2016

HUMANITARIAN
RESPONSE PLAN

— JANUARY-DECEMBER 2016 —

Photo: UN/Tobin Jones

SOMALIA

DJIBOUTI

GULF OF ADEN

Djibouti

Bossaso

AWDAL

Ceerigaabo

BARI

Borama

WOQOOYI
GALBEED

TOGDHEER

SANAAG

Burao

SOOL

100 km

Hargeysa

Laas Caanood

Garowe

ETHIOPIA

NUGAAL

INDIAN
OCEAN

Gaalkacyo

MUDUG

Dhuusamarreeb

Belet Weyne

BAKOOL

GALGADUUD

SOMALIA
Revised IPC projection:
August to December 2015[1]

KENYA

Xudur

HIRAAN

"Crisis":
935 k (7.6%)

"Emergency":
79 k (0.6%)
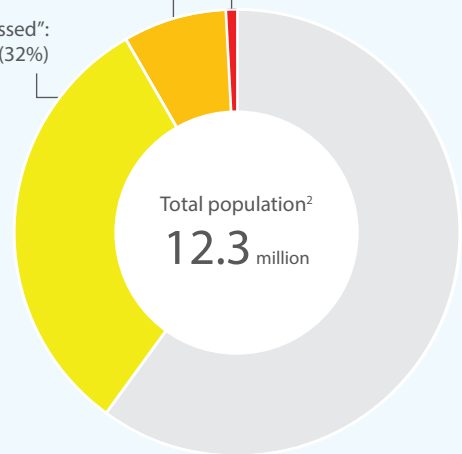
Garbahaarey

Baidoa

"Stressed":
3.9 M (32%)

GEDO

BAY

MIDDLE SHABELLE

Jowhar

BANADIR

Mogadishu

Total population[2]

MIDDLE JUBA

Marka

12.3 million

Bu'aale

LOWER SHABELLE

LOWER
JUBA

Kismayo

The original 2015 Somalia post Gu survey assessment results and IPC analysis were reported based on the old (2005 UNDP) population estimate as the breakdown of the new 2014 United Nations Population Fund (UNFPA) population estimate for Somalia was not available at lower (district) level in advance of the assessment. However, this has been revised based on the new population estimate for Somalia (UNFPA 2014) incorporating FSNAU livelihood information embedded in the 2005 UNDP district level population data.

1. The integrated food security phase classification (IPC) is a set of tools and procedures to classify the severity of food insecurity using a widely accepted five-phase scale. At the area level, it divides areas into the following phases: IPC Phase 1=Minimal; Phase 2=Stressed; Phase 3=Crisis; Phase 4=Emergency; and Phase 5=Famine.
2. 2014 UNFPA population estimates.

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

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FOREWORD BY

THE HUMANITARIAN COORDINATOR

Somalia embarked on a new course at the end of the 2012 political transition and remains on a positive trajectory today. The Federal Government and the international community are increasingly addressing urgent humanitarian needs together, while at the same time identifying and embarking on development priorities. Of note is especially that the authorities have increasingly recognized and begun to hold themselves accountable to the needs of the Somali people. However, after decades of crises and internal strife, and having endured decades of fragmentation, with millions dependent on humanitarian assistance, the journey ahead is not going to be easy.

Humanitarian needs are certain to persist and deserve our urgent undivided attention. Cyclical climatic impacts, widespread human rights violations, political instability and insecurity, and low levels of basic development indicators continue be a challenge. Today, some 4.9 million people are in need of life-saving and livelihoods assistance. Over 1.1 million people remain internally displaced. An estimated 308,000 children under age 5 are acutely malnourished, with 56,000 of them facing death if not treated. Some 3.2 million people lack access to emergency health services, while 2.8 million require improved access to water, sanitation and hygiene. Around 1.7 million school-age children are sadly still out of school. These are stark realities of Somalia today.

The 2016 Humanitarian Response Plan (HRP) for Somalia is a reprioritized plan seeking about $885 million to reach 3.5 million people. The plan includes a strong focus on reducing morbidity and takes into account our ability to deliver life-saving assistance while at the same time securing linkages between humanitarian action and durable solutions. With that in mind, we prioritized addressing life-saving needs and providing life-sustaining assistance through the promotion of access to basic services and livelihoods support. To note is also that the cost of delivery in Somalia will remain high, due to a number of critical factors, including insecurity and poor physical access.

Our main goal for 2016 is to bring down the levels of critical vulnerabilities and reduce the risk of people sliding further into crisis. We aim to reduce the number of people who are unable to meet minimum food requirements from 8 per cent down to 5 per cent of the total population. We also aim to cut down the number of people requiring assistance from 4.9 million to 3.2 million people by the end of 2016 and reduce national malnutrition prevalence rates from the current average of 13.6 per cent to below 11 per cent by the end of 2016. We can save lives by reducing deaths caused by preventable diseases.

This is an important period for Somalia with new opportunities for stronger linkages between life-saving and developmental longer-term solutions. Prerequisite humanitarian coordination structures are in place, as well is the commitment of the authorities to ensure stronger ownership of and implementation by national systems. A dialogue has also been facilitated between NGO partners and the Government, based on the recognition that a mutually acceptable regulatory framework is needed. However, while donors have generously provided resources for humanitarian assistance to the Somali people, timely international support is still required to prevent another humanitarian crisis.

If we miss our targets, it could undermine the initial gains made to put Somalia on the right track towards a more prosperous and peaceful future. Morbidity, hunger and vulnerability will then persist and the humanitarian crisis will remain a devastating emergency. Some 1.9 million people will not access primary health care and some will die of diseases that may easily have been prevented. We will not only be letting down millions of Somalis' development vision, but it will have near catastrophic consequences for people who count on us for aid.

I therefore call on the international community to continue to support people in need in Somalia. Our aid effort will not only give a "hand-out" but a "hand-up" to save lives and foster resilience. Non-governmental organizations and UN agencies taking part in this response plan are committed to playing their part to the fullest, so that 2016 is not just another year of aid delivery but one that makes a difference in building the resilience of the people in Somalia.

**Peter de Clercq
Humanitarian Coordinator,
Mogadishu, Somalia**

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THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1

Address humanitarian needs by providing life-saving and life-sustaining assistance to people in need, prioritizing the most vulnerable.

STRATEGIC OBJECTIVE 2

Restore and strengthen livelihoods and basic service delivery to build resilience to recurrent shocks.

STRATEGIC OBJECTIVE 3

Strengthen the protection of the displaced and other vulnerable groups, and catalyze durable solutions.

