKH, DRC, FERO, HOD, HOPEL, HRDO, IFEDA, JCC, JDO, RAWA, SADO, SOADO, SORDA, Southern Aid, SWC, WCI, WFP, WOCCA.
Health	WHO	ACF, AFREC, APD, ARC, AVRO, CESVI, CISP, COSV, DIAL, HOPEL, HIJRA, HDC, IR, INTERSOS, IRC, MDM, MERCY USA, Relief International, SAF, SWISS-KALMO, SC, SOYDA, MULRANY, MERLIN, MEDAIR, WARDI, UNICEF, UNFPA, UNOPS, WHO.
Logistics	WFP	WFP
Nutrition	UNICEF	ACF, ADA, AFREC, AAPPCAN, APD, CAFDARO, CARE, CEDA, CESVI, CISP, COSV, CPD, DA, DEH, DIAL, FERO, GEWDO, HARD, IMC, INTERSOS, JCC, MEDAIR, MERCY USA, MULRANY INTERNATIONAL, MURDO, OXFAM NOVIB, RAAS, Relief International, SAF, SAF UK, SC, SDRO, SOMALIAID, SORDES, SORRDO, SOYDA, SRDA, SWISSO-KALMO, UNICEF, WARDI, WFP, WOCCA, WRRS
Shelter and NFIs	UNHCR	AGROCARE, COOPI, COSV, DFI, DKH, DIAL, DRC, HACDESA, HOD, INTERSOS, NRC, SSWC, SYPD, UNHABITAT, UNHCR, UNICEF, WRRS, YADA.
WASH	UNICEF	ACF, ACTED, ADA, ADRA, AFREC, ARC, AYUUB, BWDN, CARE, CARITAS, CESVI, CDO, CISP, COOPI, COSV, CPD, DIAL, DRC, FAO, GARDI, GREDO, HAPO, HAVOYOCO, HWS, IMC, INTERSOS, IR, IRC, JCC, MC, Mercy USA, NAPAD, NCA, NRC, Oxfam GB, RAWA, RI, SADO, SAMRADO, SC, SDRO, SHRA, Solidarités, SSWC, TGV, UNICEF, WARDI, WASDA, WOCCA, Yme
Protection	UNHCR (Gender-based Violence WG: UNFPA and UNHCR; Child Protection WG: UNICEF and Save the Children)	ARC, BBC World Service Trust, CESVI, CISP, COSV, DDG, DF, DRC, GRT, IIDA, Intersos, IOM, ILO, IRC, Mercy Corps, MURDO, NRC, RI, SC, SWC, UNDP, UNFPA, UNHCR, UNICEF, UNMAS, UNOPS, WOCCA
Enabling Programmes	OCHA	UNDSS, Radio Ergo, NSP, DRC, CARE, OCHA

4.3 Strategic objectives and indicators for humanitarian action in 2012

The HCT, ICWG and humanitarian partners endorsed four programmatic strategic priorities to guide humanitarian action in 2012 (see box below). These priorities are in line with the 2011 priorities and emphasize the need for an integrated livelihoods approach to response planning.

2012 Somalia CAP Strategic Priorities

Humanitarian aid

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

Monitoring and Evaluation

Strategic indicators and data collection system

The CAP 2012 will continue to use the strategic monitoring plan developed in previous years with the aim of monitoring the impact of humanitarian aid. The plan is a three-tiered framework to measure the strategic objectives of the CAP in order to inform the operational and policy decision-making of Somalia's humanitarian community. The monitoring will pay particular attention to the collection and compilation of sex-disaggregated data. The Strategic Priorities Monitoring Matrix and its indicators (see next page) will inform decisions on priorities, while at the same time they will ensure accountability from all clusters. The overarching objectives for the CAP 2012 are the four Strategic Priorities for humanitarian action in Somalia. The nine cluster response plans provide the operational details for addressing these strategic priorities. Each plan includes objectives, indicators and targets which are outlined in Annex II. The CAP includes 350 projects to implement the strategic priorities and each project includes a monitoring strategy.

2012 Somalia Strategic Priorities Monitoring Matrix					
2012 Strategic Priority	Cluster Objective	Number	2012 Indicator	Responsible Cluster	Mid-year and end-year targets
1. Provide immediate and integrated life-saving assistance to people living in famine and humanitarian emergency to reduce mortality and prevent further displacement.	Prevent further deterioration of acute malnutrition in children under five in targeted humanitarian emergency and famine-affected populations in Somalia	1.	GAM and SAM rates do not deteriorate from 2010 median rates (GAM 16% and SAM 4%)	Food Assistance, Agriculture and Livelihoods, Nutrition, WASH, Health	No deterioration
		2.	Number of relief food distribution beneficiaries	Food Assistance	Mid-year: 1.5 million End-year: 3 million
	Coordinate support to strategic services for the efficient delivery of common humanitarian aid	3.	Number of organizations that have received logistics support in terms of common logistics and information services offered by the logistics cluster.	Logistics	Mid-year: 80% of requests resolved End-year: 90% of requests resolved
	Increase access to food and water and increase purchasing power for populations in Famine and HE	4.	Number of men and women in HE and IDPs accessing immediate cash and food needs, emergency livestock interventions, and emergency agricultural and fishing inputs	Agriculture and Livelihoods	Mid-year: 788,000 End-year: 1,576,000
	Contribute to the protection of displaced and other vulnerable groups from life-threatening elements through the distribution of emergency assistance packages	5.	Percentage of women and men target beneficiaries receiving EAPs	Shelter/NFIs	Mid-year: 505,000 End-year: 1,010,000
	Acutely malnourished children and pregnant and lactating women are treated by having access to and utilizing quality services for the management of acute malnutrition	6.	Percentage of acutely malnourished children and pregnant and lactating women caseload referred and admitted to centres for the management of acute malnutrition	Nutrition	Mid-year: U5 SAM: 120,750 (30%) U5 MAM: 134,550 (30%) PLW 57,520 (20%) Community mobile: 40% End-year: U5SAM: 241,500 (60%) U5 MAM: 269,100 (60%) PLW: 115,040 (40%) Community mobile: 80%)

4. The 2012 Common Humanitarian Action Plan

2012 Somalia Strategic Priorities Monitoring Matrix					
2012 Strategic Priority	Cluster Objective	Number	2012 Indicator	Responsible Cluster	Mid-year and end-year targets
	Improve the quality of education, integrating essential services and life-saving messages into formal and non-formal education	7.	Number of learners and teachers (disaggregated by sex) benefitting from life-saving messages and/or child-friendly spaces	Education	Mid-year: 200,000 children/teachers (120,000 male; 80,000 female) End-year: 400,000 children/teachers (240,000 male/160,000 females)
2. Stabilize and prevent the deterioration of livelihoods for populations in Famine, HE and AFLC through the protection and restoration of livelihood assets and through early recovery, resilience building, emergency preparedness, DRR and social/productive networks	Provide, protect and increase production capacity of livelihood assets and reduce exposure to the effects of natural shocks for population in crisis	8.	Number of men and women in HE and AFLC with access to improved productive assets	Agriculture and Livelihoods	Mid-year: 251,000 men and women in crisis End-year: 501,000 men and women in crisis
3. Provide vulnerable populations, including but not limited to IDPs, with a minimum package of basic services	Increase access to education for children, youth and adults in humanitarian emergencies	9.	Number of children (disaggregated by sex) benefitting from teaching and learning supplies, including recreational materials	Education	Mid-year: 100,000 (60,000 boys; 40,000 girls) End-year: 200,000 (120,000 boys; 60,000 girls)
	Provision of primary and basic secondary health services with a focus on sexual, reproductive and child health	10.	Percentage of population in humanitarian crisis with access to primary and/or basic secondary health care services	Health	Mid-year: 2,750,000 (69%) End-year: 3,000,000 (75%)

2012 Somalia Strategic Priorities Monitoring Matrix					
2012 Strategic Priority	Cluster Objective	Number	2012 Indicator	Responsible Cluster	Mid-year and end-year targets
	Acutely malnourished children and pregnant and lactating women are treated by having access to and utilizing quality services for the management of acute malnutrition	11.	Percentage of geographical area providing basic nutrition services accessed by children six–59 months of age and pregnant and lactating women (based on geographical coverage surveys)	Nutrition	Mid-year: 40% End-year: 60%
	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	12.	Number of children under-five and women of child-bearing age vaccinated	Health	Mid-year: 300,000 End-year: 600,000
	Increase access to a basic livelihood support package in order to counter negative coping mechanisms for populations in transit and in camps	13.	Number of livelihoods opportunities (cash-for-work opportunities, income-generating activities, skills transfer) provided to IDPs (disaggregated by sex) either in transit or in camps	Agriculture and Livelihoods	Mid-year: 136,500 End-year: 273,000
	Improve the living conditions of the displaced population in stabilized settlements through site planning and the provision of transitional shelter	14.	Number of beneficiary households headed by women or men receiving transitional shelter	Shelter/NFIs	Mid-year: 15,000 End-year: 35,000

4. The 2012 Common Humanitarian Action Plan

2012 Somalia Strategic Priorities Monitoring Matrix					
2012 Strategic Priority	Cluster Objective	Number	2012 Indicator	Responsible Cluster	Mid-year and end-year targets
	Ensure that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion, including complimentary activities with the Nutrition, Health, Agriculture and Livelihoods, and Food Assistance Clusters	15.	Number of people, disaggregated by sex, with sustainable access to safe water, sanitation and hygiene	WASH, Education	Mid-year: 1.3 million End-year: 2.6 million
4. Strengthen the protective environment for civilian populations through advocacy and ensure equal access to humanitarian services for vulnerable women, men, girls and boys.	Strengthen the resilience of male and female survivors of rights violations and vulnerable communities through the provision of protection related services	16.	Number of indirect beneficiaries (catchment population/number of directly targeted populations (disaggregated by age and sex, if possible)	Protection	Mid-year: 4,000 End-year: 13,500
	Strengthen the resilience of male and female survivors of rights violations and vulnerable communities through the provision of protection-related services	17.	Number of direct beneficiaries (survivors of protection violations) accessing services (medical, legal, psycho-social, family tracing, child-friendly spaces, assisted voluntary return, etc.), emergency support, and community-based projects (disaggregated by age and sex)	Protection	Mid-year: 300,000 End-year: 750,000
	Improve the quality of education, integrating essential services and life-saving messages into formal and non-formal education	18.	Number of learners and teachers (disaggregated by sex) benefiting from life-saving messages at schools	Education	Mid-year: 88,750 End-year: 161,335

CAP Monitoring Framework

Level	Responsible	Actions and Tools
Project	Each appealing organization will monitor the implementation of projects.	Each CAP project includes a monitoring strategy. Agencies will undertake regular field visits, data collection, third party monitoring, etc.
Cluster	The Cluster Chair is responsible for monitoring progress toward the cluster objectives, and in obtaining sex-disaggregated data from the applicant agencies.	3W matrices, Cluster Quarterly Reports, Humanitarian Dashboard, CAP Mid-Year Review and end-year report, etc.
Strategic	The HCT and the Humanitarian Coordinator will monitor progress on the CAP strategic priorities.	Strategic Priorities Monitoring Matrix

FAO/FSNAU will lead semi-annual seasonal assessments, with the support of several technical agencies on the ground. These assessments focus on food security and nutrition, but touch on a number of other sectors. The IASC GenCap advisor, RC Senior Gender Adviser and the GenNet gender focal points reviewed and provided feedback to all cluster response plans to ensure strict inclusion of gender as a cross-cutting issue, mainstreaming of SGBV and adherence to guidance of the Gender Marker and will monitor the implementation of these response plans.

A number of initiatives have introduced additional rigour to M&E in Somalia. Clusters will look at opportunities to make use of third party monitoring firms that have access to southern and central Somalia to monitor the outputs of their response activities. Existing tools, such as 3W matrices, regular dashboards and cluster indicator monitoring templates, will be used to monitor progress. Field cluster capacity has improved with the activation of more clusters. ICWGs will be used to monitor cluster activities by region/zone. This is particularly important for supporting inter-agency field monitoring and verification of 3W information. Cluster chairs have increased their presence in the field. The CHF advisory board has allocated \$1 million to strengthen cluster coordination in Mogadishu. With improved capacity at the capital level, monitoring and verification of response activities will also improve in the regions.

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

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

OCHA is responsible for monitoring progress against CAP strategic priorities as agreed upon by the HCT. Cluster Leads are responsible for monitoring cluster performance against identified indicators, based on information submitted from cluster partners. Project owners/implementers are responsible for providing regular reporting updates against project status. This parallels the monitoring approach undertaken for the Common Humanitarian Fund, for which reporting has been linked to the CAP. Accountability for gender equality and mainstreaming rests with UN OCHA with support from UN Women.

4.4 Criteria for selection and prioritization of projects

The HCT endorsed eight inclusion criteria for 2012 projects. Cluster Review Committees (CRC) developed more detailed, cluster-specific vetting and prioritization criteria, including gender marker requirements. The IASC GenCap Adviser thoroughly reviewed all projects to ensure strict application of the gender marker. Cluster chairs, with advice from the CRC, screened all projects against these criteria.

HCT inclusion criteria for CAP 2012 projects include:

- The project is in line with CAP strategic priorities and sector objectives.
- The project is based on assessed needs.
- Where applicable, the project is designed in coordination with other aid agencies to avoid duplication.
- In particular, the submitting organization commits to share information regularly with the relevant clusters for the cluster quarterly reports and other purposes, and to ensure its activities appear in the 3W tables or activity matrices of the relevant clusters.
- The project is realistic, cost-effective, and meets technical standards as agreed by the cluster. The project presents a clear objective, which can be reached during the project duration (usually until the end of 2012).
- The organization has a recognized capacity to implement the project and/or proven track record. The cluster makes this determination. Where disputed, the Humanitarian Coordinator and HCT make this determination.
- The project includes a M&E mechanism and agrees to be monitored by the cluster.
- The project identifies and strives to respond to the different needs of women, girls, boys and men as measured by the gender marker code and meets the Gender Minimum Standards as agreed by each cluster. A gender accountability requirement was agreed by all clusters to ensure that no zero gender marker projects will be included in the CAP 2012, and all proposals submitted that did not comply were revised accordingly to ensure the standard was met.

4.5 Cluster response plans

4.5.1 Agriculture and Livelihoods Cluster

Cluster lead agencies	FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS (chair) and WOMEN and CHILD CARE ORGANIZATION (co-chair)
Organizations participating in the preparation of the cluster response plan	AAD, ADRO, AADSOM, ASAL, ADA, ASEP, AFREC, APD, ACTED, ADO, Agrosphere, ARDO, BWDN, CLHE, CARE, CRS, CED, CSDO, COOPI, DRC, DIAL, CEFA, FERRO, FAO, GEELO, GREEN HOPE, HOD, HAVOYOCO, Horn Relief, HARDO, HIJRA, IDRO, ILO, IOM, JCC, KPD, MC, MURDO, NAPAD, NCA, NRC, OXFAM GB, OXFAM Novib, PENHA, PASOS, RAWA, Relief International, RRP, SAMRADO, SC, SHARDO, SHILCON, SADO, Solidarités, SHA, SOADO, SPDS, SORDA, SORAC, SOMTRAG, SOUTHERN AID, SWISSO-Kalmo, TARDO, TGV, UNICEF, UNDP, Vetaid, VSF-Germany, WFP, WOCCA, YAHAN NETWORK
Number of projects	88
Cluster objectives	<ul style="list-style-type: none"> ■ Supports IASC Strategic Priority One: provide immediate and integrated life-saving assistance to people living in famine and humanitarian emergency to reduce mortality and prevent further displacement. ■ Supports IASC Strategic Priority Two: stabilize and prevent the deterioration of livelihoods for populations in Famine, HE and AFLC through the protection and restoration of livelihood assets and through early recovery, resilience-building, emergency preparedness, DRR and social/productive networks. ■ Supports IASC Strategic Priority Three: provide vulnerable populations, including but not limited to IDPs, with a minimum package of basic services.
Number of beneficiaries	2.35 million beneficiaries (who will receive 7.5 million interventions)
Funds required	\$486,295,780
Funds required per priority level	High: \$486,295,780
Contact information	Francesco Baldo – Francesco.baldo@fao.org Daud Nur – daud.nor@woccaorg.com

Needs Analysis

The crisis in southern Somalia is driven by a combination of factors. The total failure of the *Deyr* rains in 2010 (secondary season) coupled with the poor performance of the *Gu* rains in 2011 (primary season) have resulted in the worst annual crop production in 17 years. This combination has also resulted in reduced labour demand, below-average livestock prices, and excess animal mortality.²⁴ Large-scale displacement and significant limitations on humanitarian access have further exacerbated food access and the general state of health. In Somaliland, the populations in need are pastoralists living in HE and AFLC, particularly those in Sanaag, Sool, Valley, and Togdheer regions. Nearly 70% of the populations in those regions is vulnerable to the adverse effects of drought due to three consecutive years of rain failure. In Puntland also prolonged drought over the past few years has resulted in high livestock deaths and reduced household herd size. Regional capitals and urban centres across Puntland host an increasing number of displaced pastoralists from Sool Plateau and specifically from the Addun livelihoods zone. Families from coastal areas are looking for employment and humanitarian support; while there is an influx of IDPs from the famine stricken regions in the south. Fishing, a supplementary source of income, continues to be hampered by piracy.

As a result, local cereal prices across the south are far above average and are more than triple the 2010 prices in some areas. These high prices have eroded the value of wages and livestock and, combined

²⁴ FSNAU Post-*Gu* 2011 report.

with the drought, have resulted in substantial food deficits both in terms of availability and access. Population-wide death rates are above the alert level (1/10,000/day) across all areas of the south. Generally, men and women have unequal access to resources, which is further exacerbated during shocks (i.e. natural disasters) as Somali women lose control over household assets that they normally manage (e.g. milk sales.). As a result, women's ability to recover and rebuild resilience is limited compared to men's, and, therefore, requires a sustained effort to ensure gender parity in response.

Assuming the current up-scaling of humanitarian response and average October to December (*Deyr*) rains, a further deterioration in food security is expected due to a number of factors. These factors include: very high levels of SAM and high U5 mortality; the expectation of increased malaria, cholera and measles outbreaks; continued limitations on humanitarian access; very low *Gu* season crop production; a rise in international rice prices; and further increases in the cost of local cereals. Famine is likely to spread by December 2011 in the agro-pastoral and riverine areas of Gedo and Juba, and the agro-pastoral areas of Middle Shabelle and Hiraan.

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

Due to the increased insecurity and famine in southern and central Somalia, the influx of IDPs into Puntland will continue. The resultant pressures on scarce resources may further contribute to a deterioration of livelihood opportunities for the host community, and eventually lead to possible acute malnutrition.

Response Strategy

In light of the current humanitarian crisis, the cluster has adopted a three pronged approach:

- Rapid life-saving interventions to provide urgent access to food, water, and to increase the purchasing power of people in famine and HE (Strategic Priority One).
- Resilience-building and longer term sustainable interventions for people in AFLC that aim at enhancing production capacity, restoring and protecting critical livelihood assets, and emergency preparedness in line with Strategic Priority Two.
- The third approach aims at increasing access to a basic livelihood support packages in order to counter negative coping mechanisms for populations on the move such as: IDPs and returnees (Strategic Priority Three).

The Minimum Guidelines for humanitarian actions developed and adopted by the cluster will be used to vet all cluster projects. In addition, in Somaliland the cluster intends to use as a primary document Somaliland's Disaster Risk Reduction strategy along with the strategy developed by the Food Security and Nutrition Working Group (FSNWG). The strategy is founded on four basic pillars:

- Innovative technologies within the realm of conservation agriculture as a means to provide an opportunity to mitigate climate-induced shocks and reduce stress and vulnerability, both under crops and livestock production systems.
- A participatory process of capacity-building to improve the know-how and better manage existing information systems at various levels.
- The establishment of a conducive environment for resilience-building and mitigation through institutional processes of change.
- The deployment of an effective research and development consortium of partners to streamline interventions and establish synergies.

Achieving this strategy will depend upon the successful implementation of complementary interventions in the Food Assistance, Nutrition and Wash Clusters, as well as certain assumptions held (see below). It is recognized that there are real limitations on the ability of the cluster to reach a balanced proportion of women relative to men in famine, HE and AFLC with livelihood interventions. The response plan defines a general target of 490,000 men and women facing famine conditions, 1,086,000 men and women in HE, for which the response will mostly be unconditional, and will aim to target women headed households, labour-poor households, the elderly and the sick. The cluster will also target 501,000 men and women in AFLC and 273,000 IDPs. A more detailed approach on how the cluster will address the livelihoods needs of both women and men is provided in the Agriculture and Livelihoods Cluster Gender Strategy.²⁵ The Gender Strategy represents the cluster's position and commitment to ensure equal access by Somali men and women to livelihood opportunities and resources. Implementing partners will demonstrate awareness and commitment to gender equality and ensure gender balance among staff and beneficiaries.

Assumptions and Risks

The following assumptions must hold for all three objectives to be achieved:

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

Increase in international and local food prices, unaffordable fuel prices for irrigation farming, and conflict (especially at harvest time) may limit the positive effects of the good rains. If the assumptions outlined above do not hold, the risk that the cluster response plan will not achieve its objectives is significant. To mitigate these risks, the cluster will redirect efforts and resources towards Strategic Objective One: lifesaving interventions. The cluster will raise awareness among key donors on the importance of funding livelihood interventions to ensure that donor funding is commensurate with programming needs. FSNAU's 2011 post-*Gu* assessment shows a possibility that famine will spread to other parts of Somalia, which further justifies the need to scale up support to livelihoods programmes.

Feasibility

As noted earlier, the strategy has been formulated by analysing the cluster's current geographically-specific capacities and an assessment of a tested scale-up capacity as witnessed at the CAP 2011 mid-year review. Since the cluster successfully mobilized \$59 million by the end of August 2011, it is highly likely that the requested amount of \$207 million can also be absorbed.²⁶ As was the case in 2011, the cluster will increase involvement of national NGOs and local staff of international NGOs. This approach will enhance the timely delivery of humanitarian aid.

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

²⁵ [Cluster Gender Strategy](#) uploaded on Agriculture and Livelihoods Cluster website.

²⁶ OCHA Financial Tracking Services (FTS):

[http://fts.unocha.org/reports/daily/ocha_R32sum_A927_23_September_2011_\(09_45\).pdf](http://fts.unocha.org/reports/daily/ocha_R32sum_A927_23_September_2011_(09_45).pdf)

Monitoring Strategy and Explanation of Indicators

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

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



Agricultural projects in northern Somalia/FAO/2011/Nyakairu

4.5.2 Education Cluster

Cluster lead agencies	UNITED NATIONS CHILDREN'S FUND (chair) and SAVE THE CHILDREN (co-chair)
Organizations participating in the preparation of the cluster response plan	INTERSOS, Save the Children, AFREC, UNICEF, FENPS, MURDO, AET, Islamic Relief, WFP
Number of projects	30
Cluster objectives	<ul style="list-style-type: none"> ■ Increase access to education for children, youth and adults in humanitarian emergencies. ■ Improve the quality of education, integrating essential services and life-saving messages into formal and non-formal education. ■ Support the establishment and strengthening of education systems, structures and policies in emergency-affected areas.
Number of beneficiaries	609,940 (learners, teachers, CEC members and MoE representatives)
Funds required	\$43,612,585
Funds required per priority level	High: \$38,427,819 Medium: \$4,000,144 Low: \$1,184,622
Contact information	Jumma Khan - jkhan@unicef.org Jenine Taylor – j.taylor@sc.or.ke

Category	Population in Need			Target Population		
	Female	Male	Total	Female	Male	Total
Famine	828,000	972,000	1,800,000	276,000	324,000	600,000
HE	-	-	-	1,355	7,645	9,000
AFLC	-	-	-	-	-	800
IDPs	-	-	-	-	-	140

Needs Analysis

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

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

Teacher incentives are vital to support the emergency education programs in IDP settlements and emergency-affected areas. With the limited funding, it is becoming a key challenge for education partners to continue with the large-scale payment/incentives of over 9,000 teaching personnel (1,355 or 17% female). Due to climate change, more areas, such as Sool, Sanaag, Bari and Mudug are emerging as emergency zones. A large presence of IDPs in Puntland is also straining local resources.

The cluster responded to the deepening crisis by establishing emergency coordination structures, strengthening the capacity of partners, data collection, reporting and advocacy.

Addressing child recruitment problems in the south, the Education Cluster prioritized vocational training and learning opportunities for young people, but efforts were hampered by financing shortages for education. The Education and Protection Clusters trained staff on the monitoring and reporting mechanism (MRM) and child-friendly spaces, but these interventions remain limited. The reports from Child Protection partners indicates massive child recruitment and military training by local militia during summer holidays which requires a timely response from international aid community as the youth are often used as frontline soldiers to prolong the conflict by militants. The expulsion of key education players from the south is also a tactic to limit education activities and ultimately increase militancy. Funding constraints have limited the ability of cluster partners to fill the huge gap left by international partners in Gedo, Bay, Bakool and Hiraan regions.

Response Strategy

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

Learning and recreational supplies, teaching aids, provision of water and sanitation facilities and the establishment and construction of temporary learning spaces will be an essential part of the emergency education response plan. Teachers will be trained in various subjects, pedagogy, inclusive education and psycho-social care and the emotional well-being of children. Gender will be a cross-cutting component in all teachers', Community Education Committee and education management training programs. Partners will continue to support the teachers' monthly stipend and further work to harmonize the incentives and training packages with a particular emphasis on women teachers. Communities will be encouraged to extend their support to teachers and their well-being through recognition of their work, identity, respect and by ensuring the protection of women teachers.

With the support from the Child Protection Working Group (CPWG) and Protection Cluster, youth will be engaged in formal, non-formal, vocational and recreational activities. Education and Protection partners will work closely on the MRM, continuation of child- spaces and youth engagement programs to mitigate the risks of recruitment. Mine risk education (MRE) is a key intervention in areas with a high presence of improvised explosive devices /unexploded devices. Both clusters will work to identify partners and technical and financial resources to protect children from hazards and risks.

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

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

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

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

Assumptions and Risks

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

Feasibility

National and international Education Cluster partners are technically capable and have access to all emergency impacted areas. Partners are confident that they will be able to implement education programs without any insurmountable restrictions. Last year's achievements are evidence that the education cluster partners have the ability to mobilize resources and execute timely projects with good outcomes. International organizations and their local partners are present across all zones with international and national staff. The cluster will continuously update the 4Ws matrix and maps to avoid any duplication, overlap of activities and conflict between partners. The cluster will consider the projects from partners who are credible and have long-standing relationships with communities, institutions and local authorities in the area, and can demonstrate commitment to gender policies and practices, with an awareness of gender gaps for female teachers and girls and how to address these.

Monitoring Strategy and Explanation of Indicators

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

The summary indicator will help the cluster, the humanitarian community and donors to gauge the overall progress of education activities and service delivery against the proposed target and available resources and gaps in education financing. Each indicator is designed to provide and collect information on specific targets that, for example, include seeing the progress on classroom

4. The 2012 Common Humanitarian Action Plan

construction, teacher training, WASH facilities versus proposed mid-year and year-end targets. The agreed indicators will provide a holistic picture of the education programme with clear achievements and outcomes within an emergency education response. Partners will be encouraged to use the standard indicators in their proposals to have a common understanding of emergency education response and targets.