PEOPLE IN NEED

4.9M
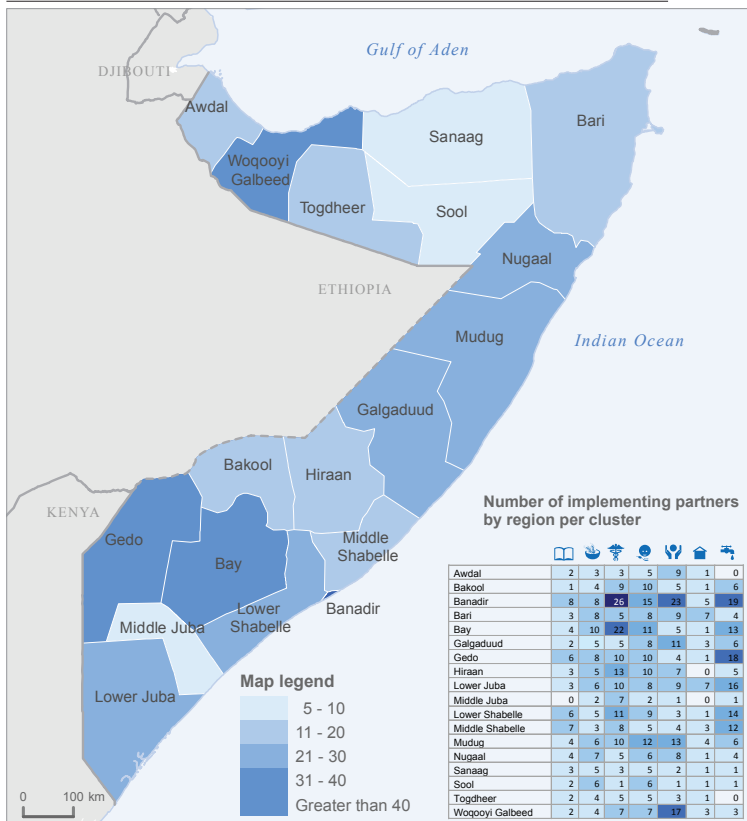
PEOPLE TARGETED

3.5M

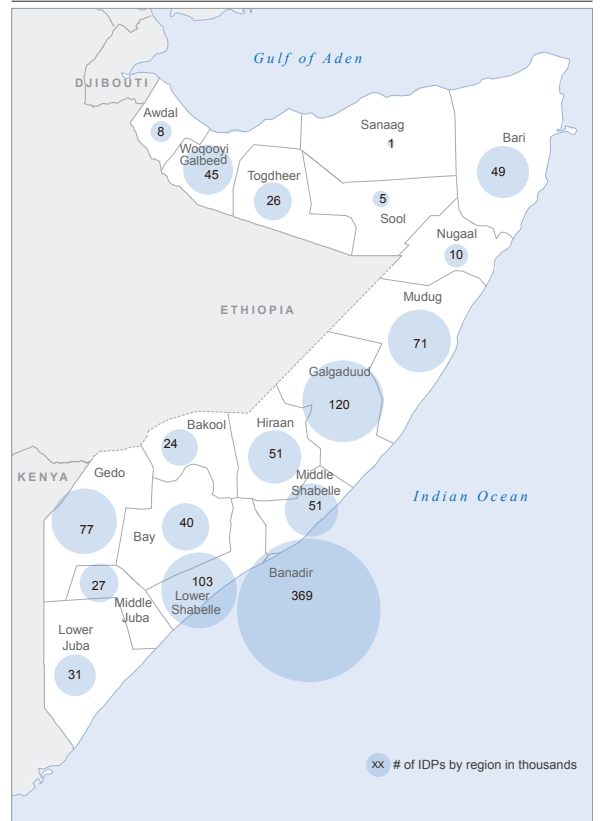**REQUIREMENTS (US$)**

$885M

INTERNALLY DISPLACED PERS.

1.1M

YEAR	RETURNEES	REFUGEES
2015 Actual	31,494	5,911
2016 Planned	69,000	11,547

IMPLEMENTING PARTNERS BY REGION

Number of implementing partners by region per cluster

Awdal	2	3	3	5	9	1	0
Bakool	1	4	9	10	5	1	6
Banadir	8	8	26	15	23	5	19
Bari	3	3	5	8	9	7	4
Bay	4	10	22	11	5	1	13
Galgaduud	2	5	5	8	11	3	6
Gedo	6	8	10	10	4	1	18
Hiraan	3	5	13	10	7	0	5
Lower Juba	3	6	10	8	9	7	16
Middle Juba	0	2	7	2	1	0	1
Lower Shabelle	6	5	11	9	3	1	14
Middle Shabelle	7	3	8	5	4	3	12
Mudug	4	6	10	12	13	4	6
Nugaal	4	7	5	6	8	1	4
Sanaag	3	5	3	5	2	1	1
Sool	2	6	1	6	1	1	1
Togdheer	2	4	5	5	3	1	0
Woqooyi Galbeed	2	4	7	7	17	3	3

Map legend

- 5 - 10
- 11 - 20
- 21 - 30
- 31 - 40
- Greater than 40

0   100 km

NUMBER OF IDPS BY REGION

xx # of IDPs by region in thousands

OVERVIEW OF

THE CRISIS

Humanitarian needs remain high, despite concerted humanitarian assistance.

The humanitarian crisis in Somalia is among the most complex protracted emergencies in the world. Resurgent conflict across the country and endemic environmental hazards render the majority of Somalia's 12.3 million people chronically or acutely vulnerable. About 4.9 million people are in need of humanitarian assistance as of September 2015[1]. Hereof, 1 million face food security "crisis" or "emergency" and 3.9 million remain highly vulnerable to shocks and will need assistance, including livelihood support to prevent them slipping into "crisis" or "emergency" phases. Malnutrition rates remain high with about 308,000 children under age 5 acutely malnourished and 56,000 children severely malnourished, while the overall burden of acute malnutrition in 2016 is estimated at be more than 800,000 cases. The lack of improvement is mainly due to the early end of 2015 *Gu* rains (April-July) that led to below average cereal production. As
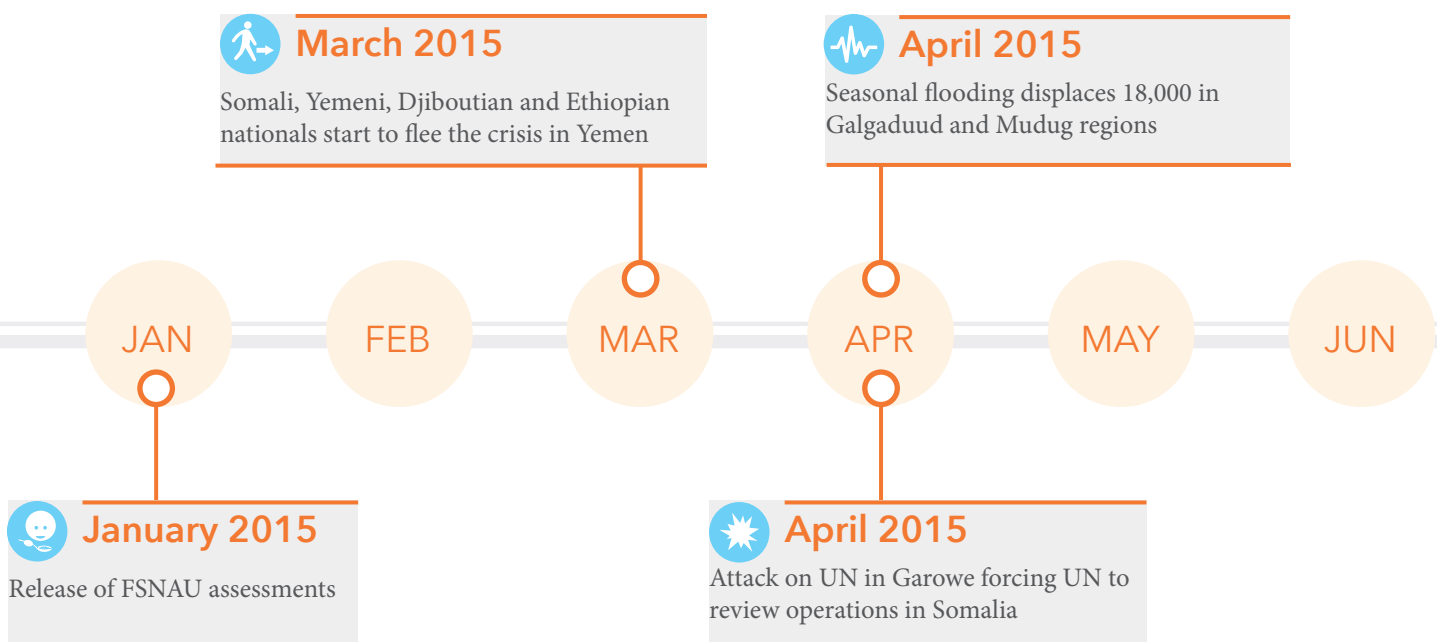
the majority of Somalis depend on subsistence farming and pastoralism for their livelihoods, predictable seasonal shocks like flooding and drought continue to cause a fluctuation in humanitarian needs, as well impact the already weak economy. Health conditions remain worrying, with frequent outbreaks of acute watery diarrhoea (AWD) and measles. More than 5,700 suspected measles cases have been reported this year, while about 4,000 cases of AWD/cholera were recorded— with 85 per cent of the cases among children under age 5.

Vulnerability to shocks remain high

Due to topography and precipitation patterns, the country suffers from cyclical natural disasters. Riverine and flash floods occur in Galgaduud, Mudug and Nugaal regions and

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[1] The original 2015 Somalia Post *Gu* survey assessment results and IPC analysis were reported based on the old (2005 UNDP) population estimate as the breakdown of the new 2014 United Nations Population Fund (UNFPA) population estimate for Somalia was not available at lower (district) level in advance of the assessment. However, this has been revised based on the new population estimate for Somalia (UNFPA 2014) incorporating FSNAU livelihood information embedded in the 2005 UNDP district level population data.

CRISIS TIMELINE

March 2015
Somali, Yemeni, Djiboutian and Ethiopian nationals start to flee the crisis in Yemen

April 2015
Seasonal flooding displaces 18,000 in Galgaduud and Mudug regions

JAN   FEB   MAR   APR   MAY   JUN

January 2015
Release of FSNAU assessments

April 2015
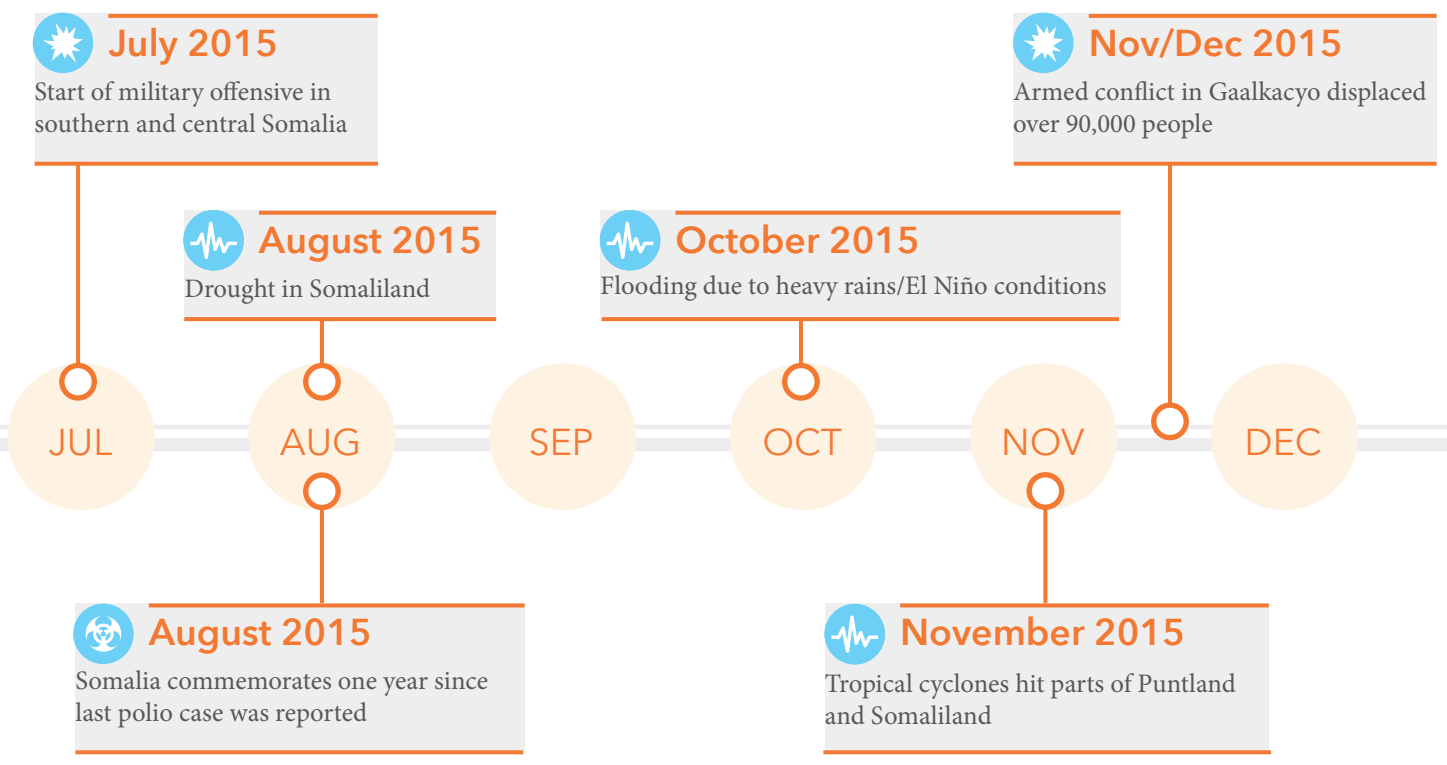Attack on UN in Garowe forcing UN to review operations in Somalia