Classroom in Shabelle IDP school, Bossaso, Puntland/UNICEF Somalia/2011/Morooka

4.5.3 Food Assistance Cluster

Cluster lead agencies	WORLD FOOD PROGRAMME
Organizations participating in the preparation of the cluster response plan	AAD, AADSOM, APD, BWDN, CARE, DEH, DKH, DRC, FERO, HOD, HOPEL, HRDO, IFEDA, JCC, JDO, RAWA, SADO, SOADO, SORDA, Southern Aid, SWC, WCI, WFP, WOCCA,
Number of projects	25
Cluster objectives	<ul style="list-style-type: none"> ■ Provide immediate life-saving food assistance in the form of direct food transfers, food vouchers or cash responses to households in crisis. ■ Improve households' access to food and prevent further deterioration of asset holdings by restoring productive assets and building resilience to withstand future shocks. ■ Invest in livelihood support activities and strengthen existing public services and social safety-nets to protect vulnerable populations from falling into crisis.
Number of beneficiaries	Three million people (40% women)
Funds required	\$344,072,110
Funds required per priority level	High: \$344,072,110
Contact information	Mark Gordon - Mark.Gordon@wfp.org

Category	Population in Need			Target Population		
	Female	Male	Total	Female	Male	Total
Famine	-	-	490,000	196,000	294,000	490,000
HE	-	-	1,810,000	436,000	654,000	1,090,000
AFLC	-	-	835,000	204,000	306,000	510,000
IDPs	-	-	910,000	364,000	546,000	910,000

Needs Analysis

Somalia is a cereal-deficit country and imports large amounts of cereal. The 2011 *Deyr* and *Gu* harvests in Somalia failed with total agricultural production of the 2011 *Gu* assessment equalling only 26% of the post-war average. Furthermore, factors such as global increases in food and fuel prices, high rates of depreciation of the Somali Shilling and local cereal production failures have contributed to the dramatic increase of the price of cereals compared to 2010 levels, considerably eroding household purchasing power and access to food and other basic needs.²⁷

In July 2011, over four million Somalis were estimated to be in crisis, including over 750,000 living in famine conditions due to malnutrition rates of children U5 as high as 54%, crude mortality rates in excess of two per 10,000 per day and between 20 and 40% of the population in areas unable to meet even half their food needs for survival.²⁸ The nutrition situation is extremely critical, equally affecting both genders across all livelihood zones and IDP populations. Pregnant and lactating women are particularly vulnerable, showing exceptionally high levels of acute malnutrition, with the highest rate recorded in Juba region (73.8%). Due to two consecutive failed rainy seasons, border-line food-insecure (BFI) populations have begun irreversibly eroding their assets, pushing them closer to AFLC and rendering them acutely food-insecure and extremely vulnerable to shocks.

The following developments in 2012 could greatly affect the need for food assistance and will be monitored closely: 1) the duration and variability of the *Deyr* and *Gu* rains; 2) the impact of global cereal prices on Somali markets; 3) the impact of volatility of the Somali shilling on food access; and, 4) increased conflict affecting food availability and access.

²⁷ Prices have more than tripled in some areas.

²⁸ Although the number of Somalis in crisis remains at four million, the number of people in famine conditions was reduced to 250,000 in mid-November. <http://www.fsnau.org/in-focus/famine-continues-observed-improvements-contingent-continued-response>

Response Strategy

The FAC will respond to the unprecedented crisis using a wide variety of tools and will strengthen its overall efforts through the planned merging of the Food Assistance and Agriculture and Livelihoods Clusters. In areas declared Famine hit or in HE, the FAC will focus on tackling the immediate food insecurity of individuals, such as destitute populations and IDPs found among urban and rural populations. In the areas where saving lives is the overarching imperative, the primary response of the cluster members will focus on improving household access to food. Where possible, food assistance will be complemented with nutrition-specific responses to ensure that the specific nutritional needs of malnourished individuals are met, particularly for children and women. The cluster will prioritize households headed by women in rural and IDP settings, given that the majority of displaced households are headed by women. The FAC provides a variety of response options based on the particular situation in a given area.

The FAC will also prioritize populations in areas more affected by a deterioration of productive assets and the erosion of livelihoods, as well as areas where there is a need to stabilize and protect livelihoods that are at risk of deteriorating into HE and famine. To achieve this, activities geared towards stabilization and resilience (through a DRR lens) will use food- and CFA schemes that will help to sustain the asset base of targeted individuals and strengthen their household's food security situation. Coordination with the Agriculture and Livelihood Cluster will be reinforced through the merger of these two clusters to ensure that households which are in crisis are stabilized and provided with livelihood responses that focus on building or rehabilitating livelihood assets and community assets that build resilience to shocks.

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

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

Assumptions and Risks

It is assumed that the organizations will be allowed to enter and work in specified locations with the necessary funds available to operate and that local partners will be willing to support the programme through international NGOs and UN. Permission to operate in the southern and central regions will remain very limited but may change through the year. Regardless, the FAC coordination mechanism will seek to ensure that FAC members that are responding in priority areas based on a dynamic gap analysis are prioritized for pooled-funding accordingly, taking into account their implementation capacity.

There is the risk that, due to limited access for FAC members in certain areas, high quality monitoring, evaluation and targeting monitoring system and expansion of the clusters monitoring capacity with the inclusion of an M&E cluster officer and an inter-cluster M&E team.

Feasibility

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

Monitoring Strategy and Explanation of Indicators

Through a detailed process of tracking food assistance from needs assessment to allocation and distribution to beneficiaries, FAC members are required to report on assisted population weekly or monthly through standard monitoring and reporting tools. Members from the national and regional FAC offices will, when possible, physically monitor the food distribution to beneficiaries in targeted areas. In areas with limited or irregular access, monitoring will be conducted by a contracted third party organization. Findings from both FAC membership and contracted third parties will be centrally analysed through the M&E unit being established within the FAC and supported by a similar unit which already exists within the cluster lead agency. In addition, the beneficiary feedback system also provides the Food Cluster members with distribution information from beneficiaries. Outcome indicators will be tracked on a bi-annual basis, while output monitoring and reporting will occur weekly/monthly.

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



Food distribution in Doolow, Gedo Region/WFP/July 2011/Orr

4.5.4 Health Cluster

Cluster lead agencies	WORLD HEALTH ORGANIZATION (chair) and MEDICAL EMERGENCY RELIEF INTERNATIONAL (co-chair)
Organizations participating in the preparation of the cluster response plan	ACF, AFREC, APD, ARC, AVRO, CESVI, CISP, COSV, DIAL, HOPEL, HIJRA, HDC, IR, INTERSOS, IRC, MDM, MERCY USA, Relief International, SAF, SWISS-KALMO, SC, SOYDA, MULRANY, MERLIN, MEDAIR, WARDI, UNICEF, UNFPA, UNOPS, WHO
Number of projects	42
Cluster objectives	<ul style="list-style-type: none"> ■ Overall Health Sector Strategic Objective: Provide a coordinated response for the provision of health service to famine-affected and vulnerable populations in order to reduce morbidity and mortality in Somalia. ■ Strategic Objective One: Ensure equitable access to and provision of basic and life-saving health services to affected and vulnerable population. ■ Strategic Objective Two: Prevent and control epidemic-prone and communicable diseases. ■ Strategic Objective Three: Coordinate integrated health responses at national and sub-national levels, and across borders and inter-cluster/sectors.
Number of beneficiaries	3,000,000 (Female: 1,824,000; Male: 1,176,000)
Funds required	\$84,868,472
Funds required per priority level	High: \$52,446,084 Medium: \$17,942,889 Low: \$14,479,499
Contact information	Dr. Kamram Mashhadi - mashhadik@nbo.emro.who.int Chip Barnet – dcd@merlin-kenya.org

Category	Population in Need			Target Population		
	Female	Male	Total	Female	Male	Total
Number of children under five	408,000	392,000	800,000	306,000	294,000	600,000
Women of child-bearing age	800,000	--	800,000	600,000	--	600,000
IDPs and other vulnerable groups	1,224,000	1,176,000	2,400,000	918,000	882,000	1,800,000
Total	2,432,000	1,568,000	4,000,000	1,824,000	1,176,000	3,000,000

Target Regions and Target Age Group

The health cluster will cover the whole of Somalia, with particular emphasis on southern and central Somalia and the famine-declared regions (Middle and Lower Shabelle, Bakool, Bay, Gedo, Middle and Lower Juba).

Needs Analysis

WHO's emergency thresholds have been reached in drought- and conflict-affected areas, with a crude death rate (CDR) of 2/10,000/day and a CDR of 4/10,000/day in children in all areas in the south where data is available, peaking at 13-20/10,000/day in riverine and agro-pastoral areas of Lower Shabelle. The FSNAU report (Sept 2011) shows a deterioration in rural areas and in IDP communities (except for Hargeisa and Berbera), with a CDR above two in Bay, Bakool, Lower Shabelle regions, Middle Shabelle, Afgooye and Mogadishu. At the national level, 450,000 children (30%) are reported to be acutely malnourished, including 190,000 (13%) severely malnourished. Almost three quarters of acutely malnourished children, and over 85% of severely malnourished children are in southern Somalia.

Health conditions are deteriorating as a result of the general absence of essential public health care services. The limited coverage of health care services in most of Somalia, particularly in Middle Juba, Bay, Bakool, the Shabelles and Hiraa regions, coupled with the absence of essential health, nutrition and WASH facilities, greatly increase the risk of disease outbreaks. Recurrent disease outbreaks such as AWD/cholera, measles and dengue are an underlying and a pulling factor for the increase in global and SAM rates and the related increase in under five mortality rates. Severe malnutrition, when combined with medical complications, is a medical emergency that requires immediate intensive care in specialized units (stabilization centres).

As of September 2011, 40 health cluster partners reported 66,500 cases of acute respiratory infections, 50,791 cases of AWD, 9,713 cases of measles, and 22,865 cases of malaria in southern and central Somalia as a consequence of the drought. Additionally, 8,430 cases of injuries were reported from some areas. Current epidemiological trends suggest that the situation could worsen due to the upcoming rains and further population displacements. In the worst case scenario, AWD/cholera cases may increase by another 30,000, along with malaria (30,000), measles (25,000), and acute respiratory infections (20,000)²⁹. The limited coverage of the current epidemiological surveillance systems, as well as the weak emergency surge capacities remain a major gap in the response. The early warning and response system for the outbreaks should be strengthened and expanded to new areas.

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

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

Response Strategy

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

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

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

²⁹ Health cluster partners' planning exercise, 2011

The Health Cluster will adapt and implement the IASC Gender Guidelines for building capacity of health care providers at different health care levels. A planned gender analysis will ascertain that health messages are appropriate for the different needs of men, women and adolescents, as well as ensuring cultural sensitivity and relevance.

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

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

Assumptions and Risks

It is assumed that organizations will be allowed to enter and work in specified locations; that they will have the funds necessary to operate; and that local partners will be willing to support health interventions through international NGOs and the UN. Access and permission to operate in the southern and central regions will remain very limited but may change throughout the year. Regardless, the Health Cluster coordination system will seek to ensure that health partners are able to operate in southern and central Somalia. There is the risk that, due to limited access for Health Cluster partners in certain areas, high quality monitoring, evaluation and targeting may not always be possible, although this will be addressed by establishing a proper monitoring system and expanding the cluster's monitoring capacity.

Feasibility

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

Monitoring Strategy and Explanation of Indicators

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

4.5.5 Logistics Cluster

Cluster lead agency	WORLD FOOD PROGRAMME
Organizations participating in the preparation of the cluster response plan	UNICEF, WHO, WFP, UNHCR, SC, OXFAM, CONCERN, World Vision, IRD, NRC, DRC, USAID/OFDA, ACF, ADRA, CRS, CESVI
Number of projects	3
Cluster objectives	<ul style="list-style-type: none"> ■ Objective One: Coordinate support to strategic services for the efficient delivery of humanitarian aid ■ Objective Two: Coordinated and prioritized rehabilitation of logistics infrastructure in Somalia ■ Objective Three: Improve Logistics preparedness and contingency planning
Number of beneficiaries	Providing support indirectly to beneficiaries, by providing logistics coordination support and common service to the humanitarian community (UN and NGOs).
Funds required	\$36,991,031
Funds required per priority level	High: \$36,991,031
Contact information	John Myraunet - john.myraunet@wfp.org

Needs Analysis

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

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

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

Close coordination with all humanitarian organizations, both traditional and new actors, through the Logistics Cluster and bilateral meetings, in addition to coordination with the other clusters, will be needed. There is also a need for advocacy to address the gender gap in employment and to prevent GBV and sexual exploitation and abuse.

Cluster Response Strategy

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

4. The 2012 Common Humanitarian Action Plan

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

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

Long-term rehabilitation activities will include:

- Construction of a secure warehouse and office compound within the Port of Mogadishu. Training of port staff on new communication and navigation systems.
- Dredging works at Bossaso Port, which will significantly increase port capacity. Installation of additional warehousing for WFP in the Bossaso Port is also planned. By increasing the capacity of the Bossaso Port, an alternate supply chain from northern Somalia can be used for central and southern Somalia in case the Mogadishu route is not operational. Installation of aids to navigation (AToN) in the port and approach channels to increase safety of vessel manoeuvres.
- Construction of a secure warehouse and office compound within the Berbera Port.

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

The Logistics Cluster will also develop a comprehensive logistics contingency plan with the participating agencies to ensure that key preparedness activities are conducted, such as a logistics capacity assessment, pre-positioning of critical logistics equipment and monitoring of road conditions, etc. The Logistics Cluster will promote adoption of staff codes of conduct for the prevention of GBV and sexual exploitation and abuse (SEA), including promoting that cluster participants adopt paragraphs on the prevention in contracts for sub-contracted services. The Logistics Cluster will also coordinate with the Protection Cluster to protect against sexual exploitation and abuse. In-country networks on reporting and responding to GBV and sexual exploitation and abuse will also be part of this strategy.

Assumptions and Risks

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

Feasibility

The Logistics Cluster has successfully implemented activities in Somalia for the last two years. In 2011, the UNHAS operation provided safe and secure scheduled flights into and across Somalia, with an average of 1,310 passengers and 11.3 MTs of light cargo per month (as of August 2011). In 2011 Berth D (the inner port) was rebuilt after the burning out of the dhow in Bossaso Port. Five wrecks were removed from the port basin of Mogadishu, easing the berthing of ships to this shipping port. Debris removal at Bossaso Port has also been completed. AToN was also installed in the Mogadishu Port, supporting the entry of incoming vessels. These rehabilitation activities have reduced humanitarian cargo delivery times and the overall cost of shipping.

The various WFP sub-offices present in Somalia will also enable activities to be carried out in different regions of the country. To mitigate challenges such as intermittent access, the Logistics Cluster will partner with key organizations operating in difficult areas and will make necessary logistics equipment available to organizations that require them in field locations across Somalia.

Monitoring Strategy and Explanation of Indicators

The Logistics Cluster will conduct a detailed lessons learned mission in order to ensure that best practices highlighted during the operation are compiled and inform future operations. This will ultimately allow for faster, better-tailored and more cost-effective response mechanisms for future emergencies.

Progress will be monitored using situation reports, a continuously updated database of fulfilled cargo movement requests (CMRs), fulfilled storage requests, UNHAS progress reports and relevant donor report documents.



NFIs airlifted into Mogadishu/UNHCR/August 2011

4.5.6 Nutrition Cluster

Cluster lead agencies	UNITED NATIONS CHILDREN'S FUND (chair) and DEVELOPMENT INITIATIVE ACCESS LINK (co-chair)
Organizations participating in the preparation of the cluster response plan	CONCERN, OXFAM Novib, FSNAU, Save the Children, COSV, HARD, Mercy USA, UNICEF, Nutrition Cluster, Information Management, WHO – HoA, CESVI, SORDES, URDO, WFP
Number of projects	43
Cluster objectives	<ul style="list-style-type: none"> ■ Acutely malnourished children and pregnant and lactating women are systematically treated by having access to and utilizing quality services for the management of acute malnutrition. ■ Expansion of women's and children's access to evidence-based and feasible nutrition and nutrition-related services available through the use of the basic nutrition services package³⁰ interventions linking nutrition to health, WASH, and Food Security programming. ■ Strengthening capacity of nutrition partners: LINGO/CBO/INGO, local communities and line ministries to deliver quality and sustainable basic nutrition services package (BSPN) through a variety of approaches.
Number of beneficiaries	473,000
Funds required	\$259,555,936
Funds required per priority level	High: \$242,982,714 Medium: \$12,670,481 Low: \$3,902,741
Contact information	Leo Matunga – imatunga@unicef.org

Category	Total Acutely Malnourished Children and PLW			Target Population *		
	Female	Male	Total	Female	Male	Total
Children U5: SAM	118,335	123,165	241,500	71,050	73,950	145,000
Children U5: MAM	219,765	228,735	448,500	132,300	137,700	270,000
PLW	144,800	-	144,800	58,000	-	58,000
Total	482,900	351,900	834,800	261,350	211,650	473,000

*Cluster targets based on 60% coverage of acutely malnourished children U5 and 40% coverage of acutely malnourished pregnant and lactating women.

Needs Analysis

In the course of 2011, six areas in southern Somalia experienced a devastating famine with elevated rates of malnutrition and child mortality. The immediate causes of malnutrition include high morbidity, high disease incidences, poor diet leading to micronutrient deficiencies, inadequate feeding and care practices for children and women, inadequate food security as well as poor access to basic services in an environment with conflict, poverty, increased food prices, poor infrastructure and weak governance.

The cluster estimates that 690,000³¹ boys and girls six-months to 5 years of age will be acutely malnourished and require treatment in 2012, of whom 510,000³² are estimated to be in the south.

³⁰ BNSP interventions essential components are, management of acute malnutrition, micronutrient supplementation, immunizations, deworming, promotion and support for optimal IYCF, promotion and support for optimal maternal nutrition and care, prevention and management of common illnesses (anaemia, malaria, diarrhoea, pneumonia, and kalazar where appropriate etc.), fortification (home-based and food vehicles) and promotion of appropriate food fortification, monitoring and surveillance

³¹ Average GAM of the Deyr 10/11 and Gu 2011 FSANU estimates.

According to the FSNAU post-*Gu* 11 assessment, GAM in southern Somalia is 36.4% and SAM is 15.8%. The number of acutely malnourished children represents almost a third of the total 1.5 million children under 5 in Somalia. Of the total number of acutely malnourished children (GAM), 241,500³² are estimated to be severely acutely malnourished (SAM); 205,000 of these children are in the south (or 84 percent of the total SAM). The cluster will continue to prioritize the southern and central zones of Somalia, NE and NW IDPs and NE and NW pastoral areas of Guban pastoral, West Golis pastoral, Nugal valley, Sool – Sanaag Plateau pastoral due to the worsening nutrition situation. An estimated 40% of pregnant and lactating women in Somalia are acutely malnourished, and the Cluster aims to reach at least 40% of these women (or an estimated 58,000³⁴) in 2012.

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

Response Strategy

In most instances children U5 and pregnant and lactating women are the primary target group for the Cluster, as they are considered to be the most vulnerable and are the first to show signs of malnutrition in a crisis. In this famine crisis, children over five are also at risk of mortality and are being targeted as well. The elderly and the disabled are considered high-risk groups and, when logistically possible, their needs should be addressed as well.

The Cluster's three-pronged response strategy focuses on treating cases of malnutrition while addressing its underlying causes. The strategy focuses on treatment of acute malnutrition, enhanced preventive nutrition programmes, capacity-building of partners/staff and coordination of the response. Activities should be implemented in an integrated and coordinated manner involving nutrition, health, WASH, food assistance, agriculture and livelihood security partners. Action should be taken to increase delivery of basic nutrition services and community mobilization and participation while promoting sustainable behaviour change. In addition, the Cluster advocates for considering the benefits gained by addressing nutritional needs throughout the lifecycle. This has led to the development of a basic nutrition services package which not only aims to treat and prevent malnutrition, but also to promote optimal nutrition behaviours and practices. In addition to treatment and preventive services, the cluster also focuses on building the capacity of partners to deliver quality and equitable services as well as ensuring a well-maintained coordination system, both at national and sub-national levels.

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

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

³² 74% of all acutely malnourished are in the south. FSNAU post-*Gu* 2011 report.

³³ Average SAM of the *Deyr* 10/11 and *Gu* 2011 FSANU estimates.

³⁴ Average of *Deyr* 10/11 (86,000/203,600) and 40% coverage of total pregnant and lactating women.

In Summary, the cluster aims to:

- Provide treatment services for acute malnutrition, focusing on quality and coverage and using the Somali IMAM guidelines.
- Through a basic nutrition services package ensure that the underlying causes of acute and chronic malnutrition are addressed, while also tackling micronutrient deficiencies.
- Ensure that all nutrition partners have an improved skills and knowledge base and are prepared and supported to deliver quality and equitable nutrition interventions.

Assumption and Risks

The Nutrition Cluster realizes that it is very difficult to estimate the malnutrition caseload for CAP 2012 given that the nutrition situation is rapidly changing because of the on-going conflict, drought, famine and floods. The weather forecast estimates that the La Nina weather phenomenon is likely in the beginning of 2012, which will affect livelihoods and the population's nutrition security. The chronic emergency in Somalia is particularly difficult because it features three layers of complexity: historic underlying chronic vulnerability; the carry-over from famine; and the impacts of La Nina on the general livelihoods of the population. These three factors are creating a complex scenario that is difficult to overcome in a short time.

The delivery of services in Somalia to the most vulnerable is expected to continue to be challenging in the current operational environment in most parts of southern Somalia, though access has improved in Mogadishu and Gedo areas of the south. Improved access in Mogadishu has resulted in increased services in response to the famine crisis for the growing numbers of IDPs there. As of late September, there were an estimated 200 new IDP settlements in Mogadishu, with a total population of around 260,000. The overcrowding and lack of basic and hygienic services for these IDPs are worrying for the cluster because they lead to increased incidences of disease, triggering malnutrition and then more disease.

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

Feasibility

The Nutrition Cluster has expanded geographical coverage of nutrition services from 25 stabilization centres, 388 out-patient therapeutic care programmes, 512 targeted supplementary feeding programmes in January 2011 to 32 stabilization centres, 461 out-patient therapeutic care programmes, and 656 targeted supplementary feeding programmes by mid-September 2011, despite access and security problems. Currently, 71 maternal and child health nutrition facilities (MCHN)³⁵ are operational in Somaliland and Puntland with more planned to be opened in 2012 in close collaboration with the government ministries of Health and Labour, even though they are currently under resourced. WFP/UNICEF/WHO will continue to support the Government and NGOs to ensure that the MCHs are functioning well. Other preventive nutrition activities, such as blanket supplementary feeding programmes, have been established as temporary nutrition shock/stress absorption activities and might be continued/expanded in 2012 in some targeted areas, especially during the hunger period if the need arises. The capacity of the NGOs is being enhanced through a variety of approaches.

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

³⁵ MCHN intervention in this case focuses on mainly blanket provision of preventive supplement to pregnant and lactating women and children six–23 months of age through the MCHs in Puntland and Somaliland.

Monitoring Strategy and Explanation of Indicators

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

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

Evidence shows that there are no marked differences in the feeding practices of boys or girls; however, the cluster will attempt to monitor nutrition programme information to be alert for any gender shifts in programme admissions. In addition, the cluster will encourage investigations of any cultural practices that inhibit women achieving optimal nutrition for themselves and their children and will also study how services are accessed, disaggregated by sex.

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



MUAC measurement at an outpatient therapeutic programme in Mogadishu/UNICEF Somalia/2011/Morooka

4.5.7 Protection Cluster

Cluster lead agencies	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (chair) and DANISH REFUGEE COUNCIL (co-chair)
Organizations participating in the preparation of the cluster response plan	UNHCR, DRC, IOM, UNFPA, UNICEF, NRC, OCHA, SC
Number of projects	33
Cluster objectives	Service provision, awareness raising, capacity-building and information management.
Number of beneficiaries	50,000 direct and 750,000 indirect (around 480,000 women and 320,000 men)
Funds required	\$69,094,498
Funds required per priority level	High: \$61,628,342 Medium: \$7,466,156
Contact information	Dher Ali - alid@unhcr.org Roel Debruyne – protection.nairobi@drchoa.org

	Population in Need			Target Population		
	Female	Male	Total	Female	Male	Total
People	-	-	4,320,009	1,604,004	874,883	2,478,887

Needs Analysis

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

Human rights are often violated in Somalia, with increased vulnerability of women, girls, men and boys. In southern and central Somalia, forced and child recruitment is rampant. GBV, particularly sexual violence against women and girls, is continuing with an inadequate multi-sectoral response. Children have been separated from their families/caregivers, increasing their vulnerability to abuse and exploitation. Child-friendly spaces are lacking; freedom of movement is limited; security in IDP settlements is insufficient and at risk of deteriorating through possible consolidation of settlements in camp-like settings. Community resources are further depleted, increasing the vulnerability of IDPs and host communities, leading to risky coping mechanisms. Livelihood activities can help increase the population’s self-protective coping mechanisms and increase their resilience against future shocks. Accurate and real-time information on protection violations and population movements needs to be strengthened.

Response Strategy

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

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

Capacity-building of service providers and relevant stakeholders will improve skills and knowledge, and focus on developing and implementing policies and initiatives that comply with international standards. The cluster will remind all parties to the conflict to respect International Humanitarian Law (IHL) and human rights.

Improved information management will inform advocacy and programmatic initiatives. Sex- and age-disaggregated data collection projects will include PMN and PMT, GBVIMS, MRM and other initiatives, such as profiling and participatory assessments. The cluster will continue to support innovative monitoring techniques to enhance the accuracy of monitoring of protection violations and population movements.

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

Assumptions and Risks

The humanitarian situation is unlikely to improve. Limited unimpeded access, lack of government's willingness to adhere to rights standards, and the lack of on-the-ground capacity may lead to inadequate response by the Cluster. Continued insecurity and human rights violations will result in increased displacement, and shrinking humanitarian access. There is an increased risk of forced eviction/relocation of IDPs from public or private property. Puntland and Somaliland may continue to enforce strict policies against people of concern, in reaction to the on-going conflict in southern and central Somalia and alleged infiltrations by Islamist insurgents. Following substantial attention on the famine, protection activities may find it harder to obtain the required funding. In addition to the known security and access challenges in Somalia, it is expected that Somalia Protection Cluster members will continue facing specific challenges related to assessing and addressing protection issues in Somalia.

Feasibility

Humanitarian actors have improved their field presence in Somalia. This allows for more initiatives in the area with the most pressing protection needs, as well as for improved monitoring and evaluation of on-going projects. Better presence in Mogadishu opens can strengthen capacity-building of local NGOs, who often have better operational access in southern and central Somalia. A revision of the working groups and field-based sub-clusters will lead to enhanced coordination and an improved humanitarian response. Following up on the 2011 scale-up plan and with funding received from the Emergency Reserve, the cluster is planning to attract increased interest despite restrictions in humanitarian access. Nevertheless, in addition to the general access challenges faced by the humanitarian actors in Somalia, Somalia Protection Cluster members face additional challenges and risks due to the nature and sensitivity of assessing and implementing protection activities in Somalia.