in areas around the Juba and Shabelle river valleys every year between March to May and October to December. Limited infrastructure, including flood-bank retaining walls and water catchment or redirection systems, expose the same communities to the effects of floods annually, often with disastrous results on small-holder farmers and rural economies. Furthermore, the country is also drought-prone. The FSNAU post-*Gu* results indicate drought conditions in north western parts of Somaliland and have classified these regions in "crisis" phase. FSNAU estimates that 129,000 people in the Awdal, Woqooyi Galbeed and pocket areas of Sanaag will be in "crisis" and "emergency" phase from August to December 2015 due to the under-performance of the 2015 Gu rains. These effects could spill over to the first half of 2016 as the 2015-16 El Niño phenomenon is expected to aggravate drought conditions in these areas. In addition, the phenomenon has aggravated seasonal floods in Puntland and riverine areas in southern and central regions. More than 132,000 people had been affected as of late November 2015, 60,000 of whom were displaced. The humanitarian community continues preparedness and contingency planning, prepositioning, and preventative assistance. Further efforts in disaster risk reduction is required to address the recurrent challenges associated with recurrent environmental hazards.

Large gaps remain in the provision of basic services, demanding a humanitarian response across a range of sectors

The Government continues to struggle to deliver basic public services, implement the rule of law and guarantee internal security. The chronic lack of development and accountability, contributed to access to basic services such as health and

KEY ISSUES

- Food security and nutritional crisis
- Conflict
- Disease outbreaks
- Cyclical natural disasters
- Protracted internal displacement

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July 2015
Start of military offensive in southern and central Somalia

August 2015
Drought in Somaliland

October 2015
Flooding due to heavy rains/El Niño conditions

Nov/Dec 2015
Armed conflict in Gaalkacyo displaced over 90,000 people

| JUL | AUG | SEP | OCT | NOV | DEC |

August 2015
Somalia commemorates one year since last polio case was reported

November 2015
Tropical cyclones hit parts of Puntland and Somaliland

education being well below internationally accepted levels. It scores extremely low across a range of human development indicators and is consistently at the bottom of development and humanitarian ranking lists. For example, more than 73 per cent of the population live below the poverty line ($1.25 per day), one out of 18 women dies during childbirth[2]; about 1.7 million children are out of school; 82 per cent of the population does not have access to safe water and basic sanitation; and, Somalia is one of the top ten countries with the highest prevalence of malnutrition in the world[3].

Critical gaps in adequate response and absorptive capacity to the displacement crisis, including facilitating durable solutions

Over 1.1 million remain in a protracted internal displacement situation. Many live in deplorable conditions and do not have adequate access to basic services and livelihood. Further, the country continues to register new displacements as a result of armed conflict and cyclical natural disasters. In July 2015, new military operations led to the displacement of over 42,000 people in Bakool, Bay, and Gedo, Hiraan, Galgaduud and Lower Shabelle regions. In 2015, 76,000 people were displaced as a result of *Gu* and *Deyr* (October-January) rains and more are expected to get displaced as the *Deyr* rains continue. Endemic inter-clan fighting for control of land, pasture or water sources also continues to lead to casualties and displacement of civilians.

Internally displaced persons (IDPs) are particularly vulnerable and make up more than 58 per cent of people who are food insecure.

Displaced people are particularly vulnerable, unprotected and exposed to exploitation and abuse. Many have gone through multiple displacements from their homes for decades, are marginalized and at risk of human rights violations including forced evictions, discrimination and pervasive gender-based violence (GBV). Family separations, GBV against children, forced recruitment and abductions are among the main violations against displaced children. In addition, GBV is exorbitantly high in IDP settlements. 75 per cent of all GBV-survivors are IDPs. The development of a comprehensive solutions strategy for Somalia's IDPs will commence in December 2015. Humanitarian organizations are also working to strengthen collaboration with development partners to address the underlying causes of displacement and pursue options for durable solutions.

Large and protracted refugee crisis

Over 1.2 million Somali refugees are also living in neighbouring countries within the region and in Yemen, and some are increasingly under pressure to repatriate. Refugees and returnees fleeing the Yemen crisis continue to arrive in Somalia. As of late November 2015 close to 30,000 people fleeing the crisis had arrived in Puntland, Somaliland, and southern and central Somalia. About 89 per cent hereof are Somalis.

Organized returns from Kenya are taking place within the framework of the Kenya/Somalia/UNHCR Tripartite Agreement. As of 31 October, just over 5,000 individuals returned to Somalia in 2015. This trend of voluntary returns, supported or spontaneous, is an encouraging sign that refugees regard voluntary repatriation as a viable option for them and their families. Starting in July and as part of the post pilot expanded operation, the Tripartite Commission including UNHCR decided to support voluntary repatriation to all parts of Somalia so long as the individual decisions of refugees to return to Somalia were informed and voluntary. However, due to practical considerations related to humanitarian access, concrete reintegration support and assistance can only be provided in areas of the country with relative stability and where UNHCR and partners are currently present, and/or can establish operations. For this reason, reintegration programmes will be undertaken in Somaliland, Puntland and in selected districts of southern and central regions including Afgooye, Afmadow, Baidoa, Balcad, Baardheere, Belet Weyne, Jowhar, Kismayo, Luuq, Mogadishu and Wanla Weyn. The extent of operational interventions will depend on the security situation which remains volatile in many parts of the country.

The Pledging Conference held in Brussels on 21 October 2015 jointly hosted by UNHCR and the European Union demonstrated the strong linkages between humanitarian and development action that must exist to achieve sustainable return and reintegration. The process which saw strong engagement from a broad range of humanitarian and development actors resulted in an "Integrated Action Plan for Sustainable Return and Reintegration of Somali Refugees from Kenya to Somalia". This Action Plan is the instrument which will guide humanitarian and development actors for the next two to three years. A total of 50,000 refugee returnees are expected to return from Kenya in 2016, as well as 1,000 from Ethiopia. An additional 18,000 Somali refugee returnees (refugees and migrants) are expected to arrive from Yemen in 2016. The priority needs of refugee returnees include family and community based humanitarian assistance aimed at addressing multi-sector humanitarian needs upon arrival and initial reintegration in areas of return, from the time of their arrival until medium and longer term interventions are in place.

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[2] World Health Organization, 2014
[3] *State of the World Children report,* UNICEF 2014.

Land issues, inter-connected with political developments, are at the root of inter-communal conflict, marginalization of minorities and the most vulnerable, and cyclical displacement

While recent military and political trends have exacerbated land issues, many of the tensions are rooted in more historical competition over land and water between neighbouring communities. Displacement as a result of violence and forced evictions due to land tenure insecurity are on the rise. The scale of forced evictions of IDPs and the urban poor from public and private land and buildings in Mogadishu and other urban areas is alarming and profoundly worrying. In 2015 alone, over 116,000 people were forcibly evicted. Land tenure insecurity remains one of the key obstacles to local integration and other solution processes for displaced people and cause further rights violations, such as destruction of property and family separation as well as destruction of humanitarian investments, such as water, sanitation and hygiene (WASH) installations.

Historically, possession of individual title deeds was largely confined to urbanized and politically-connected elites and such deeds probably cover less than ten per cent of the land currently in dispute, therefore many marginalised communities have no access to land and property rights, as well as involvement in the current state formation process. Secure land tenure and property rights are vital to ensure that solutions to cyclical displacement are provided in the short, medium and long-term. It is important that state-led partnership with relevant international partners to address protracted internal displacement in a more sustainable manner is promoted.

Federal state-building continues, but significant institutional capacity to respond to emergencies remains weak

The establishment of the Federal Government of Somalia has allowed for significant progress on the political front, unparalleled since the collapse of the state in 1991. In 2014, the Government developed 'Vision 2016', establishing a roadmap for achieving a national political settlement. Within this framework, the Government has, with the support of international partners, been reviewing a revised Federal Constitution and preparing for national elections scheduled for 2016.

In 2015, the Government initiated the process for a national development plan building upon the work under Peace and Statebuilding Goals (PSGs) 4 and 5 of the New Deal Compact, laying the foundation for sustainable economic recovery and development.

Due to a number of challenges, including insufficient funding and slower than expected engagement by important stakeholders, a roll-out of a coordinated strategic and broad-based development programme has been slow. These processes are expected to induce durable solutions for the vulnerable groups, reducing the need for humanitarian delivery as a substitute for lack of access to basic services. In June, the IMF completed its first consultation mission to Somalia in 25 years and noted that the current GDP growth, driven by the agriculture, construction and telecommunications sectors, would be insufficient to address poverty and gender disparities. Government and development partners need to prioritize strengthening of institutional capacities and measures to foster infrastructural development in support of basic service delivery. Drought and chronic flooding can only be effectively managed through disaster risk reduction and large-scale development interventions, including infrastructure repair and riverbank reconstruction. The country therefore needs an effective and functional disaster management system at all levels.

Adequate and timely funding is necessary to ensure humanitarian needs are met

The combined support of donors to the Somalia humanitarian response has been generous, and donors have remained engaged and supportive of humanitarian efforts for years. Humanitarian needs nevertheless continue to outpace funding. Out of a total US$863 million required in 2015, as at end November, $534 million was received, including $324 million for the 2015 HRP as well as $210 million reported as outside of the HRP. The impact of the funding shortfall is being felt across all clusters. Robust resource mobilization efforts to ensure timely and adequate funds are received to be able to assist people in need are being stepped up.

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2015 HRP REQUEST	2015 NON-HRP FUNDING
$863 million	$210 million
62% $539 million unmet	
38% $324 million HRP funding	

STRATEGIC
OBJECTIVES

Three core humanitarian objectives for Somalia in 2016.

1 Address humanitarian needs by providing life-saving and life-sustaining assistance to people in need, prioritizing the most vulnerable.

The response will prioritize those identified as most vulnerable and consist of delivery of integrated life-saving assistance to the 1 million people in "emergency" and "crisis", hereof 308,000 malnourished children who are unable to meet their minimum food and nutritional needs. This will be done by improving immediate access to food, through cash and food vouchers, vital nutrition and health and WASH support to reduce morbidity and mortality among vulnerable girls, pregnant and lactating women, boys and men, and vital protection services.

2 Restore and strengthen livelihoods and basic service delivery to build resilience to recurrent shocks.

Response will prioritize the provision of basic services and livelihood opportunities to vulnerable people, including reliable access to food and nutrition, education, shelter and water, hygiene and sanitation to ensure that basic needs are met. For individuals and households at risk, the provision of targeted and predictable safety nets will help them mitigate the effects of seasonal risks and prevent them from slipping into acute insecurity.

3 Strengthen the protection of the displaced and other vulnerable groups, and catalyze durable solutions.

The objective is to improve the protective environment, prevention of protection risks, response and access to community-based protection services to improve protection structures in hard to reach areas; provide support to IDPs to achieve durable solution through technical advice, analysis, strategy development, advocacy and direct interventions.

Overall expected outcome of humanitarian action in 2016:

Strategic Objective 1

1. Reduce the number of people unable to meet minimum food requirements to less than 5 per cent of the total population from the current 8.1 per cent.

2. Reduce national malnutrition prevalence rates from the average 13.6 per cent to below 11 per cent.

3. Reduce incidence and case fatality rate of AWD/cholera, measles and other diseases.

4. Provide life-saving protection services for 95,000 people.

Strategic Objective 2

5. Reduce the number of people in 'stressed' food security situation from 3.9 million people to 2.9 million people.

6. Increase the number of people with access to safe drinking water from the current 55 per cent to 65 per cent.

Strategic Objective 3

7. Provide 200,000 emergency and crisis-affected children and youth with access to safe and protective learning environments.

8. Support durable solutions for an estimated 3,000 IDPs and provide improved housing, land and property rights for 7,000 internally displaced by preventing and responding to forced evictions.

RESPONSE

STRATEGY

A new overarching three-year humanitarian strategy to address the protracted nature of the humanitarian crisis, with a one-year plan to address immediate and critical needs.

The 2016 response plan is premised on the three-year humanitarian strategy that extends from 2016 to 2018. The strategy aims to save lives, strengthen community livelihood systems to withstand shocks and manage disasters, improve access to basic services, while concurrently prioritizing protection of vulnerable groups, including seeking durable solutions for IDPs. By pursuing these overriding objectives, this strategy seeks to utilize life-saving humanitarian assistance to support vulnerable people to withstand and build resistance to shocks, while at the same time linking to development activities to address the root causes of vulnerability, solve cyclical displacement and catalyze durable solutions. A three-year approach to humanitarian response in Somalia will make it easier for partners to set benchmarks for annual monitoring frameworks and adjust annual response plans in line with emerging needs, ultimately leading to increased accountability to affected people and better linkages with development efforts, such as durable solutions for internal displacement and returning refugees.

The 2016 response plan is guided by three strategic priorities that ensure humanitarian assistance reduces human suffering caused by conflict and natural disasters. While entirely humanitarian in scope, the strategy will link with state-building and development-focused activities in order to help ensure that many of the underlying causes of recurrent humanitarian crisis in Somalia are addressed and to strengthen the resilience of Somali people and communities to prepare, respond and recover from future crises. The response will be prioritized to those identified as most vulnerable, namely: acutely food insecure, malnourished children, conflict and natural disaster-impacted and displaced, refugees and returnees. Efforts will be stepped up to advocate for improved access and to support partners to establish and expand activities in hard to reach areas in southern and central regions.