Monitoring Strategy and Explanation of Indicators

The cluster will build on information management systems and other reporting mechanisms to verify the needs. Rapid assessment tools recently developed by the cluster/working groups will identify gaps and response. The cluster will maintain close communication with all clusters to ensure protection mainstreaming and effective coordination to avoid overlaps.

4. The 2012 Common Humanitarian Action Plan

The cluster will maintain timely reporting mechanisms. Field focal points will verify project implementation and evaluations. All projects will have solid M&E mechanisms. The gender marker will be strictly respected and all proposals/reports will be reviewed by the Cluster Review Committee. Each funded project will be inserted into the 4Ws.

The three objectives relate to service provision, capacity-building, and information management. Success indicators for each objective reflect the output of the respective projects, in terms of activities, people of concern and audience/catchment population. The cluster summary indicator included in the overall CAP strategic priorities combines the number of targeted male and female individuals and/or households of both responsive and preventive protection initiatives. Data will be collected through regular reporting by the different implementing organizations, and through the combined output of the third cluster objective, on violation monitoring and information gathering. This will provide information about the actual protection needs. Data will be age- and sex-disaggregated wherever possible.



Mogadishu/UNHCR/August 2011

4.5.8 Shelter/NFI Cluster

Cluster lead agencies	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (chair) and UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME (co-chair)
Organizations participating in the preparation of the cluster response plan	AGROCARE, COOPI, COSV, DFI, DKH, DIAL, DRC, HACDESA, HOD, INTERSOS, NRC, SSWC, SYPD, UN-HABITAT, UNHCR, UNICEF, WRRS, YADA
Number of projects	19
Cluster objectives	<ul style="list-style-type: none"> ■ Contribute to the protection of displaced and other vulnerable groups from life-threatening elements through the distribution of emergency assistance packages. ■ Improve the living conditions of the displaced population in stabilized settlements through site planning and the provision of transitional shelter. ■ Facilitate access to durable solutions for the displaced population through return and relocation where possible and appropriate.
Number of beneficiaries	1,400,000
Funds required	\$68,455,324
Funds required per priority level	High: \$55,203,068 Medium: \$13,252,256
Contact information	Richard Evans - evansr@unhcr.org Anna Sobczak – anna.sobczak@unhabitat.org

Category	Population in Need			Target Population		
	Female	Male	Total	Female	Male	Total
Number of people receiving EAPs	-	-	1,760,000	525,000	485,000	1,010,000 (total in need, less 750,000 reached in 2011)
Number of people assisted with transitional shelter	-	-	880,000	117,600	92,400	210,000
Number of people with durable solutions for the displaced population through return and relocation	-	-	500,000	100,800	79,200	180,000

Needs Analysis

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

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

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

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

Response Strategy

The cluster response strategy contains three pillars, reflecting each of the overarching shelter needs:

1) Emergency response

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

The cluster will maintain the response capacity to distribute EAP minimum packages³⁶ for 70,000 vulnerable households (420,000 people), especially those headed by women or children. This will be done through emergency stocks and local procurement. These packages will be stockpiled by cluster members at strategic points in Somalia and Kenya. Programme design will take account of the specific needs of women and, where appropriate, women's dignity kits will also be distributed. When set criteria are met, cash-based assistance or vouchers can also be considered, though only in close coordination with the Agriculture and Livelihood Cluster.³⁷ EAP distributions will be made to vulnerable households, respecting the principle of "Do No Harm." Post-distribution monitoring will form an integral part of the distribution planning and its results will be shared with the cluster. When there is an unacceptably high risk of diversion of EAPs, the cluster may recommend the suspension of such a distribution.

2) Transitional shelter

In Somaliland and Puntland, transitional shelter is provided to stabilize IDP settlements. The concept of transitional shelter covers all interventions from shelter kits (extra-large plastic sheeting, rope, timber) to corrugated galvanized iron (CGI) houses. The type of shelter provided will depend on many factors including land tenure, funding levels, needs, agency experience, support from local authorities and location of the IDP settlements. The provision of transitional shelter should be preceded by consultations with women and men from the community on the proper layout of the site, demarcation, fire prevention and the provision of basic services, which will be addressed concurrently in coordination with the other relevant clusters (i.e. WASH, Health, Education and Food). In particular the views of women, specifically about protection, will be considered during the design of the shelter so that a safe and secure environment can be created. The provision of transitional shelters

³⁶ EAP minimum package consists of 1 reinforced plastic tarpaulins (4m x5m), 3 woven dry raised blanket (150 x 200 cm), 1 synthetic sleeping mat (2.7m x 1.8 m), 1 kitchen set, 2 non-collapsible jerry cans (10 litres), 2 sanitary clothes and 1 bar of soap (750g) agreed by the Cluster in 2010. (See CAP 2010.) It will be reviewed during the first quarter of 2011.

³⁷ The criteria are (1) market survey; (2) availability of shelter materials in the local market; (3) cost-effectiveness over direct EAP distribution; (4) complementarity with other forms of assistance such as food and WASH for beneficiaries to focus their spending primarily on shelter materials; (5) community organization; (6) existence of a reliable cash transfer mechanism; (7) involvement of organizations experienced in cash-based relief; and (8) a reliable monitoring mechanism. These criteria will be reviewed during the first quarter of 2011 to adjust to the evolving situation.

will be guided by the six standards for shelter, as per SPHERE.³⁸ All contractors will follow a code of conduct when working in the settlements and measures such as quotas will be used to ensure more women have the opportunity to be part of the construction.

3) Support for durable solutions

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

Assumptions and Risks

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

Feasibility

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

Monitoring Strategy and Explanation of Indicators

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

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

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

The target for emergency response is defined in terms of percentage of target population receiving EAPs, as it is not possible to foresee the prospective number of people in need. Considering the

³⁸ A Project on Minimum Humanitarian Standards in Disaster Response. Sphere Handbook, 2004, PP. 211-229, *Minimum Standards in Shelter, Settlement and Non-Food Items*

4. The 2012 Common Humanitarian Action Plan

difficulty accessing the southern and central Somalia, where the needs for emergency response are expected to remain high, the proportion of IDPs covered by EAP response is taken as the main indicator. In this regard, the estimated number of newly-displaced people derived from the Protection Cluster's PMT together with numbers obtained from a combination of information/needs assessments received from affected locations, is considered the number in need of emergency shelter. In this regard, the estimated number of newly-displaced people derived from the Protection Cluster's PMT, together with numbers obtained from a combination of information/needs assessments received from affected locations, is considered the number in need of emergency shelter. The cluster has specific planning figures of 10,000 units/households (60,000 beneficiaries) for transitional shelter. The cluster has set low targets for voluntary return and relocations, as these activities will be driven by the IDPs.



IDP settlement in Bossaso, Puntland/UNHCR/2011/Gangale

4.5.9 WASH Cluster

Cluster lead agencies	UNITED NATIONS CHILDREN'S FUND (chair) and OXFAM GB (co-chair)
Organizations participating in the preparation of the cluster response plan	ACF, ACTED, ADA, ADRA, AFREC, ARC, AYUUB, BWDN, CARE, CARITAS, CDO, CESVI, CISP, COOPI, COSV, CPD, DIAL, DRC, FAO, GARDI, GREDO, HADO, HAVOYOCO, HWS, IMC, INTERSOS, IR, IRC, JCC, MC, Mercy USA, NAPAD, NCA, NRC, OXFAM GB, RAWA, Relief International, SADO, SAMRADO, SC, SDRO, SHRA, Solidarités, SSWC, TGV, UNICEF, WARDI, WASDA, WOCCA, Yme
Number of projects	58
Cluster objectives	Ensure that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion. Strengthen capacity for emergency preparedness, and disaster risk reduction.
Number of beneficiaries	2.6 million
Funds required	\$105,145,624
Funds required per priority level	High: \$65,281,907 Medium: \$27,353,597 Low: \$12,510,120
Contact information	Kathryn Harries – kharries@unicef.org Medard Hakizamungu – mhakizamungu@oxfam.org.uk

Category	Population in Need			Target Population		
	Female	Male	Total	Female	Male	Total
Number of people with sustained access to safe water	-	-	4,000,000 (FSNAU rural, urban and IDP populations in crisis)	1,456,000	1,144,000	2,600,000 (total in need less the 1.4 million reached in 2011)

Needs Analysis

Safe water, sanitation and hygienic practices are essential to save lives during the current situation that involves acute food insecurity, malnutrition and large scale displacement. FSNAU reports that this situation is unlikely to change until the main harvest following the *Gu* rains in 2012.

Access to safe water and sanitation is very limited across Somalia. In most regions in the south, less than 20% of households have access to a protected water source and less than 40% have access to sanitation (FSNAU). In most regions across Somalia, less than 40% of households have access to a protected water source (FSNAU). Cholera is endemic in Somalia, with acute watery diarrhoea outbreaks regularly occurring following the rainy seasons.

Poor sanitary conditions in densely populated scattered settlements, combined with acute levels of malnutrition, endemic cholera, and IDPs forced to drink from unsafe water sources, including river water, is a recipe for large-scale cholera outbreaks. In addition, the lack of toilets reduces the privacy and dignity of women and girls, who mostly wait until dark to defecate in the bush, increasing the risk of exposure to violence and abuse.

The WASH Cluster monitors the status of WASH interventions per district in the south on a monthly basis to identify outstanding needs and reduce gaps in response.

The WASH Cluster Strategic Advisory Group prioritized the following strategic issues, which need to be addressed to achieve effective sustainable humanitarian WASH action in Somalia: capacity of WASH agencies; monitoring and accountability; coordination; WASH-specific needs in emergency

and longer term; and technical guidance. The WASH Cluster developed a three to five year plan to address these priority strategic issues, and this has been used in the development of the WASH Cluster response plan.

Response Strategy

The WASH Cluster strategy is focused on ensuring that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion, including complementary activities with Nutrition, Health, Livelihood, Education and Food Clusters. The WASH Cluster recommendation that any temporary water intervention (such as water access by voucher) includes a more sustainable exit strategy (such as protecting a shallow well) means that the intervention will provide lifesaving assistance and improve resilience by providing a minimal package of basic services. The WASH Cluster Strategy also includes emergency preparedness, disaster risk reduction and capacity development of WASH Cluster partners.

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

The CAP 2012 WASH strategy is in line with the: WASH Cluster Acute food insecurity, malnutrition and large scale displacement response plan, and the WASH Cluster AWD/cholera preparedness and response plan.

The strategy is supported by the Somalia WASH Cluster:

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

These documents are available on the WASH Cluster website:

<http://ochaonline.un.org/somalia/WASH>

Assumptions and Risks

The response is based on scaling up existing WASH agencies to their maximum capacity before encouraging other agencies. This is due to the inherent challenges working in southern Somalia, including the need for clearance for movement of personnel and supplies by local authorities. Agencies already working with local authorities have existing systems in place, and should, therefore, be able to implement projects at a faster rate. The response plan is based on the assumption that the level of access is not reduced.

The capacity of existing WASH agencies is also a limiting factor. The response plan includes a capacity assessment and development plan to maintain and improve the quality of WASH interventions. Regional WASH Clusters will be strengthened to improve the information flow between districts and the National office. This will help clarify the needs of Somalia-based WASH Cluster members and those affected by the emergency.

An additional risk is a lack of available land to dig latrines, given restrictions from land-owners and space limitations.

Feasibility

Agency proposals have been selected for CAP 2012 based on their capacity and experience in Somalia, and the proposed intervention. The selection criteria did not include the potential for an agency to be banned by local authorities, as conditions may change in 2012. Prior to funding any proposal, the agencies access to the proposed location should be confirmed.

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

Monitoring Strategy and Explanation of Indicators

The WASH Cluster will use the 4W matrix, improved in 2011, to track the monthly progress of WASH agencies, identify gaps, and facilitate targeting of people most in need. Maps and tools derived from the 4W matrix will continue to be shared with partners to validate data, and improve the strategic decision-making of all WASH agencies. A best-practice monitoring guide will be developed and used in commonly-funded projects for improved accountability and to enable an independent review of project outcomes. The framework of a live map of water sources exists in Somalia Water Information Management (SWIMs), under Somali Water and Land Information Management (SWALIM); however, there is limited information, and duplication with various other data sources. The 2012 strategy is to improve the data in SWIMs to produce and maintain a “live” map, which will improve both strategic planning as well as monitoring of the sustainability of WASH partner interventions.

The primary indicator for the WASH Cluster is the number of beneficiaries reached with sustained access to safe water, as reported by partner agencies through the WASH Cluster 4W matrix. This includes the following activities: Boreholes (new and rehabilitated), household water treatment (filters,), jerry can distribution, rainwater catchments - dam and water pans (new and rehabilitated), roof catchments, shallow wells (new and improved/protected), new water points, berkads (new and rehabilitated), and new water reservoir/tanks. The indicator will be measured against the proportion of the total population in crisis (total number in AFLC, HE, Famine and IDPs) by FSNAU, who are assumed to have critically low access to water, minus the number reached by activities in 2011. This figure is currently 2.6 million people (as of 23 September 2011 – four million in crisis, less 1.4 million expected to be reached in 2011).



Water kiosk in Gardo, Puntland/UNICEF Somalia/2011/Morooka

4.5.10 Enabling Programmes

Cluster lead agencies	OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS and UNITED NATIONS DEPARTMENT OF SAFETY AND SECURITY
Organizations participating in the preparation of the cluster response plan	OCHA, UNDSS, FSNAU, NSP (DRC) and NGO consortium (CARE)
Number of projects	9
Cluster objectives	<ul style="list-style-type: none"> ■ Strengthened coordination to support delivery of humanitarian aid to the most vulnerable Somalis and to ensure equal access for women, girls, boys and men. ■ Enable humanitarian activities and personnel with safety and security programmes in Somalia.
Target beneficiaries	Humanitarian Community
Funds required	\$23,839,194
Funds required per priority level	High: \$23,839,194
Contact information	Kiki Gbeho - gbehok@un.org Omar Castiglioni - omar.castiglioni@undp.org

Needs Analysis

In the past year, the drought which has affected all of Somalia, and brought famine conditions in areas of the south, has been the focus of a humanitarian response. Based upon the most recent climatic predictions, even with favourable rainfall, the continuing effects of drought and consequent displacement will continue to dominate operational demands well into 2012. Changes in the dynamics in the southern regions have presented opportunities and challenges. In Mogadishu the shift in political and military influence might offer a greater degree of access to the city for many humanitarian actors. The influx of humanitarian actors, including many new NGOs, to establish coordination mechanisms presents a challenge of coordination to ensure the effective use of resources to meet the huge needs. In the Gedo, Bakool and Juba regions, pockets of access provide similar opportunities and challenges; humanitarian access in the majority of the south remains problematic. In Puntland the living conditions of IDPs, both newly displaced and longer term, are a persistent challenge. To a lesser but growing degree, this is also true in Somaliland. Throughout the country the needs faced in 2011 will persist into 2012: it is critical to continue to mobilize sufficient resources to meet these needs.

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

Response Strategy

In the south, in areas of increased access and humanitarian activity, coordination structures will be augmented to meet the needs presented. The strategic hubs previously identified will continue to be reinforced (when permissible) to serve the requirements of the actors present: Galkayo for the Central regions, Dollow, Mandera/Belethawa, Elwak/Elwak Somalia, Liboi/ Dhobley for the Kenyan and Ethiopian border regions and Mogadishu. Security permitting, Mogadishu will receive particular attention and the focus of coordination will gradually be shifted there from Nairobi. To address the needs of the many IDPs in Mogadishu, the district level approach to the provision of basic services will be expanded and enhanced with the use of a satellite locations approach, combined with a flexible strategy for escorting convoys of UN and humanitarian counterparts. Southern and central Somalia

remains a major priority and the use of different combinations of security and humanitarian approaches will be considered. In Puntland and Somaliland too, staffing levels will increase to better serve the humanitarian community and regional authorities. A special focus in 2012 will be placed upon building and reinforcing the capacity of these regional authorities to better prepare for, mitigate and respond to the cyclical nature of crises to which the region is prone. Throughout Somalia, the nascent regional ICWGs will continue to be supported to take on an ever-increasing role in directing the humanitarian response at the field level. Building on the foundations established in 2010 and progress made in 2011, OCHA will further refine, develop and strengthen the operation of the CHF in its role in providing strategic funding to the cluster system. The Radio Ergo broadcast service will help the humanitarian community and Somali communities communicate by broadcasting key humanitarian issues to a mass Somali audience, even in areas where physical access is restricted. The FSNAU bi-annual food security and nutritional analysis, which forms the foundation for humanitarian response planning, will be included within this year's enabling programmes as part of efforts to strengthen shared assessment and monitoring activities.

The increasing UN and INGO presence in Mogadishu requires a commensurate increase in security provision to enable operations to reach those in need while minimising the risk faced by the humanitarian personnel involved. To boost security, additional Field Security Coordination Officers and Local Security Assistants will be deployed and enhanced radio communications systems will be rolled out (i.e. Satellite Locations with safe havens and a flexible approach to road movement and security escort of the UN personnel and humanitarian counterparts). The emergency communications system will be improved by upgrading the existing radio rooms. A network of VHF repeaters will be established in Somaliland, Puntland and southern and central Somalia (when permissible) to increase ability to track the UN and humanitarian field missions and to minimize reaction time to security incidents. This will include an adequate and rehearsed response in the form of Medevacs, Emergency Evacuation or Relocation, Search and Rescue. Other required capabilities available in this high-risk environment are: Incident Stress Management; Hostage Incident Management (including negotiation); and the possibility of doing Hit and Run Humanitarian actions in unstable areas with Security regulating the tempo of the humanitarian response. Programmes running in 2011 that will help ensure the security of staff and that take into account gender-responsive needs and risks for women and men in hostile situations include: security awareness training; medical emergency response teams; stress counselling services; and the maintenance of an aircraft dedicated to evacuation and assessment activity.

Assumptions and Risks

The plan, as outlined, assumes the status quo in most regions of the country: relative calm in Puntland and Somaliland, increasing stability in the Centre and in Mogadishu, but continued conflict in other areas of the south. In Puntland, any continuation or expansion of the recent conflict in Galkayo could lead to further instability and impede humanitarian service delivery to areas on both sides of the 'green line'. The most significant, and far-reaching, risk to implementing the planned approach would be an increase in instability in Mogadishu through a resurgence of forces hostile to the international presence or the implosion of TFG-allied forces to a state of warlords and clan conflict. Equally significant and damaging would be direct external military intervention in Somalia, bringing widespread conflict, displacement and the perception of politicization and militarization of aid.

Feasibility

The strategy, as outlined, is realistic in its objectives as it consolidates, augments and extends existing structures. Provided the funds are made available, and in due consideration of the risks outlined above, the planned activities are achievable.

4.6 Logical framework of humanitarian action plan

Each cluster identified two to three key objectives with indicators and targets that are linked to the overall strategic priorities for Somalia CAP 2012. The clusters have also identified mid-year and end-year targets. These indicator targets will be monitored periodically.

Overall progress is monitored by the Strategic Priorities Monitoring Matrix (see Annex II) which will measure cross-cluster collaborative achievements. The HCT monitors progress against the four strategic priorities using these broad indicators which show both the outcomes and impacts of humanitarian action in Somalia.

4.7 Cross-cutting issues

4.7.1. Capacity Development

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

Lack of security and access has often limited direct implementation by international NGOs and UN agencies. The international community has, therefore, relied on national partner organizations and national staff based in Somalia for the formulation, implementation, M&E of humanitarian activities. This constitutes an important characteristic of humanitarian action in Somalia and could greatly strengthen the capacity of authorities, organizations and communities within Somalia to be more actively involved in humanitarian work as real partners rather than simply as the beneficiaries of outside assistance. The capacity of Somali women should be built to address gender disparity at all levels in humanitarian response, such as recruitment and gender balance in capacity development opportunities. Women are then empowered to find sustainable solutions to specific cultural and gender challenges, such as GBV and livelihoods.

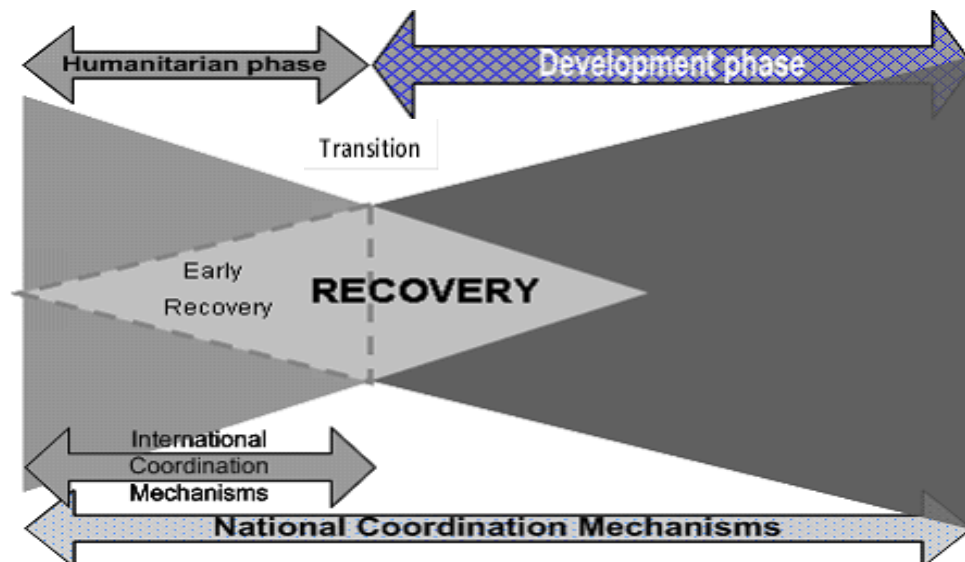
“Capacity” can be defined as the ability of people, organizations and the society (through an enabling environment) to manage their affairs successfully. “Capacity development” is understood as the process whereby people, organizations and society as a whole strengthen, create, adapt and maintain capacities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

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

4.7.2 Early Recovery

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

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



Early recovery, since it cuts across all clusters, requires clear coordination and information sharing mechanisms among all clusters to avoid overlap and duplication, to support the identification of gaps, and to reach out to key stakeholders. Different groups within the community participate in defining needs and priorities, including groups which may have been marginalized or previously excluded from such consultations. Early recovery requires understanding the context prior to any intervention to avoid unintentional tension/conflict and incorporates disaster risk reduction measures, whenever possible. Early recovery should adhere to the principles of “Do No Harm”, rebuild better services, promote equality and focus on the most vulnerable. Where applicable and as in the case of the national level, the local authorities should be in the lead and their capacity strengthened wherever possible. A number of tools have been developed to support early recovery and an early recovery checklist has been prepared to assist CAP 2012.

4.7.3 Gender and CAP Process

4.7.3.1 Gender

Humanitarian work aims to save lives by ensuring access to essential basic services; assistance and protection is provided on an equal basis for women, girls, boys and men. Gender roles are polarised in Somalia's deeply patriarchal society and the on-going humanitarian emergency highlights women's, girls', boys' and men's experience of famine, drought and displacement in distinct ways and their different needs. Gender roles and responsibilities often change dramatically during crises because men and women adopt different coping strategies for survival. Humanitarian programming should reflect and address these changing dynamics.

The theme of gender is a process that works towards achieving gender equality by focusing on the fundamentals of gender mainstreaming within a humanitarian emergency. The 2009, 2010 and 2011 CAPs had gender as a cross-cutting theme. Positive strategic steps were taken to mainstream gender at all levels. These included: 1) an agreement by all clusters to collect and use sex and age disaggregated data; 2) last year's successful roll out of the Gender Marker as a tool to score projects based on their consideration of and response to the different needs, roles, and capacities of women, girls, boys and men—82% of Somalia CAP 2011 original projects including a minimum amount of gender mainstreaming; 3) 2-3 minimum, cluster-specific gender standards that each project was required to reflect in order to receive a good gender score; and 4) scale-up response to the current famine, drought and displacement that has prioritized mainstreaming gender-based violence and protection issues in cluster response.

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

Gender remains a cross-cutting theme in the 2012 CAP and the strategy for mainstreaming gender again employed the Gender Marker as a means to measure success and hold cluster members accountable. To strengthen gender mainstreaming in humanitarian response, each cluster revised their gender minimum standards and agreed that in order to be accepted in the CAP 2012 each project should receive a score of one and over on the Gender Marker. Unlike last year, the Cluster Review Committees included the Gender Marker criteria as part of their overall vetting procedures, with cluster teams asking those agencies who scored zero to improve their score to be accepted in the CAP 2012. This has helped ensure gender is mainstreamed in existing systems and is sustainable. The strict requirement that no zero gender marked proposals will be accepted in the CAP 2012 is a result of improvements since last year. However, there remains a difference between proposals that were excellent on addressing gender and those which were limited. The main problem is a weak gender and cultural analysis, which leads to poor targeting of activities and outcomes.

Implementing these commitments will be challenging. The difficulty in gathering meaningful sex disaggregated data in 2009, 2010, and 2011 is evidence that implementation requires consistent follow up and technical support. In addition, capacity development on gender within the on-going humanitarian crisis will require technical assistance in areas of gender mainstreaming and sexual and gender-based violence.³⁹

³⁹ The IASC GenCap Adviser will provide continual support to the clusters and their project teams until the end of February 2012 when the deployment is completed.

CLUSTER	GENDER MARKER CODE ⁴⁰									
	0		1		2A		2B		Total number of projects	
	2011*	2012	2011	2012	2011	2012	2011	2012	2011	2012
Agriculture and Livelihoods	13	-	28	42	8	46	1	-	50	88
Education	-	-	8	15	8	15	1	-	17	30
Enabling Programmes	8	-	1	5	1	4	-	-	10	9
Food Assistance	2	-	-	9	-	16	-	-	2	25
Health	4	-	24	29	15	13	2	-	45	42
Logistics	2	-	-	3	-	-	-	-	2	3
Nutrition	2	-	16	16	6	25	6	2	28	43
Protection	6	-	12	3	11	23	-	7	29	33
Shelter and Non-food Items	2	-	4	8	1	11	-	-	7	19
Water, Sanitation and Hygiene	3	-	27	29	9	29	-	-	39	58
Total number of projects	42	-	120	159	59	182	10	9	229	350
Percentage of projects with Gender Marker	18%	-	52%	45%	26%	52%	4%	3%	100%	100%

* The gender marker scores for 2011 include only proposals that were accepted at the beginning of the CAP process in 2010.

4.7.3.2 Protection against Sexual Exploitation and Abuse

The four protection against sexual exploitation and abuse (PSEA) field networks in Woqooyi, Galbeed, Bari, Mudug, Lower Juba regions and the Nairobi network continued to operate in 2011, although in an *ad hoc* manner and the field network reported its activities under the GBV Working Group umbrella.

The UNCT funds the PSEA network. The PSEA Nairobi network will hold refresher courses and core training for SEA focal points, workshops on the Secretary General's Bulletin on PSEA, and joint consultative meetings by UN agencies with AMISOM senior personnel on implementing the code of conduct based on PSEA guidance.

In 2010, concerns were expressed on the sustainability and impact of the extensive trainings held on PSEA due to lack of any reporting on SEA and limited level of awareness by beneficiaries on how to complain in safety and confidence. To address this concern, an evaluation was planned to monitor progress against PSEA obligations in 2010. This review was delayed until the end of 2011. Measures to address PSEA sustainability are also under consideration, including recruiting a dedicated PSEA coordinator. It is an important step towards protecting individuals from sexual exploitation and abuse by understanding the status of implementation, possible blockages, and by providing recommendations on the way forward.

The 2012 action plan on PSEA will be based on the recommendations of the evaluation review and will specifically scale up activities in this area to ensure all beneficiaries can make complaints in confidence and safety and that due diligence will take its full course. It will also strengthen mechanisms by all humanitarian agencies to respond to complaints on SEA effectively.

⁴⁰ 0 - No signs that gender issues were considered in project design; 1 - The project is designed to contribute in some limited way to gender equality; 2a - The project is designed to contribute significantly to gender equality; 2b - The principal purpose of the project is to advance gender equality

5. Conclusion

Somalia has been in crisis for 20 years. Over the past year it has further deteriorated due to the continuing drought, which has led to famine in some parts of the country. A total of four million people are now in crisis, of which 250,000 are living in famine conditions. The population of southern Somalia is particularly hard hit by this emergency with three million people living in crisis out of the four million countrywide, due in large part to the significant access restraints.

Conflict and drought has forced 1.46 million people to become internally displaced in Somalia; while another 900,000 Somalis are refugees and asylum seekers in Kenya, Yemen, Ethiopia and Djibouti. Of those refugees, 288,000 left Somalia in 2011.

The prolonged drought in 2011 has impacted on the coping mechanisms of both agriculturalists and pastoralists in Somalia. People and their livestock face challenges in terms of food security and access to water. Many have lost their livelihoods and have become IDPs, who are in urgent need of shelter, clean water, education, and protection. An increase in SGBV has been reported, especially in the IDP settlements where many women and girls do not have sufficient clan protection.

Somalia remains one of the most challenging operating environments for humanitarian actors in the world. Access to IDPs and vulnerable communities in southern and central Somalia is made more difficult due to the conflict. Various non-state armed actors impose demands on aid agencies that are contrary to humanitarian principles, and therefore, impede humanitarian access. Due to the increased donor funding in the second part of 2011 and the involvement of non-traditional donors, humanitarian aid increased throughout September and October 2011. New actors were welcomed and contributed to the increased funding as of the middle of 2011. Even though a substantial number of people in crisis benefitted from assistance, due to difficulties in accessing populations in need, not all people targeted during the CAP emergency revision were reached.

In order to keep the momentum and ensure sufficient funding to implement the four strategic priorities and create a balance between life-saving activities, emergency preparedness and disaster risk reduction, the CAP 2012 requests \$1.5 billion for 350 humanitarian projects. These projects will meet the most urgent needs of affected populations and build resilience to protect remaining livelihoods. There is an urgent need to ensure that funds are available throughout the year but especially at the beginning of 2012 in order for the humanitarian community to maintain and where necessary increase its interventions to prevent the Somali population from sliding into a worse crisis.

Annex I: List of projects

Table IV. List of Appeal Projects

<p>Consolidated Appeal for Somalia 2012 as of 15 November 2011 http://fts.unocha.org</p>					
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Compiled by OCHA on the basis of information provided by appealing organizations.

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
AGRICULTURE AND LIVELIHOODS					
SOM-12/A/48179	Enhance and Protect Livelihoods of the Agro-Pastoral and Riverine Population Affected by Droughts in Belet Weyne district, Hiran Region	SAMRADO	496,320	A - HIGH	South Central
SOM-12/A/48182	Access to Essential Food and Non-Food Needs and Building Resiliency in Vulnerable Households in South and Central Somalia, Puntland and Somaliland	SC	26,030,000	A - HIGH	Multi Zone
SOM-12/A/48183	Access to Food through Vouchers and Farming Support for Drought-Affected People Facing Famine in Bakool and Middle Jubba	JCC	1,917,667	A - HIGH	South Central
SOM-12/A/48184	Access to Food through Vouchers for Vulnerable Households in Qoryoley, Wanle Weyne and Kurtunwarey Districts of Lower Shabelle Region (RRP, MURDO, SDRO)	RRP	823,905	A - HIGH	South Central
SOM-12/A/48186	Addressing food security programme for Pastoralists in Humanitarian emergency and Acute Livelihood Crisis of Coastal Deeh, Sool Plateau, Karkaar Dharoor and east Golis Livelihood zones of Bari/Karkaar regions	SHILCON	586,520	A - HIGH	North East
SOM-12/A/48191	Building the Pastoral Communities' Resilience to Drought By Strengthening Their Livelihoods' Assets and Access to Humanitarian Assistance.	ADO	967,087	A - HIGH	North West
SOM-12/A/48192/123	Capacity building project for effective implementation and coordination of Cluster activities.	FAO	984,500	A - HIGH	Multi Zone
SOM-12/A/48200	Drought Mitigation and Diversification of Livelihoods in Sanag Region	CHEE	595,300	A - HIGH	North West
SOM-12/A/48202	Early Recovery Support to vulnerable populations in South, Central and Northern Somalia	ACTED	3,000,000	A - HIGH	Multi Zone
SOM-12/A/48207/5179	Emergency and Livelihoods Recovery Project in South Central Somalia	IRC	872,806	A - HIGH	Multi Zone
SOM-12/A/48207/5587	Emergency and Livelihoods Recovery Project in South Central Somalia	VSF (Germany)	1,021,695	A - HIGH	Multi Zone
SOM-12/A/48207/5816	Emergency and Livelihoods Recovery Project in South Central Somalia	CISP	855,499	A - HIGH	Multi Zone
SOM-12/A/48208	Emergency and Recovery Agriculture and Livelihoods Support Programme for Famine Affected Agro-Pastoral Communities in Lower Juba Region	SRDA	459,170	A - HIGH	South Central
SOM-12/A/48209/14050	Emergency Assistance and Livelihood Recovery for Drought Affected Communities in Bay, Bakool and Middle Juba Regions of Somalia	ADA	1,281,655	A - HIGH	South Central
SOM-12/A/48209/15293	Emergency Assistance and Livelihood Recovery for Drought Affected Communities in Bay, Bakool and Middle Juba Regions of Somalia	ASD	1,107,155	A - HIGH	South Central
SOM-12/A/48210	Emergency Assistance For Drought Affected Families	CRS	524,300	A - HIGH	South Central
SOM-12/A/48215/123	Emergency crisis response – livelihood support to fishing coastal communities in crisis in Somalia	FAO	4,291,832	A - HIGH	Multi Zone

Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SOM-12/A/48226	Emergency food aid to vulnerable households in Famine and Humanitarian Emergency (HE) in South-Central Somalia	ACTED	2,113,828	A - HIGH	South Central
SOM-12/A/48231/5120	Emergency Food Security and Livelihoods support to Drought-affected Populations of Somalia	OXFAM GB	20,555,310	A - HIGH	Multi Zone
SOM-12/A/48240	Emergency Livelihood and Agriculture Support to Communities Living in Sanaag Region	PENHA	480,000	A - HIGH	North West
SOM-12/A/48243	Emergency Livelihood Support to Pastoral, Agro-Pastoral and Riverine Populations in Humanitarian Emergency in the Kismayo District of Lower Juba Region	HOD	297,830	A - HIGH	South Central
SOM-12/A/48244	Emergency Livelihood Support to Vulnerable and Destitute Riverine Households Affected by Chronic Drought in the Middle and Lower Juba Regions	APD	926,920	A - HIGH	NOT SPECIFIED
SOM-12/A/48271	Emergency Support for Early Recovery for Drought Affected Farmers in Jalalaqsi district, Hiran Region	TGV	442,499	A - HIGH	South Central
SOM-12/A/48272	Emergency Support for the Recovery of Agropastoral and Pastoral Communities in Southern Somalia	SOADO	1,488,698	A - HIGH	South Central
SOM-12/A/48274	Emergency Support with Integrated Life-Saving Assistance for Persons in Famine and Humanitarian Crisis in South-Central Somalia	COOPI	17,855,518	A - HIGH	South Central
SOM-12/A/48293	Enhanced Livelihood and Food Security Support to the Conflict and Disaster Ravaged Population in Lower Juba, Southern Somalia	Southern Aid	434,000	A - HIGH	South Central
SOM-12/A/48295	Enhancing Access to Food and Water and Improving Livelihoods for Vulnerable Pastoralist, Agro-Pastoralist, Riverine and IDP Communities in Southern Somalia	HARDO	1,983,795	A - HIGH	South Central
SOM-12/A/48306	Fishery Skill Trainings, income generations for vulnerable host community, pastoralists and IDPs in 3 districts in Bari region	SPDS	213,224	A - HIGH	North East
SOM-12/A/48308	Food and Livelihood Support Project for Pastoral and Urban Communities	Access Aid	789,046	A - HIGH	Multi Zone
SOM-12/A/48314	Food Security and Cash Emergency support to severely affected riverine farmers and agro-pastoralists in Jowhar and Mahaday Districts-Middle Shabelle Region	CEFA	600,000	A - HIGH	South Central
SOM-12/A/48362/123	Integrated approach to protecting the livelihood assets of pastoral communities in Famine, Humanitarian Emergency and Acute Food and Livelihood Crisis in Somalia	FAO	26,400,000	A - HIGH	Multi Zone
SOM-12/A/48366/8937	Integrated Emergency Livelihood Support to Agro-Pastoral and Riverine Communities and Vulnerable IDPs in the South Central region	WOCCA	2,876,255	A - HIGH	South Central
SOM-12/A/48369	Integrated Livelihood Support Project for Food Insecure Communities in Gedo Region	SADO	2,626,439	A - HIGH	South Central
SOM-12/A/48370	Integrated Livelihood Support to Famine and Conflict-Affected Fishing IDPs in Xamar Weyne, Shangaani and Cabducasiis Districts of Banadir Region	HIJRA	987,350	A - HIGH	South Central
SOM-12/A/48376	Integrated Support to Boost the Agricultural Production Capacity of Riverine Farmers in Afgoye, Balcad and Jamama Districts (Lower/Middle Shabelle and Lower Juba Regions)	AGROSPHERE	852,000	A - HIGH	South Central
SOM-12/A/48380	Life saving and recovery support to IDPs and vulnerable communities in Banadir, Gedo, Galgaduud, Nugaal and Sool regions, Somalia	NCA	3,264,000	A - HIGH	Multi Zone
SOM-12/A/48381	Livelihood Emergency Support for People Under HE and AFLC Conditions in Sool, Sanaag and Togdheer Regions of Somaliland	HAVOYOCO	497,609	A - HIGH	North West

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SOM-12/A/48382	Livelihood Recovery for the Most Vulnerable communities (Small Scale Farmers) in Marka and Baidoa Districts (Lower Shabelle and Bay Regions)	SWISSO - Kalmu	858,140	A - HIGH	South Central
SOM-12/A/48383/8028	Livelihood Support for 61,800 Disaster-Affected Riverine people in Lower and Middle Juba	AFREC	1,691,222	A - HIGH	South Central
SOM-12/A/48384/123	Livelihood support for agropastoral communities in Famine, Humanitarian Emergency and Acute Food and Livelihood crisis in Somalia	FAO	94,765,000	A - HIGH	Multi Zone
SOM-12/A/48385	Livelihood support to agropastoralist and riverine communities in Afgoye district of Lower Shabelle and pastoralist in Ceelbuur of Galgaduud region.	FERO	411,040	A - HIGH	South Central
SOM-12/A/48386	Livelihood, food and agriculture assistance to meet the emergency and recovery needs of crisis affected populations in Gedo, Lower Juba and Galgaduud Regions of South-Central Somalia.	Solidarit��s	5,950,000	A - HIGH	South Central
SOM-12/A/48387/123	Livelihood, nutrition and food security support for agricultural communities in Famine, Humanitarian Emergency and Acute Food and Livelihood Crisis in Somalia	FAO	46,640,000	A - HIGH	South Central
SOM-12/A/48389	Livestock Redistribution to Drought Affected Pastoralists	VETAID	625,900	A - HIGH	North West
SOM-12/A/48390	Marashow irrigation canal rehabilitation and emergency support for JubbarRiverineFarmers in Jamaame District.	DIAL	387,400	A - HIGH	South Central
SOM-12/A/48416	Provide Integrated Livelihood Support & Strengthen the Capacities of Vulnerable Agro-Pastoral & Poor Riverine Households in Balad & Adale Districts of the Middle Shabelle Region	CED	537,820	A - HIGH	South Central
SOM-12/A/48432	Provision of Emergency Basic Services to Famine Affected Communities in Wanlaweyn District.	Access Aid	687,271	A - HIGH	South Central
SOM-12/A/48436	Provision of Emergency Livelihood Services to Increase Food Access and Production	GH	850,380	A - HIGH	South Central
SOM-12/A/48438	Provision of Farm Inputs, Rehabilitation of Productive Assets and Capacity Building for Affected Populations and IDPs in HE and AFLC in Middle Shabelle and Banadir	SRDO	300,000	A - HIGH	South Central
SOM-12/A/48439	Provision of Fodder Vouchers to 2200 Most Affected Pastoralists and Agropastoralists to Maintain Their Core Breeds During the Driest Period of the Year in Lower Shabelle.	AGROSPHERE	261,150	A - HIGH	South Central
SOM-12/A/48459	Rapid Life Saving, Resilience Building and Basic Livelihood Interventions for Disaster Affected Populations in Belet-Xaawo, Doolow, Ceel Waaq and North of Luuq districts of North Gedo Regions of South Somalia.	ASEP	4,385,000	A - HIGH	South Central
SOM-12/A/48467	Response to the Emergency Crisis in Somalia (RECS)	VSF (Germany)	870,000	A - HIGH	Multi Zone
SOM-12/A/48469	Restoration of Livelihood Assets to 3,100 Households in Acute Food and Livelihood Crisis (AFLC) in Galgaduud and Mudug Regions	TARDO	425,000	A - HIGH	Multi Zone
SOM-12/A/48470	Rural Livelihood Support Project	ASAL	342,000	A - HIGH	Multi Zone
SOM-12/A/48477	Somalia Agriculture and Livelihood Recovery Program	Mercy Corps	3,000,000	A - HIGH	Multi Zone
SOM-12/A/48478	Somalia Emergency Livelihoods Assistance Project (SELAP)	Horn Relief	3,291,163	A - HIGH	Multi Zone
SOM-12/A/48483	Stabilizing host communities in Bay and Gedo along key migratory routes while providing assistance to IDPs voluntary return Jointly managed by ILO & UNOPS	ILO	6,065,984	A - HIGH	South Central
SOM-12/A/48487	Strengthening Agriculture-Based Livelihoods and Food Security for the Most Vulnerable Farming Households in Bulu Burte District	AADSOM	730,811	A - HIGH	South Central

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SOM-12/A/48493	Strengthening the livelihoods of communities in Bakool, Banadir, Galgadud, Gedo, Hiran, and Middle Shabelle	OXFAM Netherlands (NOVIB)	8,521,061	A - HIGH	South Central
SOM-12/A/48498/123	Support to communities and institutions in disaster risk reduction, resilience building and emergency preparedness	FAO	1,196,250	A - HIGH	Multi Zone
SOM-12/A/48499	Support to drought affected displaced populations with improved food access and agricultural inputs.	NRC	19,900,000	A - HIGH	Multi Zone
SOM-12/A/48511	Sustainable Crop Production Solutions to Increase Food Security in Poor households in Hiran and Middle Shabelle	GEELO	424,000	A - HIGH	South Central
SOM-12/ER/48213/7037	Emergency Cash Relief and Livelihood Support in Sool and Sanaag, Northwest Somalia	CARE Somalia	1,177,000	A - HIGH	North West
SOM-12/ER/48216/15077	Emergency Drought and Famine Response to the Vulnerable Populations in Sanaag and Sool Regions of Somalia	CSDO	510,000	A - HIGH	North West
SOM-12/ER/48218/6971	Emergency Drought Response Initiative for Mudug, Galgadud and Hiraaan Regions - EDRI	RI	1,132,167	A - HIGH	Multi Zone
SOM-12/ER/48225/8890	Emergency Flood Prevention Support to Riverine Farmers Between Jalalaaqi and Mahaday District	SOADO	353,690	A - HIGH	South Central
SOM-12/ER/48241/298	Emergency Livelihood Support through Community Waste Management and Environmental Health Improvement	IOM	2,300,000	A - HIGH	South Central
SOM-12/ER/48242/15110	Emergency Livelihood Support to IDPs and Drought Affected Communities in Bari Region (Costal Area)	YAHAN NETWORK	276,000	A - HIGH	North East
SOM-12/ER/48261/8384	Emergency Response and Early Recovery Assistance in Burhakaba District of Bay Region of Somalia	PASOS	801,750	A - HIGH	South Central
SOM-12/ER/48290/776	Enhance resilience of vulnerable communities in South Central Somalia to absorb drought shocks through restoration of livelihood and rehabilitation of basic infrastructure	UNDP	15,000,000	A - HIGH	Multi Zone
SOM-12/ER/48304/8938	Famine Survival and Livelihoods Response for Woman-Headed Households with Special Needs in Kismayo District	KISIMA	479,000	A - HIGH	South Central
SOM-12/ER/48311/6706	Food Assistance for Vulnerable Households in South Central Somalia (Phase II)	Horn Relief	17,327,790	A - HIGH	South Central
SOM-12/ER/48316/15290	Food Voucher Distribution for Vulnerable Communities Including Elderly People and their Dependents in Famine, HE and AFLC Regions in Banadir and Gedo	SHA	368,580	A - HIGH	South Central
SOM-12/ER/48317/7037	Food Vouchers and Livelihood Support to IDPs and vulnerable host communities in Puntland, Somalia	CARE Somalia	1,284,000	A - HIGH	North East
SOM-12/ER/48335/8878	Improved Livelihoods for Blacksmiths in Banadir and Fishermen in Middle Shabelle through Asset and Tool Distribution and Training	MURDO	426,500	A - HIGH	South Central
SOM-12/ER/48344/13151	Improving Food Access, Food Security and Livelihoods in South Mudug, Lower Shabelle and Bakool Regions	ARDO	695,000	A - HIGH	Multi Zone
SOM-12/ER/48367/13158	Integrated Humanitarian Intervention Targeting 464 Most Vulnerable Households by Providing Food Voucher and Capacity Building	ADRO	249,999	A - HIGH	South Central
SOM-12/ER/48377/7513	Integrated Support to Help the Most Vulnerable IDPs/Returnees (Especially Women-Headed Households) Gain New Livelihood Opportunities in Districts Bordering Banadir (Afgoye and Balcad).	AGROSPHERE	497,200	A - HIGH	South Central
SOM-12/ER/48379/15088	Life saving and livelihood support project for populations in HE and AFLC	IDRO	528,932	A - HIGH	South Central
SOM-12/ER/48388/5181	Livelihoods Support to disaster and conflict-affected communities in Somalia	DRC	28,246,700	A - HIGH	Multi Zone

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SOM-12/ER/48393/5104	Mogadishu Reconstruction & Employment Support to Youths, Women & IDPs. Jointly managed by ILO & UNOPS	ILO	2,462,783	A - HIGH	South Central
SOM-12/ER/48442/14000	Provision of food as an emergency life-saving intervention to 1500 (9000 persons) Famine affected urban poor households in Wajid town, Bakol region	NAPAD	500,000	A - HIGH	South Central
SOM-12/ER/48458/7038	Rain Water Harvesting Project	VETAID	568,800	A - HIGH	North West
SOM-12/ER/48465/6971	Relief and Resilience through Cash Transfers in Gedo and Lower Shabelle	RI	6,615,981	A - HIGH	South Central
SOM-12/ER/48468/5104	Restoration of livelihood assets for drought affected communities in humanitarian emergency and acute food and livelihood crises in Sool and Sanaag region. Jointly managed by ILO & UNOPS	ILO	5,396,000	A - HIGH	North West
SOM-12/ER/48500/15098	Support to Drought-Affected Pastoral Communities in Sool Region through Cash for Work	SOMTRAG	449,000	A - HIGH	North West
SOM-12/ER/48505/8892	Supporting 2,800 Vulnerable Households from Agro-Pastoral, Pastoral and Urban Poor Communities in Baraawe and Sablale Districts of Lower Shabelle Region	TARDO	402,320	A - HIGH	South Central
SOM-12/ER/48507/15097	Supporting Rehabilitation of Drought-Affected Pastoral Households in Sool Plateau of Karkaar Region	SORAC	334,760	A - HIGH	North East
SOM-12/ER/48515/14584	To Assist 67,033 People in Famine, Humanitarian Emergency or Food Crisis in Buale and Xarardheere with Life-Saving and Livelihood Support Interventions for 6 months in 2012	RAWA	2,526,164	A - HIGH	Multi Zone
SOM-12/ER/48518/15074	Unconditional Cash Grants to Support Drought and Famine-Affected Households	BWDN	389,240	A - HIGH	South Central
SOM-12/ER/48519/124	Unconditional cash transfers and vouchers to the most vulnerable households in central and south Somalia	UNICEF	60,380,100	A - HIGH	South Central
Sub total for AGRICULTURE AND LIVELIHOODS			486,295,780		
EDUCATION					
SOM-12/E/48177/15231	Emergency Education Response for IDPs children through Integration in Lower Shabelle region	AYUUB	1,274,921	A - HIGH	South Central
SOM-12/E/48185	Access to Quality and Equitable Education Opportunities for women, girls and boys in Togdheer and Sool	Caritas Switzerland	980,300	B - MEDIUM	North West
SOM-12/E/48204	Education Support for IDPs and Vulnerable Host Populations in Lower and Middle Juba	AFREC	831,055	B - MEDIUM	South Central
SOM-12/E/48219	Emergency Education Assistance to Vulnerable Communities in Puntland (EEA)	RI	608,500	B - MEDIUM	North East
SOM-12/E/48220	Emergency education for new IDPs in Bay, Lower Shabelle, Banadir and Middle Shabelle regions.	INTERSOS	900,354	A - HIGH	South Central
SOM-12/E/48221	Emergency Education Response for Drought affected School Age Children in Hodan, Wardhigley, Bondhere and Shingani districts of Benadir Region	SCC	400,500	A - HIGH	South Central
SOM-12/E/48222	Emergency Education Support in Gedo Region	NCA	1,000,000	A - HIGH	South Central
SOM-12/E/48223	Emergency Education Support Project for Children in Cadaado, Hobyo and Xarardhere Districts	IFEDA	194,922	C - LOW	Multi Zone
SOM-12/E/48224	Emergency Education Support Project in Somalia (EESPS).	IRW	1,448,416	A - HIGH	Multi Zone
SOM-12/E/48294	Enhancing Access to Education for Internally Displaced Persons in Somalia	AET	434,082	A - HIGH	South Central
SOM-12/E/48300	Enhancing Quality of Education for Drought Affected Children in Jowhar, Balad, Adale and Aden Yabaal Middle Shabelle, South Central Somalia	Farjano	433,200	C - LOW	South Central
SOM-12/E/48303	Facilitating Access to Integrated Education for Vulnerable Individuals with a Focus on Children through Psycho-Social Support Services	GRT	257,610	B - MEDIUM	North East

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SOM-12/E/48341	Improvement to Educational Development in Drought Affected Communities in Togdheer and Sool region	IRW	535,000	A - HIGH	North West
SOM-12/E/48348	Increase Access to Education and Improve Quality of Education for Schoolchildren	WOCCA	253,175	A - HIGH	South Central
SOM-12/E/48352	Increase Quality Education for Children of the Conflict and Famine Affected IDP and Hosting Families in Lower Shabelle, Benadir and Gedo Regions.	COSV	911,000	A - HIGH	South Central
SOM-12/E/48353	Increased Access to Quality Education in a Protective and Empowering Environment for Children Affected by Ongoing Conflict and Drought in Central and South Somalia	SC	982,480	A - HIGH	South Central
SOM-12/E/48356	Increasing access to quality education in pre-primary and primary schools in emergency affected areas in Somalia for boys and girls	CISP	1,162,922	A - HIGH	Multi Zone
SOM-12/E/48361	Increasing Access to Basic Education for 4324 students (2341 boys & 1983 girls) in 13 Emergency-Hit Schools in Luuq and Elwak	DFI	374,622	B - MEDIUM	South Central
SOM-12/E/48394	Mogadishu Youth Literacy and Vocational Training and Placement Program	MURDO	162,561	B - MEDIUM	South Central
SOM-12/E/48397	Non formal education opportunities for young women and men (with focus on IDPs) in Mudug, Galgaduud, Hiraan, Benadir and Somaliland.	CISP	810,471	A - HIGH	Multi Zone
SOM-12/E/48429	Provision of Education and a School Feeding Program to Children Affected by Drought and Conflict in the Hiran Region of South Central Somalia	BUDO	288,300	C - LOW	South Central
SOM-12/E/48434	Provision of Emergency Education for Vulnerable Children Affected by Drought, Conflict and Displacement in Somaliland and Puntland	SC	1,493,362	A - HIGH	Multi Zone
SOM-12/E/48449	Provision of Primary Education for Children Affected by Conflict in Middle Shabelle and Benadir Regions	CED	650,733	B - MEDIUM	South Central
SOM-12/E/48455	Provision of Temporary Class Rooms, Gender-Specific Toilets for Famine-Displaced Children in Kismayo IDP camps. Teachers to Receive Capacity Building.	HOD	134,763	B - MEDIUM	South Central
SOM-12/E/48494	Support for Education for School Age Children in Somalia Suffering from the Effects of Drought	FENPS	456,570	A - HIGH	South Central
SOM-12/E/48501	Support to IDPS, Refugees and Returnees with Youth Education Pack (YEP) and Alternative Basic Education in Somalia.	NRC	4,500,000	A - HIGH	Multi Zone
SOM-12/E/48502	Support to vocational skills training for youth at risk affected by drought and conflict in IDP camps in Central and Southern Somalia and Puntland.	UNESCO	900,000	A - HIGH	Multi Zone
SOM-12/E/48503	Supporting access to inclusive educational opportunities for vulnerable children affected by drought, famine, conflict, and poverty in Somalia	UNICEF	20,598,566	A - HIGH	Multi Zone
SOM-12/E/48504	Supporting Better Education through Rehabilitation of Schools and Skills Training	SRDO	366,000	A - HIGH	South Central
SOM-12/E/48525	WCI Guriceel Education Support Program	WCI	268,200	C - LOW	South Central
Sub total for EDUCATION			43,612,585		
ENABLING PROGRAMMES					
SOM-12/CSS/48196/119	Strengthening Humanitarian Coordination and Advocacy in Somalia	OCHA	10,742,605	A - HIGH	Multi Zone
SOM-12/CSS/48299	Enhancing Humanitarian Emergency Radio Communications System (ECS) Network Somaliland and Puntland	UNDSS	434,700	A - HIGH	Multi Zone
SOM-12/CSS/48315/123	Food Security and Nutrition Analysis Unit (FSNAU)	FAO	3,000,000	A - HIGH	Multi Zone
SOM-12/CSS/48396	NGO Safety Program (NSP)	DRC	1,951,597	A - HIGH	Multi Zone