Response priorities

The following response parameters have been set up to guide the prioritization of need in order to identify and address the most acute needs first:

- Provision of life-saving assistance to people in 'emergency' and 'crisis'.

- Addressing acute malnutrition through an integrated multi-sector approach, prioritizing the 308,000 acutely malnourished, including the 56,000 severely malnourished.

- Support reduction of malnutrition rates, specifically in and around the five IDP settlements with thresholds around and above "emergency" levels Baidoa (Bay), Dhobley (Lower Juba), Doolow (Gedo), Garowe (Nugaal) and Gaalkacyo (Mudug).

- Provide life-saving assistance to the most vulnerable IDPs and returnees, particularly those displaced multiple times, with protection, shelter/non-food items (NFIs) and basic services.

- Implement life-saving interventions in regions most affected by flooding and drought as a result of El Niño.

Establishing the three strategic priorities at the country level has enabled clusters to focus strategic response plans on delivering against key country level cluster objectives[4]. An inter-sector approach to identify the most pressing needs also served to foster cross-cluster cooperation and the development of multi-sectoral integrated response strategies that maximize impact of effort and resources. In this sense, multi-sector responses will be systematically triggered in support of priority interventions.

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[4] Refer to annex II for details on operational response plans

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Working in collaboration with the Government, and creating linkages with development and stabilisation programmes to catalyze durable solutions for displaced people

Somalia, today, is on a positive trajectory with key achievements on the political and security fronts. With strong support from international partners, the Federal Government of Somalia (FGS) has accelerated federalization efforts in 2015 and is preparing for political transition in 2016. Five out of six regional federal administrations have been established so far. The process has been fraught with contention over regional boundaries, and inter-clan conflicts related to this process are also on the rise. Somaliland continues its bid for international recognition as an independent state and has delayed elections from June 2016 to March 2017. 2016 will be a pivotal year for Somalia as the current federal and regional administrations will terminate their mandate, and Somalia will undergo an electoral process to select a new administration. 2016 also signifies the end of the New Deal Compact for Somalia, which guides peace and state-building efforts and outlines clear accountability and principles of partnership for the Government on the one hand and international partners on the other.

While there have been high expectations on the initiation and implementation of development programmes in 2015, there have not been significant resources and coherence across the development spectrum. Although there have been more donors looking to increase support to development programmes, this has not translated into the channelling of any resources towards the development agenda. This is severely impacting the opportunity to build the capacity of core institutions of the state and Government and basic services. UN remains heavily underfunded, with the Multi-Partner Trust Fund (MPTF) only having received just under $200 million. This low level of funding will not be sufficient for the UN to address many of the underlying causes of vulnerability and build resilience of communities to cope with shocks and stresses.

The three-year humanitarian strategy for 2013 to 2015 was developed on the premise that Somalia was in a period of transition and humanitarian programming should go beyond life-saving programmes and serve as a bridge to longer-term development activities within a humanitarian context. In that vein, it aimed to support Somali communities to build capacities to withstand shocks and adapt to new situations by identifying the most vulnerable people, understanding

the causes of vulnerability, and addressing them through innovative programming. In essence, there was a strong longer-term resilience component imbedded into the last humanitarian plan for Somalia, with activities timed and sequenced to sustainably enhance household and community capacities to cope with shocks and seasonal vulnerabilities. However, sustained funding was not provided to enhance resilience and link to longer-term development projects that delivered a significant impact and during spikes in emergency levels, humanitarian organizations were frequently required to divert funding from resilience building efforts to life-saving priorities.
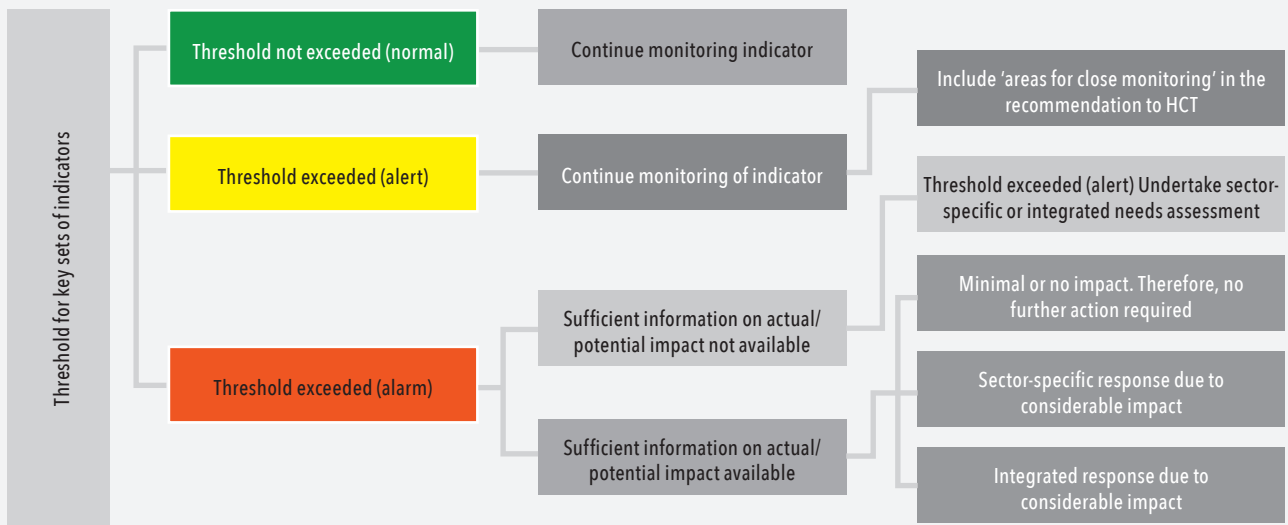
The strategic objectives of the three-year strategy and the New Deal, especially PSGs 4 (Economic Foundations) and 5 (Revenue and Services), will be further aligned to foster complementarity between humanitarian and development programming in pursuit of durable solutions to displacement, recurrent protection violations and to addressing the underlying causes of hunger, malnutrition, disease, and suffering throughout Somalia. However, this will remain a longer-term objective of the three-year strategy, rather than a priority for one-year programming to address immediate humanitarian needs, which is the core prerogative of the 2016 HRP.