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SOM-12/CSS/48479	Somalia NGO Consortium	CARE Somalia	462,947	A - HIGH	Multi Zone
SOM-12/CSS/48485/8531	Strengthening Access to Humanitarian Information in Somalia and the Somali-Speaking Region	IMS	861,336	A - HIGH	Multi Zone
SOM-12/S/48417/5139	Providing Emergency Medical and Mass Casualty Incident Response	UNDSS	3,101,725	A - HIGH	Multi Zone
SOM-12/S/48474/5139	Security Aircraft in Support of Relief Operations in Somalia	UNDSS	3,284,284	A - HIGH	Multi Zone
SOM-12/SNYS/48824/7622	Common Humanitarian Fund for Somalia (projected needs \$90 million) (The figure shown for 'funding' is the unallocated balance of the fund.)	CHF	-	NOT SPECIFIED	NOT SPECIFIED
Sub total for ENABLING PROGRAMMES			23,839,194		
FOOD ASSISTANCE					
SOM-12/F/48178	Emergency Food Assistance for Those in Humanitarian Emergency in Kismayo IDP Camps	HOD	299,223	A - HIGH	South Central
SOM-12/F/48227/8863	Emergency Food Assistance for Agro-Pastoralists Affected by Famine in the Wallowayn District of Lower Shabelle Region	Access Aid	500,943	A - HIGH	South Central
SOM-12/F/48228/13148	Emergency Food Assistance for Drought-Affected and Vulnerable Households in Juba Regions	APD	1,564,847	A - HIGH	South Central
SOM-12/F/48229	Emergency Food Assistance for Famine Affected Agro-pastoralists in Kurtunwaarey District of Lower Shabelle Region	SRDA	425,515	A - HIGH	South Central
SOM-12/F/48230/15089	Emergency Food Assistance to Famine Affected People in Bu'ale and Salagle Districts through Food Voucher Distribution	JDO	326,700	A - HIGH	South Central
SOM-12/F/48232	Emergency Food Support for Pastoral and Agro-pastoral communities	SADO	1,291,768	A - HIGH	South Central
SOM-12/F/48233	Emergency Food Voucher Intervention for Disaster-Affected Communities in Belet Weyne and Bula-burte of Hiran regions, Jowhar in Middle shabelle region and Tayeeglow districts in Bakool region	AADSOM	2,590,652	A - HIGH	South Central
SOM-12/F/48234	Emergency food voucher support to famine affected rural population in southern Somalia	SOADO	2,044,224	A - HIGH	South Central
SOM-12/F/48264	Emergency Response to increase access to food in order to save lives of 24,000 drought Affected population facing HE/Famine in Bu'ale and Sakow/salagle, Middle Jubba Region, via Voucher systems	JCC	875,391	A - HIGH	South Central
SOM-12/F/48269/15087	Emergency School Feeding Programme for three Village Schools in Xarardher and Cadaado Districts	IFEDA	281,699	A - HIGH	Multi Zone
SOM-12/F/48307	Food Aid for Emergency Relief and Protection of Livelihoods in Afgooye and Ceelbuur Districts	FERO	459,620	A - HIGH	South Central
SOM-12/F/48309/14583	Food Assistance and Livelihood Support for Famine-Affected Households in Sablaale District of the Lower Shabelle Region	HRDO	1,114,852	A - HIGH	South Central
SOM-12/F/48310	Food Assistance Distribution to Vulnerable People	BWDN	625,670	A - HIGH	South Central
SOM-12/F/48312/8937	Food Assistance to Populations in Famine and Humanitarian Emergency in Lower and Middle Shabelle	WOCCA	2,229,456	A - HIGH	South Central
SOM-12/F/48313	Food Relief for Famine Affected Women, Girls, Boys and Men in Lower Shabelle, South Somalia	Diakonie Emergency Aid	505,860	A - HIGH	South Central
SOM-12/F/48318/7037	Food Vouchers for vulnerable IDP and host community households in Lower Juba and Gedo, Somalia	CARE Somalia	1,214,450	A - HIGH	South Central
SOM-12/F/48319	Food Vouchers for vulnerable IDP and host community households in Mogadishu	CARE Somalia	5,200,000	A - HIGH	South Central
SOM-12/F/48418	Providing Food Rations for 1,606 Households in Bu'ale & Sakow Districts in Middle Juba, and Jowhar District of Middle Shabelle	DEH	553,755	A - HIGH	South Central

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SOM-12/F/48440	Provision of food aid to drought and conflict affected IDPs in Mogadishu, Somalia	SWC	244,000	A - HIGH	South Central
SOM-12/F/48441/15103	Provision of Food Aid to the Drought-Ravaged People in Middle Juba Districts of Jilib and Sakow	Southern Aid	475,280	A - HIGH	South Central
SOM-12/F/48443/14580	Provision of Food Assistance Support for 610 Food Insecure Households in Wajid district of Bakool region in Southern Somalia.	HOPEL	292,452	A - HIGH	South Central
SOM-12/F/48444/14584	Provision of immediate Household food interventions through emergency food programs to 5128 HHs of 30768 people in Famine in Qorioley of Lower Shabelle, Buale in Middle Juba and Jowhar in Middle Shabelle regions in 2012.	RAWA	2,759,272	A - HIGH	South Central
SOM-12/F/48448	Provision of prepared food aid meals to disaster affected people in Mogadishu, Somalia	DRC	8,049,817	A - HIGH	South Central
SOM-12/F/48513/561	Tackling hunger and food insecurity in Somalia	WFP	309,919,764	A - HIGH	Multi Zone
SOM-12/F/48524	WCI Food Voucher Project	WCI	226,900	A - HIGH	South Central
Sub total for FOOD ASSISTANCE			344,072,110		
HEALTH					
SOM-12/H/48197	Delivery of Quality Mother and Child Health Services for IDPs and the Vulnerable Urban Population in Bosaso Puntland State of Somalia	MDM France	401,000	B - MEDIUM	North East
SOM-12/H/48205	Emergency Integrated Primary Healthcare Services for IDPs and Host Communities in Lower Shabelle and Bay Regions	SWISSO - Kalmu	467,269	A - HIGH	South Central
SOM-12/H/48235	Emergency Health Care for Rural and Remote Populations Targeting Women and IDPs	HDC	397,165	B - MEDIUM	South Central
SOM-12/H/48236	Emergency health support to the populations living in the districts of Jowhar and Balad (Middle Shabelle Region) and Burhakaba (Bay Region).	INTERSOS	646,000	A - HIGH	South Central
SOM-12/H/48238	Emergency intervention in support of health service delivery in Somalia	UNOPS	4,213,728	B - MEDIUM	Multi Zone
SOM-12/H/48256/124	Emergency Outbreak preparedness and response - Measles and Acute Watery Diarrhoea (AWD)	UNICEF	3,512,116	A - HIGH	Multi Zone
SOM-12/H/48257	Emergency Primary health Care Assistance for Vulnerable Women and Children in Mogadishu and Lafoole of Lower-Shabelle Region of South Somalia	HIJRA	600,000	B - MEDIUM	South Central
SOM-12/H/48258/5186	Emergency Primary Health Care Interventions for Conflict Affected Populations in South Central Somalia	ACF	338,700	B - MEDIUM	South Central
SOM-12/H/48259	Emergency Primary Healthcare Services for Mudug, Banadir, Hiran and Galgaduud Regions	RI	828,661	B - MEDIUM	Multi Zone
SOM-12/H/48265	Emergency response to pregnancy and child birth complication in IDP settlements in three regions (Mogadishu, Lower Shabelle and Middle Shabelle) of Somalia Jan-Dec 2012	UNFPA	838,880	A - HIGH	South Central
SOM-12/H/48267	Emergency Response to the Cholera Outbreak in the Rajo and Baadbad IDP Camps in Mogadishu, Somalia	ARC	418,050	C - LOW	South Central
SOM-12/H/48301	Ensuring access to quality emergency health services in South Central Somalia	CESVI	1,220,000	A - HIGH	Multi Zone
SOM-12/H/48302/122	Expansion of emergency health care and life-saving services, including emergency surgical procedures in Banadir, Bay, Bakool, Lower Shabelle, Middle Shabelle, Lower Juba, Middle Juba, Galkayo, Gedo and Hiran regions of Somalia	WHO	5,010,920	B - MEDIUM	Multi Zone
SOM-12/H/48320	Health Support for IDPs and Vulnerable Host Populations in Lower Juba.	AFREC	478,710	A - HIGH	South Central

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SOM-12/H/48322/122	HIV/AIDS interventions for at-risk and vulnerable groups, including truckers, sex workers and internally displaced people in Somalia	WHO	959,255	C - LOW	Multi Zone
SOM-12/H/48342	improving access to basic health services for children under 5 years, pregnant and lactating women and general vulnerable population to reduce the morbidity and mortality arising from lack of or limited access to basic health services within the targeted	Mercy-USA for Aid and Development	1,361,000	B - MEDIUM	Multi Zone
SOM-12/H/48343	Improving Access to Quality Health Care Services for IDPs and Host Communities in Mudug Region	IRW	715,000	A - HIGH	North East
SOM-12/H/48345/122	Improving mental health service delivery in Somalia by strengthening family- and community-based care and referral systems.	WHO	188,320	A - HIGH	Multi Zone
SOM-12/H/48345/14603	Improving mental health service delivery in Somalia by strengthening family- and community-based care and referral systems.	GRT	163,341	A - HIGH	Multi Zone
SOM-12/H/48364	Integrated Emergency Health, Nutrition and WASH (Water Sanitation and Hygiene) Programme in Togdheer, Sool and Sanaag regions, Somaliland	MEDAIR	1,346,700	B - MEDIUM	North West
SOM-12/H/48391	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	5,664,705	A - HIGH	Multi Zone
SOM-12/H/48392/122	Mass provision of a package of evidence based low cost highly Mass provision of a package of evidence-based, low-cost, life-saving public health interventions to reduce death and disability among women and children under five (through Child Health Days to be conducted twice a year)	WHO	9,298,300	A - HIGH	Multi Zone
SOM-12/H/48395	Mortality and Morbidity Reduction and Provision of Safe Motherhood Health Services through Accessible Health Services in Mudug and Banadir Regions	SAFUK-International	443,214	C - LOW	Multi Zone
SOM-12/H/48407	Primary Health Care Expansion in Balanbale, Abudwak and Their Surrounding Villages	HOPEL	250,020	C - LOW	South Central
SOM-12/H/48408	Primary Health Care Provision for Vulnerable Populations and IDPs in Mogadishu and the Afgoi Corridor	SOYDA	546,690	B - MEDIUM	South Central
SOM-12/H/48420	Providing Primary Health Care and Secondary Care to IDPs and Host Communities in Mogadishu	ARC	1,049,115	B - MEDIUM	South Central
SOM-12/H/48421	Provision and Support for Primary Health Care for Vulnerable Populations and IDPs in the Middle Juba, Bari and Nugaal regions.	APD	619,000	B - MEDIUM	Multi Zone
SOM-12/H/48423	Provision and Support of Primary Health Care Services for Conflict and Famine affected Populations of Adaan Yabaal District in Middle Shabelle	Mulrany International	605,500	A - HIGH	South Central
SOM-12/H/48424/122	Provision of a coordinated response for the delivery of essential health services to famine-affected and vulnerable populations in order to reduce morbidity and mortality in Somalia.	WHO	1,622,495	A - HIGH	Multi Zone
SOM-12/H/48425	Provision of Accessible, Affordable and Acceptable Health Services for Famine Affected and Vulnerable Populations to Reduce Morbidity and Mortality in Lower Shabelle, Gedo and Banadir regions.	COSV	1,043,000	A - HIGH	South Central
SOM-12/H/48426	Provision of Basic and Life Saving Primary Health Care (PHC) Services to People Living in IDP Camps and Surrounding Communities in Galkacyo District	IRC	1,500,000	A - HIGH	North East

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SOM-12/H/48435	Provision of Emergency Health, Nutrition and WASH Services in Mudug region of Somalia	MERLIN	760,000	A - HIGH	North East
SOM-12/H/48445/8896	Provision of Live Saving Health Care Services in Mogadishu, Wanlaweyn and Hiraan	WARDI	633,610	B - MEDIUM	South Central
SOM-12/H/48446/124	Provision of maternal, neonatal and child health services through delivery of essential medicines, medical supplies, bundle vaccines, equipment to health facilities; capacity building of health workers; and establishment of community based care by village	UNICEF	16,764,231	A - HIGH	Multi Zone
SOM-12/H/48447	Provision of Mobile Ambulance Services in Mogadishu and Af-goi in Banadir and Lower Shabelle Region	AVRO	230,672	A - HIGH	South Central
SOM-12/H/48451/122	Provision of quality basic and comprehensive emergency obstetric care to displaced populations and populations affected by the nutritional crisis in South Central Somalia	WHO	1,190,406	A - HIGH	South Central
SOM-12/H/48473	Saving the Lives of drought Affected Children and Women in Somalia by Ensuring their Access to Basic and Emergency Life-Saving Health Services	SC	10,620,000	C - LOW	Multi Zone
SOM-12/H/48486	Strengthening access to PHC services in areas affected by emergency and with high IDP influx in Benadir and Hiraan Regions	CISP	650,000	C - LOW	South Central
SOM-12/H/48488	Strengthening and improving Primary Health Care services, epidemic diseases prevention and treatment for vulnerable men and women in Galgaduud and Mudug Regions	CISP	1,138,960	C - LOW	Multi Zone
SOM-12/H/48495	Support for Primary Health Care (MCH/OPD) in Sool Region.	DIAL	596,600	B - MEDIUM	North West
SOM-12/H/48496	Support for Primary Health Care Delivery in Kismayo District.	DIAL	589,800	A - HIGH	South Central
SOM-12/H/48509/122	Surveillance, response to and control of communicable disease outbreaks in IDP camps and settlements in Somalia.	WHO	2,715,339	A - HIGH	Multi Zone
SOM-12/H/48516	To Increase Access to Emergency Obstetric and Neonatal Health Care Services and Information to 250,000 Vulnerable Individuals in South Central Somalia	IRW	2,232,000	A - HIGH	South Central
Sub total for HEALTH			84,868,472		
LOGISTICS					
SOM-12/CSS/48480	Special Operation 10578.0 - Rehabilitation of Logistics Infrastructure in Somalia	WFP	14,207,901	A - HIGH	Multi Zone
SOM-12/CSS/48481	Special Operation 10681.0 - Humanitarian Air Service in support of relief operations in Somalia	WFP	17,713,930	A - HIGH	Multi Zone
SOM-12/CSS/48482	Special Operation 200344 - Logistics Cluster Augmentation in Response to the Humanitarian Situation in Somalia	WFP	5,069,200	A - HIGH	South Central
Sub total for LOGISTICS			36,991,031		
NUTRITION					
SOM-12/H/48180	selective feeding and capacity building program in Banadir, Hiran, Galgaduud and South Mudug Regions.	CISP	1,457,104	B - MEDIUM	Multi Zone
SOM-12/H/48247	Emergency Nutrition Assistance for Affected Women and Children in Banadir	MURDO	372,000	C - LOW	South Central
SOM-12/H/48248	Emergency Nutrition Intervention to reduce morbidity and mortality related to malnutrition of children	INTERSOS	968,500	A - HIGH	South Central
SOM-12/H/48249	Emergency Nutrition Interventions for Conflict Affected Populations in Dolow Gedo, South Central Somalia	CEDA	274,772	A - HIGH	South Central
SOM-12/H/48250	Emergency Nutrition Interventions for Conflict Affected Populations in South Central Somalia	ACF	1,474,000	A - HIGH	South Central

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SOM-12/H/48251	Emergency Nutrition Interventions for Drought and Conflict Affected Populations and Mogadishu and Afgoi Corridor IDPs	SOYDA	504,600	A - HIGH	South Central
SOM-12/H/48252	Emergency Nutrition Interventions for Drought and Conflict Affected Vulnerable Populations in Bari, Nugal, Galgadud, Banadir, Lower Shabelle, Bay and Bokool regions	SC	7,216,506	A - HIGH	Multi Zone
SOM-12/H/48253	Emergency Nutrition Interventions: Child and Maternal Nutrition Programme for Vulnerable Communities in Bardera, Hagar and Buale Districts	SORDES	508,000	C - LOW	South Central
SOM-12/H/48254	Emergency nutrition response in Lower Jubba and strengthening the capacity of nutrition actors in Southern Somalia.	DIAL	988,200	B - MEDIUM	South Central
SOM-12/H/48255	Emergency Nutrition Support for Children and Pregnant and Lactating Mothers through A Quality, Integrated Basic Nutrition Services Package (BNSP)	Mercy-USA for Aid and Development	914,374	A - HIGH	Multi Zone
SOM-12/H/48262	Emergency Response for the Treatment and Prevention of Severe and Moderate Malnutrition in Lower Shabelle and Bay Regions	SWISSO - Kalmo	388,624	B - MEDIUM	South Central
SOM-12/H/48275	Emergency Therapeutic and Supplementary Feeding with Nutrition Education Services for Mudug and Banadir Regions	RI	1,079,448	B - MEDIUM	Multi Zone
SOM-12/H/48289	Emergency Nutritional Support to IDPs and vulnerable host communities in Mogadishu	CARE Somalia	445,951	C - LOW	South Central
SOM-12/H/48305	Feeding Programmes to Prevent and Treat Malnutrition for the Most Vulnerable in Adan Yabaal district in Middle Shabelle and Waardhiigleey, Waaberi, Karaan, Yaaqshiid, XamarWeyne and Boondheer Districts of Banadir Region.	Mulrany International	1,255,452	A - HIGH	South Central
SOM-12/H/48321	Helping Prevent and Manage Malnutrition in IDP/Urban Poor Settlements in Hargeisa and Gabiley Districts	ANPPCAN Som-Chapter	294,400	B - MEDIUM	North West
SOM-12/H/48326	Improve and Maintain Child and Mother Nutrition and Reduce Morbidity and Mortality Related to Malnutrition in Jilib, Middle Juba	SomaliAid	232,300	C - LOW	South Central
SOM-12/H/48327	Improve and maintain optimum child and maternal nutrition status by ensuring access to and utilization of a quality integrated Basic Nutrition Services Package	UNICEF	142,678,206	A - HIGH	Multi Zone
SOM-12/H/48329	Improve the Health and Nutrition Status of Children under Five and Pregnant and Lactating Women in Hagar District, Lower Juba Region	WRRS	225,670	C - LOW	South Central
SOM-12/H/48330	Improve the Health and Nutritional Status of the Women and Children of Buale and Sakow/Salagle Populations.	JCC	246,350	A - HIGH	South Central
SOM-12/H/48338	Improvement of nutritional status and reduction in malnutrition through high-impact nutrition interventions in South Central, Somalia and Somaliland	IMC	1,496,972	B - MEDIUM	Multi Zone
SOM-12/H/48346	Improving the Nutritional Status of Acute Malnourished Pregnant and Lactating Women and Children in Gedo region	ADA	448,200	C - LOW	South Central
SOM-12/H/48347	Improving the Nutritional Status of Malnourished Children both boys and girls in 24 villages in Hobyo District of Mudug Region for One Year	DEH	207,440	C - LOW	North East
SOM-12/H/48349	Increase Access to Nutrition Services and Build the Capacity of Health Workers in Lower Shabele, Banadir and Gedo Regions.	COSV	1,536,000	A - HIGH	South Central
SOM-12/H/48365	Integrated Emergency Health, Nutrition and WASH (Water Sanitation and Hygiene) Programme in Togdheer, Sool and Sanaag Regions, Somaliland	MEDAIR	1,318,700	B - MEDIUM	North West

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SOM-12/H/48368	Integrated Emergency Nutrition Intervention in Waberi and Hodan Districts of Mogadishu, Banadir Region and Afgoye District of Lower Shabelle	SORRDO	387,500	A - HIGH	South Central
SOM-12/H/48371	Integrated Management of Acute Malnutrition through an Outpatient Therapeutic Programme and Supplementary Feeding Programme in Luuq District of Gedo Region	SRDA	300,600	B - MEDIUM	South Central
SOM-12/H/48372	Integrated Management of Acute Malnutrition (IMAM) in Mogadishu and Hiran region.	OXFAM Netherlands (NOVIB)	5,867,126	A - HIGH	South Central
SOM-12/H/48373	Integrated management of acute malnutrition at community level through implementation of outpatient therapeutic care programme (OTP)	CESVI	499,512	A - HIGH	Multi Zone
SOM-12/H/48374	Integrated Management of Acute Malnutrition for Drought-affected Communities in Garbaharey and Burdubo of Gedo Region	GEWDO	394,215	A - HIGH	South Central
SOM-12/H/48375	Integrated Management of Acute Malnutrition for the Drought Affected Populations in Gedo and Lower Shabelle Regions	DA	630,166	A - HIGH	South Central
SOM-12/H/48398	Nutrition Interventions for Populations Facing Emergency in Afgoye District of Lower Shabelle and Ceelbuur District of Galgaduud Region	FERO	399,580	C - LOW	South Central
SOM-12/H/48400	Preventing Nutrition-Related Morbidity and Mortality in Lower Juba	AFREC	373,706	B - MEDIUM	South Central
SOM-12/H/48402/8937	Prevention and treatment of Acute Malnourished boys, girls, Pregnant and Lactating Women through therapeutic care, SFP and BNSP to avert nutrition related morbidity and mortality rates in Afgoye (Lafuole), Adale, and Adan Yabal in Middle and lower Shabell	WOCCA	360,790	B - MEDIUM	South Central
SOM-12/H/48403	Prevention and Treatment of Acute Malnutrition among Children Under Five in Puntland Regions of Nugaal, Bari and Middle/Lower Juba, Southern somalia	APD	655,495	A - HIGH	Multi Zone
SOM-12/H/48404	Prevention and Treatment of Acute Malnutrition through Provision of Accessible Nutrition Services in Mudug and Banadir Regions	SAFUK-International	362,562	B - MEDIUM	Multi Zone
SOM-12/H/48405	Prevention and Treatment of Severe and Moderate Acute Malnutrition through Supplementary and Therapeutic Feeding in Gedo and Middle Juba	HARD	524,090	B - MEDIUM	South Central
SOM-12/H/48456	Provision of TSFP/OTP Service Delivery and Community Based Behavior Change to 10 Villages under Garbahaarey/Buurdhuubo District in Gedo Region	RAAS	248,900	C - LOW	South Central
SOM-12/H/48460	Reaching Out: A Supplementary Feeding & OTP Program for IDPs and Local Communities in Luuq and Dolow Rural Communities and Beled-Hawa Districts, Gedo Region	CAFDARO	807,067	B - MEDIUM	South Central
SOM-12/H/48461	Reduce Morbidity & Mortality Malnutrition rate among children under five and PLW in Lower Shabelle and Mogadishu.	WARDI	355,600	C - LOW	South Central
SOM-12/H/48463	Reducing Malnutrition Among Vulnerable Children and Women in IDP Camps and Host Communities in South Central Somalia	CPD	2,767,125	B - MEDIUM	South Central
SOM-12/H/48512	Tackling hunger and acute malnutrition in Somalia	WFP	77,479,940	A - HIGH	Multi Zone
SOM-12/H/48514	Targeted Feeding and Nutrition Education Programme for Acutely Malnourished Children under 5 and Lactating and Pregnant Women in South Mudug Region	SDRO	151,093	B - MEDIUM	North East
SOM-12/H/48517	To Support and Assist Malnourished Children Under 5 and Pregnant and Lactating Women from Afmadow Pastoral, and Jilib and Buale Riverine Populations in Middle and Lower Juba Regions	SAF	459,100	C - LOW	South Central

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
Sub total for NUTRITION			259,555,936		
PROTECTION					
SOM-12/MA/48245/5116	Emergency Mine Action in Somalia	UNMAS	7,405,828	A - HIGH	South Central
SOM-12/P-HR-RL/48181/14586	A Humanitarian Intervention to Protect Vulnerable Internally Displaced Populations and Host Communities in the Ceelwaaq District of Gedo Region	DF	234,000	A - HIGH	South Central
SOM-12/P-HR-RL/48187/298	Addressing Mixed Migration Challenges by Improving Protection of IDPs, Asylum Seekers and Others through Advocacy, Awareness and Outreach, Basic Services, Livelihood and Capacity Building	IOM	2,000,000	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48193	Community Based Protection mechanism for GBV survivors and HH facing threats in Galgaduud, Hiraan, Mudug and Mogadishu (with focus on IDPs, women and girls)	CISP	795,113	A - HIGH	South Central
SOM-12/P-HR-RL/48194/5162	Community Protection and Capacity Building Program, Somalia	Mercy Corps	1,500,000	B - MEDIUM	Multi Zone
SOM-12/P-HR-RL/48195	Contributing to establish a protective environment for drought and conflict-affected Somali communities in Somalia, with a focus on women and girls GBV survivors, involuntary separated individuals and victims of trafficking by providing a comprehensive em	INTERSOS	1,622,805	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48203	Economic Empowerment and Protection (EEP)	RI	556,011	B - MEDIUM	Multi Zone
SOM-12/P-HR-RL/48214/5128	Emergency Child Protection intervention in South Central Somalia through strenghtening of PSS and preventive and response mechanisms in IDPs settlements.	CESVI	814,270	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48266	Emergency response to sexual violence in Somalia	UNFPA	2,290,980	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48296/776	Enhancing access to justice for vulnerable groups	UNDP	1,750,000	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48336/120	Improved Response and Protection of Migrants and other vulnerable groups traveling through Somalia to the Gulf States and other countries	UNHCR	750,000	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48336/298	Improved Response and Protection of Migrants and other vulnerable groups traveling through Somalia to the Gulf States and other countries	IOM	750,000	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48358	Increasing the availability of prevention and response protection mechanisms for survivors of human rights violations	DRC	2,931,555	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48360/5834	Information Counselling and Legal Assistance (ICLA) Somaliland and Puntland to promote durable solutions.	NRC	750,000	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48401/120	Prevention and response to GBV, particularly rape and other forms of sexual violence amongst IDPs and host communities in humanitarian crisis and conflict affected areas in Somalia.	UNHCR	3,734,466	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48406	Preventive and Response Services and Mechanisms to Identify, Record and Respond to Rights Violations against Women and Children in Southern Somali IDP settlements	SWC	248,000	A - HIGH	South Central
SOM-12/P-HR-RL/48410/124	Protecting children from unlawful recruitment or use by armed forces or armed groups in central south Somalia	UNICEF	1,447,646	A - HIGH	South Central
SOM-12/P-HR-RL/48411/120	Protection Assistance for Refugees, and vulnerable Asylum Seekers in Puntland, Somaliland and South Central	UNHCR	9,438,916	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48412/120	Protection Mainstreaming, Capacity Development and Coordination	UNHCR	942,000	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48412/5181	Protection Mainstreaming, Capacity Development and Coordination	DRC	58,000	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48413	Protection Response for Unaccompanied and Separated Children and Survivors of SGBV in A Chronic Emergency Zone	IIDA	430,615	B - MEDIUM	South Central

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SOM-12/P-HR-RL/48414/120	Protection Risk mitigation	UNHCR	5,155,890	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48415/5104	Protection Through Livelihoods and Empowerment for the Most Vulnerable in Mogadishu, jointly managed by ILO and UNOPS	ILO	904,314	B - MEDIUM	South Central
SOM-12/P-HR-RL/48415/5767	Protection Through Livelihoods and Empowerment for the Most Vulnerable in Mogadishu, jointly managed by ILO and UNOPS	UNOPS	3,280,550	B - MEDIUM	South Central
SOM-12/P-HR-RL/48422/6079	Providing Protection in the IDP Settlements and Host Communities for Boys and Girls and their Caregivers through Community Mobilisation, Establishment of Child Friendly Spaces and Child Help Desks	SC	947,500	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48450	Provision of Protection Services for IDPs in Rajo, Badbaad, and Taribunka IDP Camps near Mogadishu	ARC	751,558	A - HIGH	South Central
SOM-12/P-HR-RL/48462/8937	Reduce the Risks/Threats Suffered by IDP and Host Communities through Capacity Building, Awareness Raising and Support in Livelihood Activities, and Education Opportunities	WOCCA	370,040	A - HIGH	South Central
SOM-12/P-HR-RL/48464/8878	Reduction of Gender-Based Violence through Fuel Efficient Stove Production and Distribution for IDPs in Banadir and Lower Shabelle	MURDO	258,500	A - HIGH	South Central
SOM-12/P-HR-RL/48466	Respond to the Safety Risks Faced by IDPs and Other Vulnerable Groups and Victims of Famine and Conflict in Lower Shabelle, Gedo Region and Mogadishu	COSV	813,200	A - HIGH	South Central
SOM-12/P-HR-RL/48476/5897	Somali Lifeline: Humanitarian Communication for People and Host Communities Affected by the Crisis	BBC World Service Trust	794,666	B - MEDIUM	Multi Zone
SOM-12/P-HR-RL/48484/124	Strengthen IDP and host community's ability to prevent and respond to protection issues, including GBV, affecting children and women in humanitarian crisis and conflict.	UNICEF	9,630,000	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48489	Strengthening Local Protection Capacities in Central Somalia	IRC	418,000	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48490/124	Strengthening monitoring and reporting on grave child rights violations in Somalia for improved advocacy, prevention and response	UNICEF	1,397,293	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48491/120	Strengthening Monitoring and Reporting on Population Movements and Protection Monitoring of Violations of Human Rights and International Humanitarian Law in Somalia.	UNHCR	2,019,174	A - HIGH	Multi Zone
SOM-12/P-HR-RL/48492	Strengthening Response Mechanisms for High-Risk Groups and Survivors of Gender-Based Violence by Providing Community-Based Approaches and Services	GRT	903,947	A - HIGH	North East
SOM-12/P-HR-RL/48506	Supporting Increased Community Safety in Somalia	DDG	999,661	A - HIGH	Multi Zone
Sub total for PROTECTION			69,094,498		
SHELTER AND NFIs					
SOM-12/S-NF/48189	Building Resilience Among IDP Households in Mogadishu through Provision of NFI's and Energy-Saving Stoves	AGROCARE	259,848	A - HIGH	South Central
SOM-12/S-NF/48201	Early recovery of IDPs and vulnerable communities - Improving livelihoods and living conditions through employment, capacity building, basic services, shelter, and security of land tenure	UN-HABITAT	6,700,000	B - MEDIUM	Multi Zone
SOM-12/S-NF/48206	Emergency Provision of Non Food Items (NFIs) and hygiene Instruction to 1200 households among the needy IDPs, returnees and Host Communities in Burdho, Dhanaawe, Tiye glow and Hawiyo in Tiye glow District, Bakol Region.	HACDESA	266,277	A - HIGH	South Central

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SOM-12/S-NF/48211	Emergency Assistance Package for Famine Affected Women, Girls, Boys and Men in Lower Shabelle, South Somalia	Diakonie Emergency Aid	328,000	A - HIGH	South Central
SOM-12/S-NF/48246	Emergency NFI Support to Newly-Displaced Individuals in Humanitarian Crisis in the Kismayo District	HOD	214,441	A - HIGH	South Central
SOM-12/S-NF/48260	Emergency project to distribute 25,000 NFI kits to drought- uprooted IDPs in Bay, Bakool and Middle Shabelle regions.	SYPD	1,962,951	A - HIGH	South Central
SOM-12/S-NF/48291	Enhance shelter condition and availability of NFIs for IDP population in Bay, Lower Shabelle and Middle Shabelle and related response capacity to new potential IDP influx.	INTERSOS	2,682,597	A - HIGH	South Central
SOM-12/S-NF/48292	Enhance the Protection and Improve Basic Living Conditions for IDPs in Somalia through the Provision of Emergency and Transitional Shelter and Non-Food Items (NFIs)	NRC	8,500,000	A - HIGH	Multi Zone
SOM-12/S-NF/48328	Improve and Provide Habitable Living Conditions to Vulnerable Groups Including the Internally Displaced Persons and the People in Host Communities in Doble and Diif of Lower Juba Region	WRRS	102,600	A - HIGH	South Central
SOM-12/S-NF/48363/120	Integrated assistance to voluntary returns in south and central Somalia	UNHCR	3,450,000	B - MEDIUM	South Central
SOM-12/S-NF/48363/123	Integrated assistance to voluntary returns in south and central Somalia	FAO	2,807,000	B - MEDIUM	South Central
SOM-12/S-NF/48427	Provision of Basic NFIs and Shelter for Famine-Affected Internally Displaced Persons in Kismayo and Jamame Districts.	DIAL	458,600	A - HIGH	South Central
SOM-12/S-NF/48428	Provision of dignity kits, NFIs and energy saving stoves to 36,000 (6000 HH) famine/drought displaced people in Lower Shebelle Region and Mogadishu IDP camps.	SSWC	1,204,500	A - HIGH	South Central
SOM-12/S-NF/48430	Provision of Emergency Assistance Packages (EAPs) and temporary shelters to conflict and disaster-affected populations in Somaliland, Puntland and South Central Somalia	DRC	5,491,780	A - HIGH	Multi Zone
SOM-12/S-NF/48431	Provision of Emergency Assistance Packages to IDPs and other Vulnerable Groups in Adhicadeeye, Canjiid, Dalyar, Gambade in Laas Canood District Sool Region	YDA	295,256	B - MEDIUM	North West
SOM-12/S-NF/48433	Provision of Emergency EAPs and Temporary Shelter to Conflict and Drought/Famine Affected Men and Women in El-wak and Luuq Districts	DFI	600,000	A - HIGH	South Central
SOM-12/S-NF/48437	Provision of emergency Non Food Items (NFIs) and Family Relief Kits to improve the living conditions of emergency affected populations including displaced populations - mainly women and children - and other affected vulnerable communities	UNICEF	4,784,835	A - HIGH	Multi Zone
SOM-12/S-NF/48454/120	Provision of shelter and basic domestic items for IDPs in Somalia	UNHCR	23,072,844	A - HIGH	Multi Zone
SOM-12/S-NF/48475	Shelter and NFI Interventions for Displaced and Most Vulnerable Populations in Puntland, South and Central Somalia	COOPI	3,398,795	A - HIGH	Multi Zone
SOM-12/S-NF/48508	Supporting the Psychological and Physical Survival of 16,200 Famine Affected Internally Displaced Households in Lower Shabelle, Gedo and Benadir Regions	COSV	1,875,000	A - HIGH	South Central
Sub total for SHELTER AND NFIs			68,455,324		
WATER, SANITATION AND HYGIENE					
SOM-12/WS/48188	Banadir Drought Assistance and Response (BANDAR) Project	ADRA	583,261	A - HIGH	South Central
SOM-12/WS/48190	Building Resilience among the Famine-Affected Population in Dinsor and Qansadheere in Bay Region and Bardera in Gedo Region by Providing WASH Interventions	SADO	905,373	B - MEDIUM	South Central

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SOM-12/WS/48198	Drought Assistance Response Project (DARP)	ADRA	522,343	B - MEDIUM	North West
SOM-12/WS/48199	Drought Emergency Response in Hiran and Galgaduud (DERHAG)	ADRA	671,123	B - MEDIUM	South Central
SOM-12/WS/48212	Emergency Assistance to Famine and Conflict Displaced Persons and Resilience Building for Host Communities in Mudug, Hiran and Galgaduud Regions, Central Somalia	IRC	740,040	A - HIGH	Multi Zone
SOM-12/WS/48217	Emergency Drought Mitigation and Improvement of WASH Intervention to Vulnerable and Conflict Affected Communities in Galgaduud, Mudug and Mataban Districts in Hiiraan in Central Somalia	YME	3,354,430	A - HIGH	Multi Zone
SOM-12/WS/48237	Emergency Integrated WASH Response Project in Lower and Middle Juba Region for Drought-Affected Communities	WASDA	392,868	B - MEDIUM	South Central
SOM-12/WS/48239	Emergency Life-Saving Interventions for Famine-Affected, Vulnerable Households in Bakool and Benadir Regions of Southern Somalia	ACF	500,000	B - MEDIUM	South Central
SOM-12/WS/48263/8380	Emergency Response through Water Vouchers to Most Vulnerable Households and IDPs and Rehabilitation of Strategic Water Sources	JCC	610,540	C - LOW	South Central
SOM-12/WS/48268	Emergency Rural Water Supply Improvement and Health and Hygiene Education for Drought and Conflict affected Vulnerable Communities in Hiran Region	TGV	517,682	B - MEDIUM	South Central
SOM-12/WS/48270	Emergency Solid Waste Management and Hygiene Promotion Programme for IDPs in Mogadishu	CESVI	1,035,200	C - LOW	South Central
SOM-12/WS/48273	Emergency Support to Vulnerable Communities in Belet Weyne district, Hiran Region, to Help Them Access Safe Drinking Water, Sanitation and Good Hygiene	HAPO	290,925	B - MEDIUM	South Central
SOM-12/WS/48276	Emergency WASH assistance for IDPs and Famine Affected Communities in South Central Somalia	IRW	2,744,947	A - HIGH	South Central
SOM-12/WS/48277	Emergency WASH Assistance to Drought Affected Communities and IDPs in Puntland and Somaliland	IRW	2,973,526	B - MEDIUM	Multi Zone
SOM-12/WS/48278	Emergency WASH assistance to vulnerable households in Dinsor, Qansahdhere and Sakow Districts	ACTED	2,039,401	B - MEDIUM	South Central
SOM-12/WS/48279	Emergency WASH Intervention for Mudug, Galgaduud, Hiraan and Banadir Regions (EWI)	RI	767,052	A - HIGH	Multi Zone
SOM-12/WS/48280	Emergency WASH Interventions for Vulnerable Populations in Targeted Regions in South Central Somalia	CPD	5,040,260	B - MEDIUM	South Central
SOM-12/WS/48281	Emergency WASH Response for the Most Vulnerable, Famine-Affected Communities in the Bay Region	GREDO (Gol-Yome)	419,440	B - MEDIUM	South Central
SOM-12/WS/48282	Emergency WASH Response to Famine Affected and IDP Populations in Lower/Middle Shabelle, Hiran & Bay Regions	WARDI	1,613,459	A - HIGH	South Central
SOM-12/WS/48283	Emergency WASH support to vulnerable IDPS and host communities in Mogadishu	CARE Somalia	1,000,000	C - LOW	South Central
SOM-12/WS/48284	Emergency Water and Sanitation Intervention in Sool, Sanaag and Togdheer	HAVOYOCO	387,710	B - MEDIUM	North West
SOM-12/WS/48285	Emergency Water, Hygiene and sanitation Intervention for Conflict- and Disaster-Affected Populations in Lower, Middle Juba and Gedo in South Somalia	OXFAM GB	1,661,131	A - HIGH	South Central
SOM-12/WS/48286	Emergency Water, Hygiene and Sanitation (EWASH) Program in Lower Shabelle and Gedo Regions	RI	1,624,470	C - LOW	South Central
SOM-12/WS/48287	Emergency Water, Sanitation and Hygiene Intervention for Conflict- and Disaster-Affected Populations in South Somalia	OXFAM GB	3,105,276	A - HIGH	South Central

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SOM-12/WS/48288	Emergency Water, Sanitation and Hygiene Intervention for Displaced and Disaster-Affected Populations in Sool, Togdheer and Woqooyi Galbeed regions of Somaliland	OXFAM GB	3,095,517	B - MEDIUM	North West
SOM-12/WS/48297	Enhancing access to safe water and increasing sanitation facilities in the IDP settlements and strengthening flood emergency preparedness in Middle Shabelle, Lower Shabelle and Bay regions.	INTERSOS	1,135,484	C - LOW	South Central
SOM-12/WS/48298	Enhancing Access to Safe Water, Appropriate Sanitation and Hygiene Practices for Women, Girls, Men and Boys in Gedo, Mudug, Galgaduud, Sool and Nugaal Regions of Somalia	NCA	3,039,025	A - HIGH	Multi Zone
SOM-12/WS/48323	Humanitarian Response to Increase and Sustain Access to Safe Water, Appropriate Sanitation Facilities and Hygiene Promotion for IDPs, Disaster Affected Populations in Somalia.	UNICEF	22,272,157	A - HIGH	Multi Zone
SOM-12/WS/48324	Implementation of WASH Interventions and Rehabilitation of Water Sources in Luuq District	SHRA	300,000	B - MEDIUM	South Central
SOM-12/WS/48325	Improve access to WASH Activities for Vulnerable Communities and New IDPs affected by Drought, Floods and Conflict in Hiran Region	SAMRADO	349,080	C - LOW	South Central
SOM-12/WS/48331	Improve Water Access, Sanitation and Hygiene among Drought-Affected Communities	BWDN	281,670	C - LOW	South Central
SOM-12/WS/48332	Improved Access to Safe Water and Sanitation in Sanaag Region, Somaliland	IMC	577,651	C - LOW	North West
SOM-12/WS/48333	Improved Access to Safe Water and Sanitation in South Central Somalia	IMC	650,444	C - LOW	South Central
SOM-12/WS/48334	Improved Access to Water, Sanitation and Better Hygiene for Rural, Urban and Integrated IDP populations in Herale, Galgaduud in Somalia	GARDO	465,280	C - LOW	South Central
SOM-12/WS/48337	Improvement of Access to Safe Drinking Water and Resilience Building Program in Somalia	Mercy Corps	3,000,000	A - HIGH	Multi Zone
SOM-12/WS/48339	Improvement of Water Access For Pastoralist Communities and Newly Displaced People in rural and urban areas of Galgaduud, Hiraan, Mudug and Benadir	CISP	1,210,976	B - MEDIUM	Multi Zone
SOM-12/WS/48340	Improvement of Water, Sanitation, and Hygiene at the Benadir Hospital, Mogadishu, Somalia	ARC	268,729	C - LOW	South Central
SOM-12/WS/48350	Increase Access to Safe Drinking Water and Sanitation Facilities and Strengthen Hygiene Practices among Drought Displaced and Vulnerable Host Communities in South Mudug Region	SDRO	579,693	B - MEDIUM	North East
SOM-12/WS/48351	Increase Access to Sustainable Safe Drinking Water, Enhance Sanitation Facilities and Strengthen Good Hygiene Practices among Vulnerable Populations and Host Communities in Cadado District, Galgaduud Region	SSWC	347,180	C - LOW	South Central
SOM-12/WS/48354	Increased Access to Safe Drinking Water for Conflict and Famine Affected IDP Families and Hosting Communities in Lower Shabelle, Benadir and Gedo Regions.	COSV	1,089,460	C - LOW	South Central
SOM-12/WS/48355	Increased Access to Safe Water and Sanitation for Drought Affected Vulnerable Communities in Gedo, Middle and Lower Juba Regions	ADA	978,216	C - LOW	South Central
SOM-12/WS/48357	Increasing access to water, sanitation and hygiene education and strengthening institutional capacity to enhance resilience to displaced and disaster-vulnerable women, girls, boys and men in IDP settlements and host communities in Somalia	DRC	3,032,441	A - HIGH	Multi Zone
SOM-12/WS/48359/123	Information and tools for early warning and emergency preparedness	FAO	750,200	B - MEDIUM	Multi Zone
SOM-12/WS/48378/8028	Integrated WASH Support for Disaster-Affected IDPs and Host Populations in Middle and Lower Juba.	AFREC	1,266,968	A - HIGH	South Central

Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
SOM-12/WS/48399	Participatory Response and Preparedness for Disaster Risk Reduction in Somaliland (PROP-DRR)	Caritas Switzerland	513,600	B - MEDIUM	North West
SOM-12/WS/48409	Promote Sustained Access to Safe Water and Sanitation and Reduce the Rate of AWD Infection in Middle and Lower Shabelle	WOCCA	827,700	A - HIGH	South Central
SOM-12/WS/48419	Providing Life Saving WASH Facilities in IDP Camps and in Host Communities and Building Resilience through Restoration and Rehabilitation of Water and Sanitation Facilities	SC	5,572,844	A - HIGH	Multi Zone
SOM-12/WS/48452	Provision of Safe Water, Appropriate and Gender Sensitive Sanitation and Hygiene Promotion to Vulnerable Groups in Gedo, Lower Juba and Galgaduud Regions of South-Central Somalia	Solidarités	4,050,000	A - HIGH	South Central
SOM-12/WS/48453	Provision of Safe Water, Sanitation and Hygiene Services to 67,033 People in Xarardheere, Hobyo and Buale Districts in 2012	RAWA	288,385	C - LOW	Multi Zone
SOM-12/WS/48457	Provision of Appropriate Sanitation Assistance and Hygiene information and support to IDPs in Somalia	NRC	2,333,334	B - MEDIUM	Multi Zone
SOM-12/WS/48471	Rural Water Supply and Environmental Sanitation in the Hiran Region	HWS	250,075	C - LOW	South Central
SOM-12/WS/48472	Safe and Sustainable Water Provision, Sanitation and Hygiene Promotion to IDPs and Vulnerable Urban Poor Households in Cabudwaaq Town, Galgaduud Region, Somalia	NAPAD	834,400	A - HIGH	South Central
SOM-12/WS/48497/15231	Support Primary Schools and IDPs Camps on WASH Intervention in Lower Shabelle region	AYUUB	259,257	C - LOW	South Central
SOM-12/WS/48510	Sustainable and Integrated WASH Interventions for the Disaster Affected Population in Bay, Lower Shabelle and Hiiran Regions of Somalia through Participatory and Gender Sensitive Access to Safe Water, Improved Sanitation and Hygiene Practices	YME	3,909,626	B - MEDIUM	South Central
SOM-12/WS/48520	WASH Intervention for Disaster Affected IDPs, Urban Poor and Rural Populations in South, Central and Puntland Zones of Somalia	COOPI	6,816,776	A - HIGH	Multi Zone
SOM-12/WS/48521	WASH Support for Vulnerable IDPs and Host Populations in Kismayo and Badhaadhe Districts	DIAL	378,500	C - LOW	South Central
SOM-12/WS/48522	WASH Support to Vulnerable Population Groups in Mudug Region	DIAL	388,500	C - LOW	North East
SOM-12/WS/48523	Water, Hygiene and Sanitation Intervention for Target Communities	Mercy-USA for Aid and Development	531,999	C - LOW	South Central
Sub total for WATER, SANITATION AND HYGIENE			105,145,624		

Grand Total	1,521,930,554
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Annex II: Cluster Indicators Monitoring Matrix

AGRICULTURE AND LIVELIHOODS

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

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
To increase access to food and water and purchasing power for populations in Famine and HE	Provision of food vouchers	Number of men and women who access 2,100 kcal per person per day constantly by the end of 2012 in all the livelihood zones affected by famine and HE	788,000 men and women in Famine and HE	1,576,000 men and women in Famine and HE
	Provision of water vouchers	Number of men and women whose core breed (40 sheep and goats) access sufficient quantities of water in the pastoral and agro-pastoral livelihood zone of Somalia	930,000 men and women in HE	1,086,000 men and women in HE
	Conditional and unconditional cash transfers.	Number of men and women who access a cash injection sufficient to cover the income gap for populations in famine and HE people	788,000 men and women in HE	1,576,000 men and women in HE

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

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
To provide , protect and increase production capacity of livelihood assets and reduce exposure to the effects of natural shocks for populations in crisis ⁴¹	Rehabilitation of public infrastructure (feeder roads, markets)	Number of men and women with access to improved productive assets.	251,000 men and women in crises	501,000 men and women in crises
	Rehabilitation of water catchments Reinforcement of river embankments Rehabilitation of irrigation canals Distribution of agricultural inputs (seeds, tractor hours, tools, fertilizers, fuel vouchers) Fodder production Destocking Livestock redistribution Animal treatment and vaccination	Number of men and women with access to emergency seeds and agricultural inputs provided to 100% of the cluster farming population in HE and AFLC	501,000 men and women (<i>Deyr</i>)	1,200,000 men and women (<i>Deyr</i> and <i>Gu</i>)
	Distribution of livelihood recovery inputs (fishing gear and post-harvest processing sets) Soil and water conservation through CFW and food-for-work Income-generating activities ⁴²	3,000,000 animals vaccinated against the most common diseases in Somalia, during the course of 2012 for the pastoralist in HE and AFLC.	1,500,000 animals	3,000,000 animals

⁴¹ According with IPC classification populations in AFLC are more likely to be targeted with Objective 2 as they are more likely to have livelihood assets as opposed to those in Famine and HE who may have lost all their assets and production capacity.

⁴² Such as bee-keeping, petty trade, poultry farming. The target beneficiaries should receive two separate sets of agricultural inputs during the course of the year to guarantee 100% coverage for both the seasons.

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

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
To increase access to a basic livelihood support package in order to counter negative coping mechanisms for populations in transit and in camps.	CFW opportunities. Income-generating activities ⁴³ Livelihood skills transfer	Number of IDPs either in transit or in camps being provided with livelihoods opportunities (CFW opportunities, income generating activities, skills transfer) provided to 273,000 IDPs either in transit or in camps during the course of 2012	136,500 men and women in transit or in IDP camps	273,000 men and women in transit or IDP camps.

⁴³ Activities include beekeeping, petty trade, poultry farming, etc.

EDUCATION

CLUSTER OBJECTIVE 1 – Supports HCT Strategic Priority Three

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

CLUSTER OBJECTIVE 2 – Supports HCT Strategic Priority One and Three

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Improve the quality of education, integrating essential services and life-saving messages into formal and non-formal education	Provide training and incentives for teachers and school administrators (male and female)	Number of teaching personnel (disaggregated by sex) trained in pedagogy, child-centred teaching methodologies, and/or school management	3,000 teachers (2,000 male and 1,000 female)	5,000 teachers (3,500 male and 1,500 female)
		Number of teachers and school administrators (disaggregated by sex) receiving incentives	4,500 teachers (3,000 male and 1,500 female)	5,500 teachers and other educational personnel (3,500 male and 2,000 female)
	Integrate life-saving messages on key issues (such as disaster preparedness, health and hygiene, MRE, GBV, and peace education) into classroom instruction- taking into account different needs and risks for boys and girls	Number of learners and teachers (disaggregated by sex) benefiting from life-saving messages at schools and/or child-friendly spaces (CFS)	200,000 children and teachers (120,000 male and 80,000 female)	400,000 children and teachers (240,00 male and 160,000 female)
	Train teachers and CFS facilitators in disaster preparedness and awareness	Number of teachers and CFS facilitators (disaggregated by sex) trained in disaster preparedness and awareness	1,000 teachers and CFS facilitator (600 male and 400 female)	1,500 teachers and facilitator (900 male and 600 female)
	Train teachers in psycho-social support	Number of teachers (disaggregated by sex) trained in psycho-social support	1,500 teachers (900 male and 600 female)	2,000 teachers (1,200 male and 800 female)

CLUSTER OBJECTIVE 3 – Supports HCT Strategic Two and Three

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Support the establishment and strengthening of education systems, structures and policies in emergency-affected areas	Train CECs in school monitoring, management, and record keeping	Number of Community Education Committees(disaggregated by gender) trained in school monitoring, management and record keeping	500 community education committees	800 community education committees
	Improve planning, monitoring and budgetary capacity of regional education authorities, including Education Umbrellas, where they exist	Number of regional education authorities (disaggregated by gender) trained in planning, monitoring and finance	80 regional education authorities	140 regional education authorities
	Train CECs in Disaster Risk and Preparedness	Number of CECs (comprising on men and women) that have been trained in DRR and have developed DRR plans	200 CECs	400 CECs

FOOD**CLUSTER OBJECTIVE 1 – Supports HCT Strategic Priority One**

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Focusing on populations in famine, HE and AFLC, provide immediate household access to food through emergency food, voucher and cash responses to populations in crisis with an emphasis on close coordination with the nutrition cluster and ensure complementary blanket and targeted nutrition interventions as necessitated by the nutrition situation.	General food distribution to emergency-affected people and IDPs inside Somalia	Number of general food distribution (GFD) beneficiaries	1.5 million people	Two million people
	Provision of unconditional cash or voucher responses to improve access to food for affected populations in market surplus areas	Number of households receiving cash or voucher responses improving food access	50,000 households per month receiving cash or voucher responses	80,000 households per month receiving cash or voucher responses
	Coordination of food and nutrition responses with nutrition cluster	Percentage of GFD/Cash/Voucher programmes complemented with nutrition objectives	30%	30%
	Provision of cooked meals (i.e. wet feeding) in Mogadishu	Number of beneficiaries provided with cooked meals	120,000 per month	120,000 per month

CLUSTER OBJECTIVE 2 – Supports HCT Strategic Priority two

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
In coordination with the Agriculture Livelihoods cluster, improve household access to food and prevent further deterioration of household asset holdings by restoring productive assets and building resilience to withstand future shocks (focus on populations in AFLC and BFI)	Food/cash/voucher for work/assets (FFA) and food-for-training (FFT)	Number of people supported through food/cash/voucher for work/assets/training	100,000 per month	100,000 per month

CLUSTER OBJECTIVE 3 – Supports HCT Strategic Priority two

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
In coordination with the livelihood and agriculture, education, WASH and health clusters, invest in livelihood support activities (focus on borderline food insecure populations) and the strengthening of existing public services which serve as social safety-nets (focus on areas of relative stability, primarily in the north)to protect vulnerable populations from falling into crisis.	Emergency school feeding girls' take-home ration	Number of children receiving school meals	115,000 children per month	115,000 children per month
	Institutional feeding for TB/HIV patients (inpatient)	Number of girls receiving take-home rations	34,000 girls per month	34,000 girls per month
	Institutional feeding for TB/HIV patients and families	Number of TB/HIV inpatients receiving prepared food (e.g. wet feeding)	4,200 inpatients monthly average	4,200 inpatients
	Provision of incentive family rations to pregnant women to encourage deliveries under medical attention	Number of TB/HIV outpatients receiving take-home family rations	6,500 TB/HIV outpatients monthly (32,000 family members)	6,500 TB/HIV outpatients monthly (32,000 family members)
		Number of pregnant women who delivered under medical attention who receive food assistance	30,000 women	30,000 women