Ensuring that early warning leads to early action

In 2014, the humanitarian community agreed on a trigger and accountability framework to enforce a well-functioning early action mechanism as part of the efforts to strengthen the accountability of the Humanitarian Country Team (HCT) to facilitate decision-making for early action in emergency situations. The humanitarian community have agreed on a set of indicators to trigger response[5]. Although enhanced implementation of the framework was prioritized in 2015, it has been undermined by resource gaps. Advocacy efforts to mobilize resources to adequately take forward the implementation of the framework will be prioritized in 2016. FAO's Somalia Water and Land Information Management unit (SWALIM) continued to provide flood early warning and preparedness along the Juba and Shabelle Rivers through the provision of updated daily and weekly flood information during the *Gu* 2015 rainy season to humanitarian partners and local communities. Flood information is disseminated through mobile SMS, radio, e-mail and the flood information website.

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[5] See annex for details on how long it takes to move between the phases and the criteria

THE TRIGGER MECHANISM AND ACCOUNTABILITY FRAMEWORK

Threshold for key sets of indicators

- Threshold not exceeded (normal) → Continue monitoring indicator
- Threshold exceeded (alert) → Continue monitoring of indicator
  - → Include 'areas for close monitoring' in the recommendation to HCT
  - → Threshold exceeded (alert) Undertake sector-specific or integrated needs assessment
- Threshold exceeded (alarm)
  - → Sufficient information on actual/potential impact not available
  - → Sufficient information on actual/potential impact available
    - → Minimal or no impact. Therefore, no further action required
    - → Sector-specific response due to considerable impact
    - → Integrated response due to considerable impact

Gender considerations

Somalia ranks the fourth lowest country globally for gender equality (UNDP 2012). Nearly 75 per cent of females between 15-24 years are illiterate, one of the world's highest levels of gender disparity[6]. The status and rights of Somali women and girls are fragile due to their low position in society, patriarchal norms and deeply rooted harmful traditional practices. Gender roles are extremely polarized in Somalia's deeply patriarchal society and the humanitarian crises have very different implications for Somali women, girls, boys and men, as they have different capacities and access to resources to cope and to respond. Therefore, women and girls are particularly vulnerable to conflict, insecurity and displacement. Threats include discrimination and gender-based violence (GBV). Insecurity restricts the movement of women and girls, making it much harder for them to access basic services in health, education, shelter, and psychosocial and legal support.

The situation is further compounded by the chronic shortage of female staff in all sectors.

The lack of sex-and age-disaggregated data remains an ongoing challenge and priority will be given in 2016 to improve reporting in this area. Gender and social analysis will be part of all planned responses across the three strategic objectives of the Somalia plan and will be integrated into the targets and defined indicators at cluster-level, as well as at strategic-level. Response monitoring plans will cover gender

KEY POINTS

- ☀ **Life-saving assistance to most vulnerable**
- 👶 **Address acute malnutrition**
- 🤱 **Basic services and livelihood support**
- 🤲 **Protection and durable solutions**

in monitoring and, in 2016, there will be more focus on disaggregating results as indicators will be broken down by sex and age. The FSNAU post-*Deyr* assessment conducted in January will provide more reliable sex-and age-disaggregated data than in the past with regards to humanitarian needs, which will be reflected in the needs analysis and then integrated into cluster operational response plans. Dashboard indicators, containing cluster-level response indicators, will be revised to include better gender-equitable response monitoring. This response plan has incorporated measures to address these dynamics.

Taking into account the different needs of women, girls, boys and men makes humanitarian response more effective and equitable. The use of the IASC Gender Marker as part of cluster strategies is implemented throughout projects and

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[6] World Bank, March 2015

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the Senior Gender Capacity Advisor will conduct a gender analysis of all projects. As such, humanitarian organizations working under the Somalia HRP are required to make clear and operational commitments to gender equality in line with gender in emergencies minimum standards, and ensure this forms an integral part of all of their programmes. In promoting risk and vulnerability analysis, priority will be placed on data disaggregation by age, sex and diversity to ensure that protection and assistance activities are needs-driven and respond to the different concerns and risks of women and men of all ages and background. For example, women's limited access to assets such as land, water and livestock perilously restricts their ability to ensure the well-being and survival of their families and themselves. Hence the need to ensure that women's as well as men's access to and control over production means (credit, agricultural inputs, farming tools and land) are fully recognized and addressed. In tackling life-saving needs such as malnutrition and food insecurity, a strong focus will be placed on the gender aspects of poverty, as women are often the poorest, yet, culturally primarily responsible for household food and nutrition security. Providing equitable education opportunities will lie at the core of ensuring that livelihoods and employment opportunities for girls, women and youth are ensured in the future.

Accountability for affected populations (AAP)

In line with current OCHA guidance on effective coordination: *putting people at the centre of humanitarian response*, the Somalia HCT/Inter-Cluster Coordination Group (ICCG) will continue to build on the current links with the Core Humanitarian Standard (CHS) Alliance in the region, by convening joint training and annual action planning sessions on operationalizing the CHS and IASC AAP Framework. Additional activities, building on the above action, will include the development of a 4W on accountability activities to minimize duplication and identify areas where agencies can coordinate at field/level and/or identify where there is potential for harmonization of feedback and complaints mechanisms between agencies. ICCG meetings will have a standing agenda item on accountability (community engagement), specifically reviewing results from complaints and feedback mechanisms, identifying trends, collectively defining solutions and tracking progress on addressing them. The ICCG will report to the HC/HCT on trends identified and outcomes from community consultations.

Capacity-building

Humanitarian partners will work closely with the Federal Government, regional and local authorities, national non-governmental organizations, civil society and local communities, to put in place the right humanitarian legislative framework, devising and implementing relief

programmes and early warning systems, and ensuring that humanitarian organizations impart as much knowledge and capacity to national organizations and targeted groups as possible. An increased focus on national capacity will create conditions that can give the voice to the voiceless and improve accountability to affected communities, by improving the understanding of needs, and strengthening mechanisms for communication between communities and local and national authorities. To meet this objective, partners will focus their response plans to ensure better coordination with state institutions, national non-governmental organizations and development initiatives to expand basic services across the country.

Government staff, volunteers and communities and their leadership will also be trained in disaster management and emergency preparedness. Collaboration with local and state institutions on vulnerability analysis and monitoring aimed at enhancing national capacity to conduct vulnerability analysis and inform early warning, disaster risk reduction and response planning will be conducted. Collaboration to enhance national and regional capacity in coordination of humanitarian activities will be strengthened.

Strategic use of the Common Humanitarian Fund (CHF) and pooled funding

The Central Emergency Response Fund (CERF) and CHF continue to play important roles in humanitarian response in Somalia and empower the Humanitarian Coordinator with flexible resources to address the highest priority life-saving needs as identified by partners on the ground. Combined, the two pooled funds typically cover about 15 per cent or more of the total annual contributions to humanitarian needs in Somalia.

The Somalia CHF will provide rapid and flexible funding for critical humanitarian needs through its standard allocation and emergency reserve. In 2016, the CHF will build on previous strategies to provide timely and quality life-saving assistance to the most vulnerable people in emergency and crisis, while mainstreaming protection services to create a broader protective environment. A particular focus of the previous strategy was to use CHF funds to assist IDPs and host communities with the highest malnutrition rates as well as vulnerable people with acute needs in newly recovered areas, such as those with highest nutrition and health needs and highest WASH vulnerability.