HEALTH

CLUSTER OBJECTIVE 1 – Supports HCT Strategic Priority One and Three

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Ensure equitable access and provision of basic and life-saving health services to the affected and vulnerable population	Provision of PHC services through primary health units and Health centres. Provision of targeted primary health services through mobile clinics for vulnerable groups,	Provision of basic package of health services within 2Km settlement with more than 10,000 population	Addition of 25 PHC facilities in target areas	Addition of 50 PHC facilities in target areas
	Provision of reproductive health services to IDPS and host communities	One functional reproductive health facility per region	Six functional Reproductive Health facilities	12 functional Reproductive Health facilities
	Secondary care via hospitals and referral health centres for EMOC.	Establishment of EMOC centres in major district hospitals	Six EMOC centres established	12 EMOC centres established
	Management of trauma	Establishment of trauma management centres in major district hospitals	Three trauma management centres in selected districts	Six trauma management centres in selected districts
	Provision of essential medicines supplies and equipments	Supply of first line essential medicine and equipment to Primary Health Units, health centres and referral hospitals	Essential supplies to 25 additional PHC facilities	Essential supplies to 50 additional PHC facilities
	Management of nutritional complication	Establishment of specialized units for complications for malnutrition	Establishment of specialized nutrition units in six district hospitals	Establishment of specialized nutrition units in 12 district hospitals
	mental health services	Establishment of specialized units for provision of basic package of mental health services.	Establishment of two specialized units for mental health services	Establishment of four specialized units for mental health services
	Advocacy for improved health seeking behaviour and increasing awareness on service availability	Development and dissemination of advocacy campaigns for improved health-seeking behaviour and knowledge of health services availability	Development and implementation of behaviour change campaigns six districts	Development and implementation of behaviour change campaigns 12 districts

CLUSTER OBJECTIVE 2 – Supports HCT Strategic Priority Two

Annex II: Cluster Indicators Monitoring Matrix

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Prevent and control epidemic-prone and communicable diseases	Establish disease early warning and alert systems EWARS). Include data collection from service providers for analysis and dissemination	Expansion of EWARS in additional targeted areas	50 additional EWARS sites	100 additional EWARS sites
	Rumour verification, outbreak investigation and response	Rumour verification and/or outbreak response initiation within 96 hours of case reporting	70% of all outbreak cases investigated within 96 hrs	80% of all outbreak cases investigated within 96 hrs
	Epidemic preparedness contingency planning and implementation	Contingency plans prepared and essential supplies prepositioned for all district on area based approach	Six contingency plan for six districts (one per district)	12 contingency plans for 12 districts (one per district)
	Establishment and strengthening of expanded programme on immunization (EPI)	Implementation of CHD package in all three zones of Somalia	Implementation of round one of CHD package	Implementation of round 2 of CHD package
	Establish community-based care for child survival interventions	Implementation of ICCM package for child survival in target districts	Six ICCM programs implemented in six districts	12 ICCM programs implemented in six districts

CLUSTER OBJECTIVE 3 – Supports HCT Strategic Priorities One, Two, Three and Four

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Coordinate integrated health responses at national and sub-national levels, and across borders and inter-cluster/sectors	Strengthen Nairobi and field level coordination	Recruitment of sub cluster focal people in each zone	Recruitment of three sub-cluster focal people	Same
	Decentralize health cluster coordination at each regional level through cluster focal agencies	Induction of sub regional focal agencies in each region	Induction of six sub-regional focal agencies in each region	Induction of 12 sub-regional focal agencies in each region
	Strengthen inter cluster collaboration at Nairobi and field level	Regular inter-cluster planning and coordination meetings at Nairobi and field level	One meeting per month per zone and Nairobi level	13 meetings per year
	Assessment and regional health profiling	Carry out assessments to prepare regional health profiles for strategic health planning and operational decision-making	Six regional health profiles prepared	12 regional health profiles prepared

LOGISTICS

CLUSTER OBJECTIVE 1 – Supports HCT Strategic Priority One

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Coordinate support to strategic services for the efficient delivery of humanitarian aid	Provide interagency storage capacity via available warehouses, mobile storage units (MSUs), etc.	Total storage space made available	5,000 m ²	5,000 m ²
		Number of agencies/organizations using storage facilities	12	12
	Provide interagency cargo transport facility by sea	Overall space made available for humanitarian community cargo on chartered vessel	4,000 MTs	8,000 MTs
	Provide interagency cargo transport by air	Overall space made available for cluster participants through airlift.	100 MTs	180 MTs
	Produce and disseminate Information Management Products	Number of bulletins, maps and other Logistics information produced and shared	40	80
	Provide passenger transport via UNHAS air services	Overall Number of passengers served	6,750	15,000

CLUSTER OBJECTIVE 2 – Supports HCT Strategic Priority Two

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Coordinated and prioritized rehabilitation of logistics infrastructure in Somalia	Rehabilitation of fenders along wharf – Bossaso Port	Replacement/installation of fenders along wharf (Bossaso Port) Provision of required equipment	AToN installed	One pilot boat provided. Fire fighting kits provided.
	Provision of pilot boat, fire fighting kit, cargo handling gear, provision and installation of AToN – Bossaso Port			
	Capacity-building of Bossaso, Mogadishu, and Somaliland port personnel	Four pilots and six additional staff trained at each port (ten staff at each port)	20 personnel trained (covering at least two ports)	30 personnel trained (covering three ports)
	Provision of electronic equipment at Mogadishu Port	Electronic equipment provided for Tower at Mogadishu Port (radio, radar)	Electronic Equipment at Mogadishu Port tendered for.	Electronic equipment at Mogadishu Port Tower provided.
	Construction of warehouse at Berbera Port	Construction of 5,000 MTs warehouse for food storage	Warehouse partially constructed	Warehouse constructed

CLUSTER OBJECTIVE 3 – Supports HCT Strategic Priority Two

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Improve Logistics preparedness and contingency	Revise the Logistics Capacity Assessment	Published logistics capacity assessment (LCA), available to the humanitarian community	LCA published	Regularly update published LCA
	Pre-position MSUs for rapid deployment	MSUs available for the humanitarian community	12 large and eight small MSUs available in contingency stock	12 large and eight small MSUs available in contingency stock
	Maintain an updated Cluster website, with key logistics information and updates, including maps	Key logistics information available for the humanitarian community on the website	Updated website	Updated website
	Maintain regular cluster meetings	Cluster meetings arranged as required based on intensity of response	Cluster meetings arranged as required based on intensity of response	Cluster meetings arranged as required based on intensity of response
	Joint contingency planning with the humanitarian community for logistics response	Contingency plan available	Contingency plan available	Contingency plan available
	Medical and security evacuation of personnel	Medevac of UN and NGO personnel across the region as needed	100% of evacuation requests fulfilled	100% of evacuation requests fulfilled

NUTRITION

Cluster Objective 1 supports Strategic Priority One

Objective	Activities	Success Indicator	Indicator target for end-May	Reviewed Indicator target for year-end
IAcutely malnourished children and pregnant and lactating women are treated by having access to and utilizing quality services for the management of acute malnutrition.	Support access to and utilization of existing nutrition services (SC, OTP, TSFP etc.) or to newly-established service for the management of acute malnutrition(technically and supplies) including gender analyses ⁴⁴	Percentage of coverage of acutely malnourished boys, girls, pregnant and lactating women (P/L)	U5: 207,000 (30%), PLW: 57,520 (20%)	60% U5: 414,000 (60%) PLW: 115,040 (40%)
		Percentage of increase of geographical coverage of nutrition services	30%	60%
		Percentage of acutely malnourished children and pregnant and lactating women (P/LW) referred and admitted to nutrition centres for the management of acute malnutrition by the community mobilization and outreach screening services.	U5 SAM: 120,750 (30%) U5 moderate acute malnutrition (MAM): 134,550 (30%) PLW: 57,520 (20%) Community Mobilization and Outreach Screening Services: 40%	U5 SAM: 241,500 (60%) U5 MAM: 269,100 (60%) PLW: 115,040 (40%) Community Mobilization and Outreach Screening Services: 80%
		Percentage 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	70% OTP/SC 50% TSFP 90% reporting	70% OTP/SC 50% Targeted SFP 90% reporting
	Ensure adoption and utilization of standardized protocols for the treatment of acute malnutrition in Somalia, updated as necessary	Percentage of partners using standardized guidelines and tools for management of acute malnutrition.	90%	90%

⁴⁴Gender analyses like issues on access of the services from household to nutrition service and sex-disaggregated data to monitor any changes in KAP assumption around feeding and nutrition practices for girl and boys and PLW

Objective	Activities	Success Indicator	Indicator target for end-May	Reviewed Indicator target for year-end
	Maintain a quality nutrition surveillance system and analyse and review the anticipated caseload biannually of acutely malnourished children and pregnant and lactating women	Nutrition updates published bi-monthly	Three	Six
		Nutrition cluster brief prepared and shared monthly	Six	12

Cluster OBJECTIVE 2 –support strategic priority Three

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Expansion of women's and children's access to evidence-based and feasible nutrition and nutrition related services, available through the use of BNSP interventions linking nutrition to health, WASH, and food security programming	Strengthen Nutrition partners' ability to adopt and implement the essential components ⁴⁵ of the BNSP.	Percentage of partners using more than 50% of the essential components of the BNSP.	50%	100%
		Percentage of children receiving appropriate Micro nutrient interventions (Vitamin A, Deworming, Zinc etc.) through CHDs/NIDs and routine health care services	80%	90%
		Percentage of pregnant and lactating women receiving micronutrient supplementation (Vitamin A, FeFo, MMN) through CHDs/NIDs and routine health care services.	20%	40%
		Percentage of coverage of children <5 in areas where blanket SFP is implemented	70% rural area 90% urban area	70% rural area 90% urban area
	Expand MCHN services to functional MCHNs for U2 and pregnant and lactating women in Somaliland and Puntland	Percentage of identified functional MCH clinics supporting the provision of supplementary food to the target population.	40%	100%

⁴⁵ The essential components are listed in the basic nutrition service package

Annex II: Cluster Indicators Monitoring Matrix

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
		Percentage of children six–23 months reached with supplementary food through MCHN programme.	40%	100%
		Percentage of pregnant and lactating women reached with supplementary food through the MCHN	40%	100%
	Expand BSFP intervention in targeted districts	Percentage of U5 and PLW reached with BSFP in targeted areas	30%	60%
	Partners are engaged in implementation of the infant and young child feeding (IYCF) strategy and action plan	IYCF activities being implemented as per the action plan	50%	100%
	Health and Nutrition information, education and communication to beneficiaries and communities.	Number of sensitization sessions conducted	50%	100%
		Number of community mobilizations/sensitization meetings held	50%	100%
	Nutrition services linked to WASH, Health, Livelihoods/food security	Percentage of nutrition projects in CAP 2012 with link to WASH, Health and food security at objective and operational level	50%	100%
		Percentage of targeted caregivers in nutrition programmes trained in home based water treatment	40%	80%
		Percentage of caregivers in nutrition service programmes trained on using soap/ash/sand for hand washing.	40%	80%

Cluster Objective 3 –supports strategic priority One and Three

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Strengthening capacity of nutrition partners: local non-government organizations (LNGOs) / community-based organisations (CBOs) / INGOs, local communities and line ministries to deliver quality and sustainable BNSP services through a variety of approaches.	Organize training nutrition partners, in particular LNGOs/CBOs/INGOs, on essential components of BNSP	Percentage of nutrition partners/staff trained to the management of acute and chronic malnutrition including implementation of essential components of BNSP	50%	100%
	Develop a cluster wide capacity-building and training plan, including quality emergency nutrition intervention and surveillance	Multi-year cluster capacity-building plan developed and endorsed by the cluster	One	One
		Number of training work plan developed	One	One
		Percentage of implementation of the work plan	40%	80%
	Enhance coordination and communication structures within and outside Somalia	Number of nutrition cluster meetings held in and outside Somalia	Six in Nairobi Six in Puntland Six in Somaliland 24 in southern and central Somalia	12 in Nairobi 12 in Puntland 12 in Somaliland 48 in southern and central Somalia

PROTECTION

CLUSTER OBJECTIVE 1 – Supports HCT Strategic Priority Four

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

CLUSTER OBJECTIVE 2 – Supports HCT Strategic Priority Four

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

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
	Undertake advocacy initiatives to enhance the overall protective environment for women and girls, men and boys.	Number of joint advocacy initiatives undertaken	Four	Ten

CLUSTER OBJECTIVE 3 – Supports HCT Strategic Priority Four

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Information Management Inform advocacy and programme response through accurate monitoring and reporting of protection violations	Conduct periodic protection mappings, profiling exercises and needs assessments in key locations	Number of mappings, profiling exercises and assessments conducted	Five	Ten
		Number of information management systems operational	Four	Four
	Strengthen protection MRMs of displacement and violations against women, men, girls and boys	Number of reports disseminated (PMN, PMT etc.)	20	50

SHELTER/NFI**CLUSTER OBJECTIVE 1 – Supports IASC Strategic Priority One**

Objective	Activitie	Success Indicator	Indicator target for end-May	Indicator target for year-end
Contribute to the protection of displaced and other vulnerable groups from life-threatening events through the distribution of EAPs	Procure and store contingency stocks of EAPs at key locations / plan for local procurement and strengthen the coordination for response capacity	Number of target beneficiaries receiving EAPs disaggregated by age and sex	505,000	1,010,000
	Identify the needs of women, girls, boys and men in affected communities			
	Distribute harmonized and minimum EAP packages to vulnerable households			
	Conduct post-distribution monitoring and share the results with the cluster			

CLUSTER OBJECTIVE 2 – Supports Strategic Priority Two

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

CLUSTER OBJECTIVE 3 – Supports Strategic Priority Three

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

WASH

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

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator year-end
Ensure that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion, including complementary activities with Nutrition, Health, Education, Livelihood, and Food	Provision of safe water to people in need, including temporary provision to IDPs and in AWD/cholera responses, and sustained access to safe water through the rehabilitation of existing water systems and construction of new strategic water facilities for improved longer term resilience of the community	Number of people, disaggregated by sex, with temporary access to safe water (eg.water access by voucher, chlorination of shallow wells) Number of people, disaggregated by sex, with sustained access to safe water (eg.construction/ protection of a shallow well, rehabilitation of a borehole, strategic water catchments, household water filters - that is: improved access to safe water remains after the project finishes)	1.3 million* 1.3 million*	2.6 million* people in crisis (as per FSNAU minus the people reached with sustained access in 2011) 2.6 million* people in crisis (as above)
	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	Number of people, disaggregated by sex, with increased access to appropriate sanitation facilities	0.6 million	1.3 million
	Promote dissemination of key hygiene messages, and practices, according to the differential needs of men and women according to locations, also addressing underlying causes of malnutrition for both women and men equally in communities, and key institutions (nutrition feeding centres, health facilities, schools, child-friendly spaces)	Number of people, disaggregated by sex, who have been reached by hygiene promotion campaigns, including in nutrition feeding centres, health facilities and schools	2.3 million	3.7 million

*The main WASH Cluster target is “sustained access to safe water” to improve resilience; however, “temporary access to safe water” will be implemented in high risk locations as needed.

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

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

ENABLING PROGRAMMING

CLUSTER OBJECTIVE 1 – Supports HCT Strategic Priority One

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Strengthened coordination to support delivery of humanitarian aid to the most vulnerable Somalis and to ensure equal access for women, girls, boys and men	Provide secretariat support to enable strategic and field coordination (Humanitarian Coordinator, HCT, ICWG and Clusters)	Existing Regional ICWG forums maintained, more forums established and functioning	Seven regional ICWGs functioning	Seven regional ICWGs functioning
	Provide information analysis and information products to support operational needs and situational understanding (maps, 3W and reporting)	Minimum set of 3W products established and regularly updated	3W data set fully updated per quarter	3W data set fully updated four times
	Provide and coordinate information to support decision-making and advocacy on key issues (messages, talking points)	Number of UN Info Group communications strategy planned activities completed	Two activities completed	Five activities completed
	Assist in prioritizing resources based on identified needs and gaps ensuring gender as key cross-cutting theme by: facilitating field-level assessments, consultation through and on behalf of assigned clusters, advising on the use of the pooled funds (CERF and CHF) and other humanitarian financing mechanisms, strengthen implementation of IASC Gender Marker on mainstreaming gender and guiding the process of monitoring CAP projects	Percentage of 2011 CAP funded	40%	60%
	Provide policy guidance on protection, IHL and Human and Women's Rights Law	Percentage of prioritized pooled funding projects that are gender-sensitive, and responding to assessed needs, and gaps/selected cluster indicators	100%	100%

CLUSTER OBJECTIVE 2 – Supports HCT Strategic Priority Four

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Enable humanitarian activities and personnel with safety and security programmes in Somalia	Provide security training to UN and NGO staff working in Somalia to be gender responsive to the different needs of women and men in hostile situations	Security Briefing and Hostage Incident Management modules (Module One)	At least 32	At least 80
		In-country training for local UN and Humanitarian personnel based in Somalia; (refresher security training) for UN personnel with SSAFE training in Afghanistan or Iraq; any other tailored training for UN Staff working embedded in southern and central Somalia	Four Module Two Three Module Three Five SSAFE trainings Four Emergency Trauma Bag and Incident Command trainings Two Radio Operator trainings	Eight Module Two (in-country training) Eight Module Three (Refresher Security Training) for UN personnel with SSAFE training in Afghanistan or Iraq 15 SSAFE trainings; Nine Emergency Trauma Bag and Incident Command trainings; Four Radio Operator trainings
	Maintain a dedicated aircraft (UNHAS) to facilitate UNDSS security risk assessments, medical evacuations and staff relocations	An appropriate response mechanism comprising a dedicated aircraft fitted for Medevac and search and rescue, medical emergency response teams, stabilization rooms at the main UN hubs and night landing capability is in place to improve the survival possibilities of our UN personnel and humanitarian counterparts.	at least six MEDEVACS (two with night landing), 20 Interagency (UN + INGOs) security assessments, ten airstrip assessments; ten escorts to humanitarian missions; four emergency relocation of humanitarian personnel and two search and rescue missions.	at least 12 Medevacs (four with night landing), 30 Interagency Security Assessment Missions, 20 airstrip security and safety assessments; 24 escorts of humanitarian missions to unstable areas; eight emergency relocations of humanitarian personnel and four search and rescue missions.
	Increase DSS security presence and information flow by employing additional Field Security Coordination Officers (FSCOs) and Local Security Assistants (LSAs) and ensure representation of women in the field in recruitment	A timely coordinated and successful response to contingencies and emergencies that can save lives of UN personnel and humanitarian counterparts.	At least two FSCOs and two LSAs per UN and humanitarian hubs (Hargeisa, Bossasso, Garowe, Galkayo); six FSCOs and nine LSAs helping to enable operations in Mogadishu and two FSCOs and four LSAs focused in southern and central Somalia	

Annex II: Cluster Indicators Monitoring Matrix

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Expand the SIOC for Somalia to strengthen the capacity and capabilities of the UN security management system	Under the coordination of the SIOC, our FSCOs and LSAs will ensure a quick reaction to security incidents by organizing emergency evacuations/relocations, search and rescue operations, MEDEVAC/CASEVAC, Hostage incident Management, in close coordination with DO, Security Management Team (SMT), ASC, ASMTs, FSCOs, Single Agency Security Officers (SASOs) and Security Focal Points (SFPs) of the UN AFPs and humanitarian counterparts.	SIOC fully staffed with a Chief SIOC, two Operations Officers, two Information Security Analysts and two LSAs	Expanded SIOC reinforced by two additional professionals (Operations and Information Analyst) to be deployed in Mogadishu together with two LSAs.	Expand the SIOC for Somalia to strengthen the capacity and capabilities of the UN security management system
Maintain a flow of real-time, security-related information and analysis to UN agencies and NGOs	Business continuity in the field of the UN AFPs and humanitarian counterparts enabled; Occurrence of major security incidents that can affect the UN Personnel or humanitarian counterparts in the field prevented and minimized,	Number of daily and weekly Situation Reports and Weekly with security analysis aimed at the decision-makers. Number of Flashes and Security Warnings using the HF, VHF, e mail and SMS system. Level of coordination and information exchange with the UN AFPs, INGOs, Member States, Somalia local governments and religious and armed groups to ensure that an Early Warning Security Information Network	Number of daily and weekly Situation Reports with security analysis aimed at the decision-makers. Number of Flashes and Security Warnings using the HF, VHF, e mail and SMS system. Level of coordination and information exchange with the UN AFPs, INGOs, Member States, Somalia local governments and religious and armed groups to ensure that an Early Warning Security Information Network	Maintain a flow of real-time, security-related information and analysis to UN agencies and NGOs

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Maintain a psycho-social support office for all UN agencies working for Somalia and to respond effectively to the different needs of women and men	Individual UN personnel dealing with their stress and having a better understanding of the way the cumulative stress is affecting their interpersonal relationships.	Stress Counsellor counselling at least fifty UN and humanitarian personnel; training in stress management at least three hundred staff; training as Basic Peer Support Volunteers at least twenty five UN and Humanitarian Personnel; doing Advanced training for another 25 PSVs already trained; at least five interventions in Critical Incident Stress Response and Post Traumatic Stress Disorder.	Stress Counsellor counselling at least one-hundred UN and humanitarian personnel; training in stress management at least six hundred staff; training as Basic Peer Support Volunteers at least twenty five UN and Humanitarian Personnel; doing Advanced training for another fifty PSVs already trained; at least twelve interventions in Critical Incident Stress Response and Post Traumatic Stress Disorder.	Maintain a psycho-social support office for all UN agencies working for Somalia and to respond effectively to the different needs of women and men

Annex III: Donor response to the 2011 appeal

Table V. Requirements and funding per cluster

Consolidated Appeal for Somalia 2011 as of 15 November 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	Carry-over (\$) C	Funding (\$) D	Total resources available (\$) E=C+D	Unmet requirements (\$) B-E	% Covered E/B	Uncommitted pledges (\$) F
AGRICULTURE AND LIVELIHOODS	50,532,011	210,122,228	-	113,228,654	113,228,654	96,893,574	54%	-
EDUCATION	17,728,956	29,460,024	-	18,360,592	18,360,592	11,099,432	62%	-
ENABLING PROGRAMMES	15,605,425	22,093,951	1,197,283	16,448,930	17,646,213	4,447,738	80%	205,198
FOOD ASSISTANCE	188,135,412	294,743,671	69,540,645	208,963,235	278,503,880	16,239,791	94%	500,409
HEALTH	58,790,106	81,062,702	-	63,935,914	63,935,914	17,126,788	79%	-
LOGISTICS	29,871,895	31,871,895	11,014,522	16,596,294	27,610,816	4,261,079	87%	-
NUTRITION	36,066,437	133,527,882	-	126,657,559	126,657,559	6,870,323	95%	-
PROTECTION	46,479,655	52,003,822	-	8,837,548	8,837,548	43,166,274	17%	-
SHELTER AND NFIs	36,647,410	60,427,957	-	25,915,695	25,915,695	34,512,262	43%	-
WATER, SANITATION AND HYGIENE	49,662,722	88,007,931	-	53,694,464	53,694,464	34,313,467	61%	-
CLUSTER NOT YET SPECIFIED	-	-	6,750,851	61,695,642	68,446,493	n/a	n/a	-
Grand Total	529,520,029	1,003,322,063	88,503,301	714,334,527	802,837,828	200,484,235	80%	705,607

NOTE: "Funding" means Contributions + Commitments

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.)

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table VI. Requirements and funding per organization

Consolidated Appeal for Somalia 2011 as of 15 November 2011 http://fts.unocha.org								
Compiled by OCHA on the basis of information provided by donors and appealing organizations.								
Appealing organization	Original requirements (\$) A	Revised requirements (\$) B	Carry-over (\$) C	Funding (\$) D	Total resources available (\$) E=C+D	Unmet requirements (\$) B-E	% Covered E/B	Uncommitted pledges (\$) F
AAHI	309,688	309,688	-	-	-	309,688	0%	-
Access Aid	739,300	739,300	-	1,056,196	1,056,196	(316,896)	100%	-
ACF	1,612,500	1,612,500	-	4,093,610	4,093,610	(2,481,110)	100%	-
ACTED	2,563,111	5,102,303	-	3,278,748	3,278,748	1,823,555	64%	-
ADA	1,452,943	1,661,980	-	479,881	479,881	1,182,099	29%	-
ADO	164,900	723,025	-	125,000	125,000	598,025	17%	-
ADRA	255,537	305,537	-	109,141	109,141	196,396	36%	-
AFREC	2,865,158	4,626,158	-	2,815,803	2,815,803	1,810,355	61%	-
AGROCARE	214,292	214,292	-	100,000	100,000	114,292	47%	-
AGROSPHERE	819,295	1,096,672	-	469,450	469,450	627,222	43%	-
AMA	344,000	344,000	-	284,300	284,300	59,700	83%	-
APD	378,970	615,213	-	515,121	515,121	100,092	84%	-
ARDO	309,500	748,700	-	268,000	268,000	480,700	36%	-
ASEP	333,620	661,320	-	437,688	437,688	223,632	66%	-
AVRO	306,202	276,952	-	-	-	276,952	0%	-
Baniadam	696,217	696,217	-	-	-	696,217	0%	-
CAFDARO	213,271	492,340	-	212,161	212,161	280,179	43%	-
CARE International	1,411,905	1,411,905	-	632,911	632,911	778,994	45%	-
CARE Somalia	672,277	672,277	-	785,523	785,523	(113,246)	100%	-
CARITAS	770,000	1,020,000	-	683,428	683,428	336,572	67%	-
CED	901,425	901,425	-	-	-	901,425	0%	-
CEFA	400,000	400,000	-	312,000	312,000	88,000	78%	-
CERELPA	-	200,000	-	200,000	200,000	-	100%	-
CESVI	3,475,550	3,325,500	-	-	-	3,325,500	0%	-
CHF	-	-	6,750,851	3,826,637	10,577,488	n/a	n/a	-
CISP	2,563,200	2,877,956	-	399,862	399,862	2,478,094	14%	-
COOPI	2,625,540	6,399,680	-	7,893,029	7,893,029	(1,493,349)	100%	-
COSV	3,062,181	4,779,470	-	1,988,077	1,988,077	2,791,393	42%	-
CPD	684,500	684,500	-	-	-	684,500	0%	-
CRS	-	988,323	-	988,323	988,323	-	100%	-
DDG	500,000	300,000	-	-	-	300,000	0%	-
DF	59,000	88,000	-	-	-	88,000	0%	-
DIAL	1,605,369	4,047,822	-	1,496,256	1,496,256	2,551,566	37%	-
DRC	17,803,516	37,602,297	-	14,984,320	14,984,320	22,617,977	40%	-
FAO	23,224,000	76,924,000	-	43,204,894	43,204,894	33,719,106	56%	-
Farjano	562,077	572,677	-	-	-	572,677	0%	-
FENPS	510,000	725,000	-	-	-	725,000	0%	-
FERO	677,845	879,845	-	206,957	206,957	672,888	24%	-
GCO	434,700	434,700	-	-	-	434,700	0%	-
GEELO	-	366,511	-	366,511	366,511	-	100%	-
GIZ	3,470,809	1,661,024	-	-	-	1,661,024	0%	-
GREDO	-	297,340	-	320,550	320,550	(23,210)	100%	-
GRT	300,000	225,000	-	-	-	225,000	0%	-

SOMALIA CAP 2012

Appealing organization	Original requirements	Revised requirements	Carry-over	Funding	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$) A	(\$) B	(\$) C	(\$) D	(\$) E=C+D	(\$) B-E	E/B	(\$) F
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	628,340	-	393,172	393,172	235,168	63%	-
HARDO	613,000	1,346,318	-	850,000	850,000	496,318	63%	-
Hijra	1,271,437	2,366,000	-	732,756	732,756	1,633,244	31%	-
HOD	-	87,660	-	87,660	87,660	-	100%	-
HOPEL	180,050	180,050	-	57,737	57,737	122,313	32%	-
Horn Relief	2,044,843	11,480,529	-	6,517,135	6,517,135	4,963,394	57%	-
HRDO	308,705	308,705	-	257,040	257,040	51,665	83%	-
HT	350,000	350,000	-	525,624	525,624	(175,624)	100%	-
HWS	227,544	344,215	-	106,549	106,549	237,666	31%	-
IAS	716,921	1,000,000	-	315,000	315,000	685,000	32%	-
IIDA	494,500	517,500	-	307,730	307,730	209,770	59%	-
IMC	-	674,777	-	-	-	674,777	0%	-
IMS	-	289,238	-	288,700	288,700	538	100%	-
INTERSOS	2,074,572	2,181,555	-	879,663	879,663	1,301,892	40%	-
IOM	4,621,150	7,283,500	-	10,841,064	10,841,064	(3,557,564)	100%	-
IRIN	289,238	-	-	-	-	-	0%	-
IRW	3,979,190	4,007,427	-	2,145,036	2,145,036	1,862,391	54%	-
JCC	226,560	824,910	-	1,410,246	1,410,246	(585,336)	100%	-
KAALMO	124,786	125,800	-	-	-	125,800	0%	-
KAALO Relief	269,900	499,500	-	255,187	255,187	244,313	51%	-
KISIMA	200,000	349,000	-	-	-	349,000	0%	-
MDM France	967,000	280,000	-	256,780	256,780	23,220	92%	-
MEDAIR	2,013,200	1,536,051	-	779,291	779,291	756,760	51%	-
MERCY - USA	1,372,083	1,372,083	-	-	-	1,372,083	0%	-
MERLIN	703,757	1,149,626	-	300,294	300,294	849,332	26%	-
Muslim Aid	1,304,712	1,304,712	-	299,200	299,200	1,005,512	23%	-
NAPAD	1,478,800	1,706,326	-	635,582	635,582	1,070,744	37%	-
NCA	5,497,492	11,820,118	-	5,015,742	5,015,742	6,804,376	42%	-
NRC	13,840,000	28,420,000	-	13,891,108	13,891,108	14,528,892	49%	-
OCHA	7,036,359	9,524,885	1,197,283	7,521,762	8,719,045	805,840	92%	205,198
OXFAM GB	4,368,830	5,700,000	-	6,322,816	6,322,816	(622,816)	100%	-
OXFAM Netherlands (NOVIB)	8,049,409	12,471,453	-	1,442,443	1,442,443	11,029,010	12%	-
PASOS	-	-	-	431,484	431,484	(431,484)	0%	-
RAWA	275,340	342,240	-	268,980	268,980	73,260	79%	-
RI	2,704,173	2,653,516	-	747,451	747,451	1,906,065	28%	-
RRP	-	-	-	114,987	114,987	(114,987)	0%	-
SAACID	1,900,000	2,292,912	-	267,803	267,803	2,025,109	12%	-
SADO	581,064	1,849,299	-	1,849,299	1,849,299	-	100%	-
SAF	221,000	400,000	-	-	-	400,000	0%	-
SAMA	270,000	270,000	-	-	-	270,000	0%	-
SAMRADO	249,847	249,847	-	343,070	343,070	(93,223)	100%	-
SARD	149,550	138,129	-	-	-	138,129	0%	-
SC	8,155,221	15,851,914	-	16,644,308	16,644,308	(792,394)	100%	-
SDRO	605,175	605,175	-	380,422	380,422	224,753	63%	-
SHILCON	-	229,720	-	229,720	229,720	-	100%	-
SOADO	2,297,810	2,608,150	-	200,000	200,000	2,408,150	8%	-

Annex III: Donor response to the 2011 appeal

Appealing organization	Original requirements (\$) A	Revised requirements (\$) B	Carry-over (\$) C	Funding (\$) D	Total resources available (\$) E=C+D	Unmet requirements (\$) B-E	% Covered E/B	Uncommitted pledges (\$) F
SOHRA	124,785	125,800	-	-	-	125,800	0%	-
Solidarités	3,499,487	9,027,379	-	2,591,210	2,591,210	6,436,169	29%	-
SOMACTION	-	155,045	-	276,165	276,165	(121,120)	100%	-
SORDES	245,000	245,000	-	330,010	330,010	(85,010)	100%	-
SORRDO	477,600	357,600	-	-	-	357,600	0%	-
SOYDA	-	375,440	-	644,780	644,780	(269,340)	100%	-
SSWC	-	96,697	-	701,868	701,868	(605,171)	100%	-
Techno Plan	549,957	685,869	-	179,998	179,998	505,871	26%	-
Trocaire	333,284	333,284	-	285,714	285,714	47,570	86%	-
UNDP	-	11,770,000	-	1,581,000	1,581,000	10,189,000	13%	-
UNDSS	6,080,844	6,080,844	-	3,249,990	3,249,990	2,830,854	53%	-
UNESCO	1,723,000	1,723,000	-	-	-	1,723,000	0%	-
UNFPA	1,310,100	1,110,000	-	1,239,898	1,239,898	(129,898)	100%	-
UN-HABITAT	5,100,000	5,100,000	-	1,669,908	1,669,908	3,430,092	33%	-
UNHCR	45,656,359	54,258,510	-	34,507,109	34,507,109	19,751,401	64%	-
UNICEF	60,699,005	244,238,228	-	244,771,918	244,771,918	(533,690)	100%	-
UNMAS	2,553,601	2,553,601	-	-	-	2,553,601	0%	-
UNOPS	3,410,103	3,410,103	-	398,793	398,793	3,011,310	12%	-
VSF (Germany)	500,000	700,000	-	360,000	360,000	340,000	51%	-
VSF (Switzerland)	350,000	350,000	-	-	-	350,000	0%	-
WARDI	1,181,699	1,766,958	-	1,221,085	1,221,085	545,873	69%	-
WFP	210,207,307	318,403,531	80,555,167	218,696,358	299,251,525	19,152,006	94%	500,409
WHO	15,372,972	23,692,602	-	19,626,159	19,626,159	4,066,443	83%	-
WOCCA	2,460,227	4,129,360	-	1,843,774	1,843,774	2,285,586	45%	-
WVI	900,000	900,000	-	510,640	510,640	389,360	57%	-
YME	3,664,867	4,464,867	-	3,108,722	3,108,722	1,356,145	70%	-
Zamzam Foundation	552,200	737,200	-	92,210	92,210	644,990	13%	-
Grand Total	529,520,029	1,003,322,063	88,503,301	714,334,527	802,837,828	200,484,235	80%	705,607

NOTE: "Funding" means Contributions + Commitments

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.)

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table VII. Total funding per donor (to projects listed in the Appeal)

<p style="text-align: center;">Consolidated Appeal for Somalia 2011 as of 15 November 2011 http://fts.unocha.org</p>			
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United Kingdom	106,944,142	13%	-
Carry-over (donors not specified)	88,503,301	11%	-
United States	62,132,175	8%	-
Saudi Arabia	58,000,000	7%	-
Central Emergency Response Fund (CERF)	52,953,352	7%	-
Australia	51,617,988	6%	-
Allocation of unearmarked funds by UN agencies	49,794,737	6%	-
Various (details not yet provided)	44,761,227	6%	-
European Commission	40,234,907	5%	-
Japan	35,831,072	4%	-
Private (individuals & organisations)	27,689,420	3%	-
Sweden	26,411,678	3%	-
Norway	25,268,989	3%	-
Denmark	22,269,414	3%	-
Netherlands	18,500,000	2%	-
China	16,000,000	2%	-
Spain	12,277,416	2%	-
Canada	11,906,023	1%	-
Switzerland	11,296,762	1%	-
France	11,047,838	1%	-
Italy	7,646,790	1%	-
Germany	5,676,492	1%	-
Austria	5,108,616	1%	500,409
Belgium	4,414,561	1%	-
Finland	2,811,000	0%	-
Ireland	2,703,410	0%	205,198
Korea, Republic of	1,900,000	0%	-
New Zealand	1,581,108	0%	-
Luxembourg	500,614	0%	-
Kuwait	500,000	0%	-
OPEC Fund	350,000	0%	-
Brazil	300,000	0%	-
United Arab Emirates	300,000	0%	-
Venezuela	274,506	0%	-
Estonia	156,703	0%	-
Azerbaijan	100,000	0%	-

Annex III: Donor response to the 2011 appeal

Donor	Funding	% of Grand Total	Uncommitted pledges
	(\$)		(\$)
Guyana	100,000	0%	-
Iceland	53,097	0%	-
Allocation of unearmarked funds by IGOs	51,360	0%	-
Hungary	50,000	0%	-
Mexico	50,000	0%	-
Thailand	50,000	0%	-
Andorra	28,612	0%	-
Slovenia	14,306	0%	-
Grand Total	802,837,828	100%	705,607

NOTE: "Funding" means Contributions + Commitments

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.)

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table VIII. Non-appeal funding per sector

Other humanitarian funding to Somalia 2011 as of 15 November 2011 http://fts.unocha.org			
Compiled by OCHA on the basis of information provided by donors and appealing organizations.			
Sector	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
AGRICULTURE	1,546,161	0%	-
COORDINATION AND SUPPORT SERVICES	2,957,273	1%	-
ECONOMIC RECOVERY AND INFRASTRUCTURE	7,337,710	1%	-
FOOD	136,499,873	26%	-
HEALTH	44,137,010	8%	96,154
MINE ACTION	2,791,707	1%	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	2,826,359	1%	-
SHELTER AND NON-FOOD ITEMS	2,237,316	0%	-
WATER AND SANITATION	16,164,419	3%	-
SECTOR NOT YET SPECIFIED	304,400,104	58%	654,540,000
Grand Total	520,897,932	100%	654,636,154

NOTE: "Funding" means Contributions + Commitments

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.)

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

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

Please note that this table includes \$90,512,765 of funding that has been contributed in 2011 but that has been confirmed for use in 2012. These contributions are identified with "contribution confirmed for 2012" in the description column of FTS tables A and H.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table IX. Total humanitarian funding per donor (Appeal plus other)

Somalia 2011 as of 15 November 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 (\$)
United States	158,698,901	12%	-
Private (individuals & organisations)	148,466,732	11%	298,040,000
United Kingdom	127,441,235	10%	-
European Commission	97,451,652	7%	-
Carry-over (donors not specified)	88,503,301	7%	-
Saudi Arabia	58,000,000	4%	-
Australia	56,859,078	4%	-
Central Emergency Response Fund (CERF)	52,953,352	4%	-
Allocation of unearmarked funds by UN agencies	49,794,737	4%	-
Turkey	49,200,000	4%	-
Various (details not yet provided)	47,965,581	4%	-
Japan	43,762,806	3%	-
Sweden	40,465,581	3%	-
Norway	30,228,327	2%	-
Germany	29,876,058	2%	-
Canada	28,349,569	2%	-
Denmark	26,112,344	2%	-
Brazil	22,826,484	2%	-
Netherlands	20,642,857	2%	-
Switzerland	18,612,559	1%	-
China	16,000,000	1%	-
United Arab Emirates	15,240,179	1%	96,154
France	13,576,184	1%	-
Spain	12,277,416	1%	-
Kuwait	11,940,000	1%	-
Austria	10,646,717	1%	500,409
Italy	8,219,778	1%	-
Ireland	7,251,526	1%	205,198
Belgium	6,550,177	0%	-
Finland	5,969,718	0%	-
Qatar	5,653,689	0%	-
Angola	2,552,000	0%	-
Islamic Development Bank	2,200,000	0%	-
Russian Federation	2,000,000	0%	-
Korea, Republic of	1,900,000	0%	-
New Zealand	1,581,108	0%	-
South Africa	1,169,590	0%	-
Luxembourg	715,002	0%	-
Kazakhstan	500,000	0%	-
OPEC Fund	350,000	0%	-

SOMALIA CAP 2012

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
Venezuela	274,506	0%	-
Croatia	181,818	0%	-
Estonia	156,703	0%	-
Other income	121,120	0%	-
Guyana	100,000	0%	-
Azerbaijan	100,000	0%	-
Iceland	53,097	0%	-
Allocation of unearmarked funds by IGOs	51,360	0%	350,000,000
Thailand	50,000	0%	-
Hungary	50,000	0%	-
Mexico	50,000	0%	-
Andorra	28,612	0%	-
Slovenia	14,306	0%	-
Bahrain	-	0%	3,000,000
Sudan	-	0%	3,000,000
Namibia	-	0%	500,000
Iran, Islamic Republic of	-	0%	-
Tanzania, United Republic of	-	0%	-
Grand Total	1,323,735,760	100%	655,341,761

NOTE: "Funding" means Contributions + Commitments

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.)

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

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

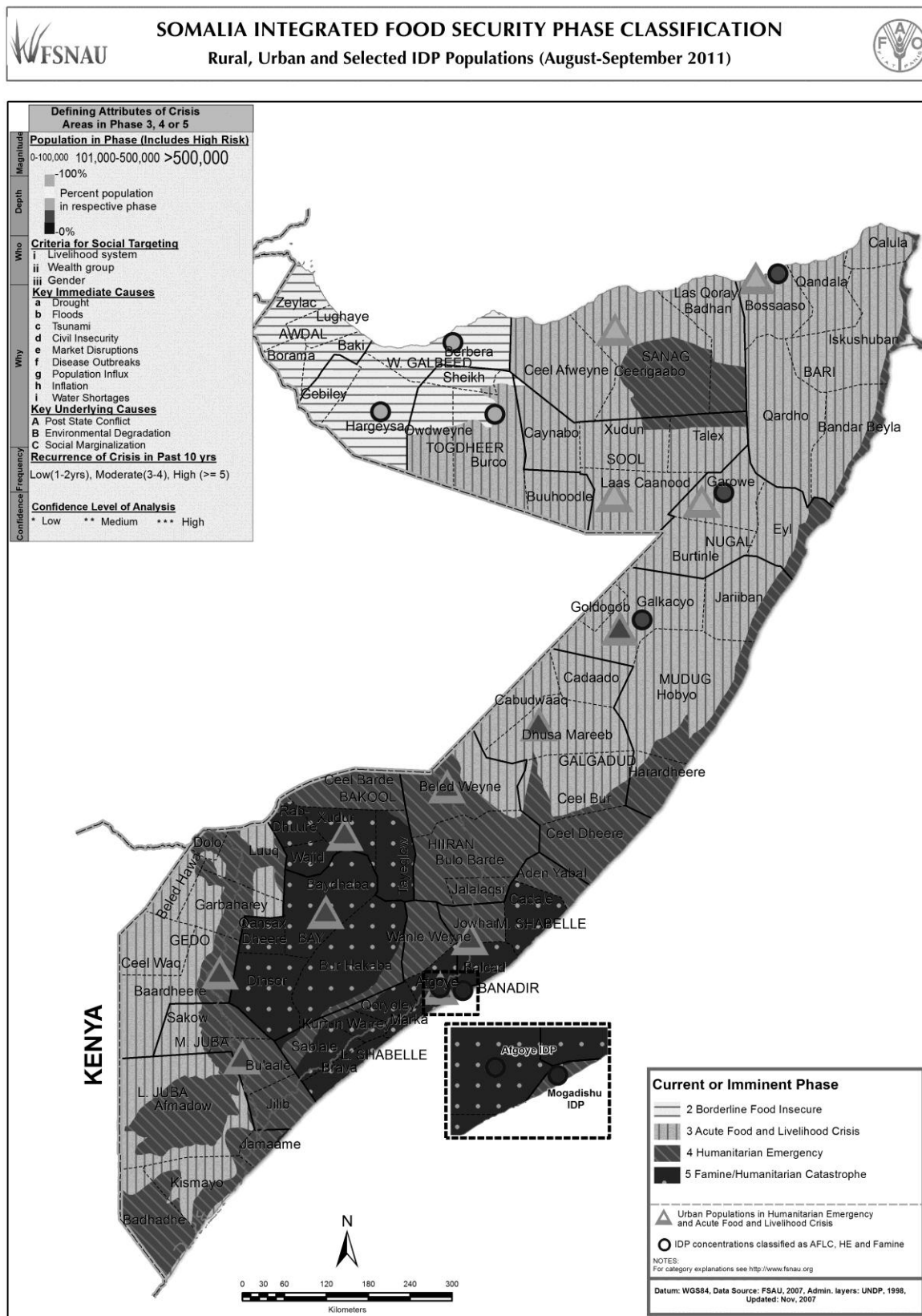
* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

Zeros in both the funding and uncommitted pledges columns indicate that no value has been reported for in-kind contributions.

Please note that this table includes \$90,512,765 of funding that has been contributed in 2011 but that has been confirmed for use in 2012. These contributions are identified with "contribution confirmed for 2012" in the description column of FTS tables A and H.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Annex IV: Comparative map of the August-September food security situation



Annex V: Acronyms and abbreviations

3W (or 4W)	Who is doing What Where (When)
AAD	Access Aid and Development
AADSOM	Action Against Disasters Somalia
AAHI	Action Africa Help International
ACF	<i>Action Contre la Faim</i> (Action Against Hunger)
ACTED	Agency for Technical Cooperation and Development
ADA	Active Development Aid
ADO	Agriculture Development Organization
ADRA	Adventist Development and Relief Agency
ADRO	Access Development and Relief Organization
AET	Africa Educational Trust
AFLC	Acute Food and Livelihood Crisis
AFREC	African Rescue Committee
AGROCARE	(not an acronym – a Netherlands-based NGO)
AIM-WG	Assessment and Information Management Working Group
AMISOM	African Union Peacekeeping Mission in Somalia
ANPPCAN	African Network for the Prevention and Protection against Child Abuse and Neglect
APD	Agency for Peace and Development
ARC	American Refugee Committee
ARDO	Aragti Relief and Development Organization
ARI	acute respiratory infection
ASAL	Action in Semi-Arid Lands
ASEP	Advancement for Small Enterprise Programme
ASWJ	Ahlu Sunnah Wal-Jama'a
AToN	aids to navigation
AVRO	Aamin Voluntary and Relief Organization
AWD	acute watery diarrhoea
AYUUB	Ayuub Organisation
BFI	borderline food-insecure
BNSP	basic nutrition services package
BUDO	Bulay Development Organization
BWDN	Bay Women Development Network
CAFDARO	Community Activity for Development and Relief Organization
CAP	consolidated appeal <i>or</i> consolidated appeal process
CARE	Cooperative for Assistance and Relief Everywhere
CARITAS	International Conference of Catholic Churches
CBO	community-based organization
CCD	control of communicable disease
CCM	community case management
CDO	community development organisation
CEC	community education committees
CED	Center for Education and Development
CEDA	Community Empowerment and Development Action
CEFA	European Committee for Training and Agriculture
CERF	Central Emergency Response Fund
CESVI	<i>Cooperazione E Sviluppo</i> (Italian NGO)
CFR	case fatality rate
CFA	cash-for-assets
CFS	child-friendly space
CFW	cash-for-work
CHD	child health day
CHF	Common Humanitarian Fund
CIMS	Contractor Information Management System
CISP	<i>Comitato Internazionale per lo Sviluppo dei Popoli</i> (International Committee for the Development of People)
CLHE	Candlelight for Health, Education and Environment

Annex V: Acronyms and abbreviations

CONCERN	Concern Worldwide
COOPI	<i>Cooperazione Internazionale</i> (International Cooperation)
COSV	<i>Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario</i> (Coordinating Committee for International Voluntary Service)
CPD	Centre for Peace and Democracy
CRC	Cluster Review Committees
CRS	Catholic Relief Services
CSDO	Community Sustaining Development Organisation
DA	Direct Aid
DDG	Danish Demining Group
DEH	(undefined)
DF	<i>Dialog Forening</i> (Finland Dialog Association)
DFI	Development Frontiers International
DKH	<i>Diakonie Katastrophenhilfe</i> (Diakonie Emergency Aid)
DIAL	Development Initiative Access Link
DRC	Danish Refugee Council
EAP	emergency assistance package
MOC	emergency obstetric care
EPI	expanded programme on immunization
EWAS	Early Warning Alert System
FAC	Food Assistance Cluster
FAO	Food and Agriculture Organization of the United Nations
FENPS	Formal Education Network for Private Schools
FERO	Family Empowerment and Relief Organization
FEWSNET	Famine Early Warning System Network
FFA	food-for-assets
FFT	food-for-training
FGM	female genital malnutrition
FSNAU	Food Security and Nutrition Analysis Unit
FSNWG	Food Security Nutrition Working Group
FTS	Financial Tracking Service
GAM	global acute malnutrition
GARDO	Galgaduud Relief and Development Organisation
GBV	gender-based violence
GEELO	Gender Education Empowerment and Leadership Organization
GEWDO	Gedo Women Development Organization
GFD	general food distribution
GREDO	Gol-yome Rehabilitation and Development Organization
GRT	<i>Gruppo per le Relazioni Transculturali</i> (Group for Transcultural Relations)
HACDESA	Hadful Cooperative Construction and Development For Social Affairs
HADO	Horn-Africa Aid and Development Organization
HARD	Humanitarian Africa Relief Development Organization
HARDO	Humanitarian Action for Relief and Development Organization
HAVOYOCO	Horn of Africa Voluntary Youth Committee
HCT	Humanitarian Country Team
HDC	Human Development Concern
HDI	Human Development Index
HDR	Human Development Report
HE	Humanitarian Emergency
HIJRA	Humanitarian Initiative Just Relief Aid Organization
HIV/AIDS	human immune-deficiency virus / acquired immune deficiency syndrome
HoA	Horn of Africa
HOD	Himilo Organization for Development
HOPEL	Horn of Africa Organization for Protection of Environment and Improvement of Livelihoods
HRDO	Horsed Relief and Development Organization
HRF	Humanitarian Response Fund
HWS	Hiraan Water Supply

IASC	Inter-Agency Standing Committee
ICCM	integrated community case management
ICWG	Inter-Cluster Working Group
IDP	internally displaced people
IDRO	Integrated Development and Relief Organization
IDSR	Integrated Diseases Surveillance and Reporting Network
IFEDA	Iftiin Education and Development Association
IHL	international humanitarian law
ILO	International Labour Organization
IMAM	integrated management of acute malnutrition
INGO	international non-governmental organization
INTERSOS	(not an acronym – an Italian NGO)
IOM	International Organization for Migration
IPC	integrated phase classification
IR	Islamic Relief
IRC	International Rescue Committee
IYCF	infant and young-child feeding
IRD	International Relief and Development
JCC	Juba-Land Charity Centre
JDO	Juba-Land Development Organization
KAP	knowledge, attitudes and practices
KPD	Kisima Peace and Development
LCA	logistics capacity assessment
LNGO	local non-government organization
LSA	local security assistants
m	metre
m ²	square metre
M&E	monitoring and evaluation
MAM	moderate acute malnutrition
MC	Mercy Corps
MCHN	maternal-child health and nutrition
MDM	<i>Médecins du Monde</i> (Doctors of the World)
MDG	Millennium Development Goals
MEDAIR	Medical Environmental Development with Air Assistance
MERLIN	Medical Emergency Relief International
MRE	mine risk education
MRM	monitoring and reporting mechanism
MSU	mobile storage units
MT	metric ton
MURDO	Mubarak for Relief and Development Organization
MYR	mid-year review
NAPAD	Nomadic Assistance for Peace and Development
NCA	Norwegian Church Aid
NE	north-east
NERAD	National Environmental Research and Disaster-Preparedness
NFI	non-food item
NGO	non-governmental organization
NID	National Immunization Day
NRC	Norwegian Refugee Council
NSP	NGO Security Programme
NW	north-west
OCHA	Office for the Coordination of Humanitarian Affairs
OIC	Organisation for Islamic Cooperation
OPS	On-line Projects System
OTP	outpatient therapeutic care programme
OXFAM	Oxford Committee for Famine Relief

Annex V: Acronyms and abbreviations

OXFAM GB	Oxfam Great Britain
OXFAM Novib	Oxfam Netherlands
PASOS	Peace Action Society Organization for Somalia
PDM	post-distribution monitoring
PENHA	Pastoral and Environmental Network in the Horn of Africa
PHC	primary health care
PLW	pregnant and lactating women
PMN	Population Monitoring Network
PMT	Population Movement Tracking
PSEA	protection against sexual exploitation and abuse
RAAS	Rainwater Association of Somalia
RAWA	Rasawad Welfare Association
RCO	Resident Coordinator's Office
RMU	Risk Management Unit
RRP	Riverine Relief Program
SADO	Social-Life and Agricultural Development Organisation
SAF	Somali Aid Foundation
SAFUK-International	Skills Active Forward International
SAM	severe acute malnutrition
SAMRADO	Safa Marwa Relief and Development Organization
SC	Save the Children
SC	stabilization centre
SCC	Somali Community Concern
SDRO	Somali Development and Rehabilitation Organization
SEA	sexual exploitation and abuse
SFP	supplementary feeding programme
SGBV	sexual and gender-based violence
SHA	Somali Help Age
SHARDO	Shabelle Relief and Development Organization
SHILCON	Shilale Rehabilitation and Ecological Concern
SHRA	Somali Humanitarian Relief Action
SIOC	Security Information and Operations Centre
SMT	Security Management Team
SOADO	Somali Organic Agriculture Development Organization
SOMTRAG	Somali Transformation Group
SOP	standard operating procedures
SORAC	Somali Rescue Action Committee
SORDA	Somali Rehabilitation and Development Agency
SORDES	Somali Relief and Development Society
SORRDO	Somali Relief, Rehabilitation and Development Organization
SOYDA	Somali Young Doctors Association
SPDS	Somali Peace and Development Society
SPHERE	Project on Minimum Humanitarian Standards in Disaster Response
SRA	security risk assessment
SRDA	Somali Relief and Development Action
S-SAFE	Safer and Secure Access to Field Environment
SSWC	Save Somali Women and Children
STI	sexually transmitted infection
SWALIM	Somali Water and Land Information Management
SWC	Somali Women Concern Organization
SWIMs	Somali Water Information Management
SWISSO-KALMO	Switzerland-Somalia 'Kalmo' (peace and affinity)
SYPD	Somali Youth for Peace and Development
TARDO	Tanad Relief and Development Organization
TB	tuberculosis
TFG	Transitional Federal Government
TGV	Technoplan Group of Volunteers
TOR	terms of reference
TSFP	targeted supplementary feeding programme

U5	under-five
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
UNESCO	United Nations Education Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHABITAT	United Nations Human Settlements Programme
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
URDO	Urban and Rural Development Organisation
USAID/OFDA	United States Agency for International Development / Office for Foreign Disaster Assistance
VSF-Germany	<i>Vétérinaires Sans Frontières</i> – Germany (Veterinarians Without Borders)
WARDI	WARDI Relief and Development Initiatives
WASDA	Wajir South Development Association
WCI	Women and Child Initiative Organization
WFP	World Food Programme
WHO	World Health Organization
WOCCA	Women and Child Care Organization
WRRS	Wamo Relief and Rehabilitation Services
WASH	water, sanitation and hygiene
YADA	Young Africans Development Action
YAHAN NETWORK	Youth and HIV/AIDS Network
YME	YME Foundation

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