The CERF is accessed in the event of sudden-onset life-saving needs, whether conflict or disaster-related. The CERF may provide additional resources, typically at the mid-year, to address underfunded life-saving needs to supplement existing contributions. The CHF and CERF strategies will continue to be aligned to ensure complementarity and the most effective use of the available pooled fund resources.

OPERATIONAL

CAPACITY

Operation presence and capacity.

There are more than 180 humanitarian organizations operating in Somalia including non-governmental organizations (NGOs), UN agencies and international organizations. Expanded presence and programming in priority areas of need particularly in southern and central Somalia remains a major gap, mainly due to humanitarian access constraints. Nearly all clusters have a number of partners in all 18 regions of the country. Many of the NGO partners have the capacity to implement multiple activities across clusters/ sectors within the districts / regions, and with adequate resources, would be able to reach more people in need through different modalities.

REGION	Education	Food Security	Health	Nutrition	Protection	Shelter	WASH
Awdal	2	3	3	5	9	1	0
Bakool	1	4	9	10	5	1	6
Banadir	8	8	26	15	23	5	19
Bari	3	8	5	8	9	7	4
Bay	4	10	22	11	5	1	13
Galgaduud	2	5	5	8	11	3	6
Gedo	6	8	10	10	4	1	18
Hiraan	3	5	13	10	7	0	5
Lower Juba	3	6	10	8	9	7	16
Middle Juba	0	2	7	2	1	0	2
Lower Shabelle	6	5	11	9	3	1	14
Middle Shabelle	7	3	8	5	4	3	12
Mudug	4	6	10	12	13	4	6
Nugaal	4	7	5	6	8	1	4
Sanaag	3	5	3	5	2	1	1
Sool	2	6	1	6	1	1	1
Togdheer	2	4	5	5	3	1	0
Woqooyi Galbeed	2	4	7	7	17	2	2

1 - 5   6 - 10   11 - 15   16 - 20   21 - 25   >25

To ensure response planning and activities are effectively coordinated, cluster coordinators have fostered participatory partnerships at regional, district and community levels. This strengthens efforts to work in collaboration with relevant Government line ministries, and departments at the national and sub-national levels to effectively enhance their response capacities.

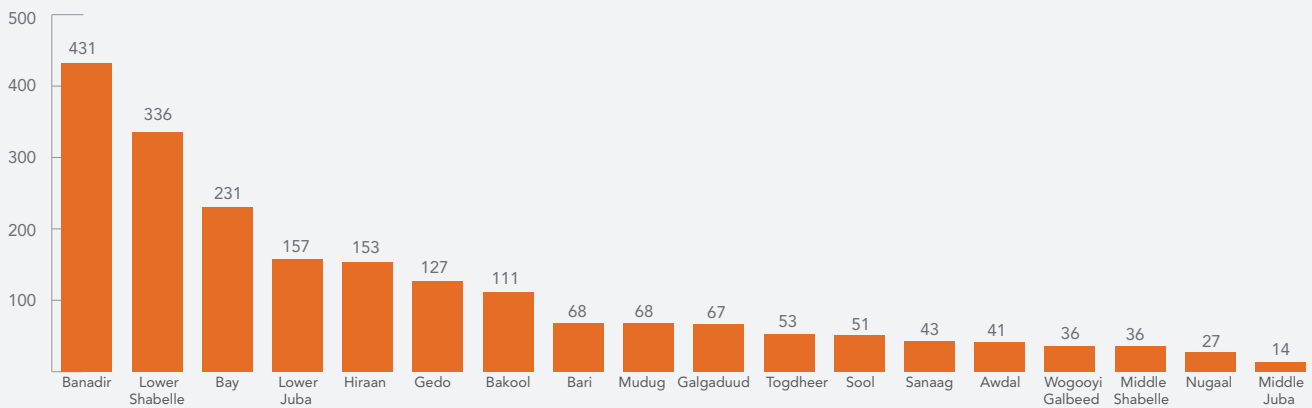The Somalia Disaster Management Agency in Mogadishu, the Humanitarian Affairs and Disaster Management Agency in Puntland, and the National Environmental Research and Disaster Preparedness Agency in Somaliland are the nominal interlocutors for humanitarian partners and support disaster preparedness and response efforts. Their capacities remain limited, however, and continue to impede their disaster preparedness and response capacities. Similarly, community-based government structures also have limited capacities. Capacity-building and resource gaps continue to feature as a major constraint. Capacity-building of these institutions have been prioritized by cluster lead agencies and are embedded within the cluster operational plans.

HUMANITARIAN

ACCESS

Despite the extremely challenging operational environment, humanitarian organizations continue to provide assistance to people in need in all 18 regions in the country.

REPORTED INCIDENTS PER REGION (JANUARY TO MID-NOVEMBER 2015)

Region	Incidents
Banadir	431
Lower Shabelle	336
Bay	231
Lower Juba	157
Hiraan	153
Gedo	127
Bakool	111
Bari	68
Mudug	68
Galgaduud	67
Togdheer	53
Sool	51
Sanaag	43
Awdal	41
Wogooyi Galbeed	36
Middle Shabelle	36
Nugaal	27
Middle Juba	14

The operating environment in Somalia remains one of the most dangerous and challenging in the world. Regular and sustained access for humanitarian organizations remains a challenge because of limited infrastructure, surging insecurity, limitations on capacity, and funding constraints. Operational presence, capacity, and coverage is largely an independent process affected by acceptance, security, and logistics. Attacks and threats against aid workers and assets are on the increase. From January to mid-November 2015, 120 violent incidents that impacted on humanitarian organizations were recorded. Twelve aid workers were killed and 17 injured, and arrests and abductions of aid workers continue to be continued to occur frequently. At least 36 were arrested and eight abducted. In comparison in 2014, 75 violent incidents led to the death of ten people and abduction and arrest of 22 staff. Although there had been some significant improvements in terms of kidnappings for ransom with no such cases registered in 2013 and 2014, during the second quarter of 2015, non-state armed actors demanded ransom for three humanitarian workers abducted in April in Gedo region. The three were only released two months later following extensive community level negotiations. An attack on a UN vehicle in Garowe 20 April 2015 which led to the death of five people and injury of another five UN staff, was a game changer for UN operations in Somalia. In response to the attack, the UN undertook a system-wide re-assessment of its operational modalities and programme criticality.

The security threats are not limited to humanitarian organizations but extend to beneficiary communities that are subjected to intimidation and threats that sometimes escalate to violence aimed at coercing them against accepting humanitarian assistance. Non-state armed actors continue their attempts to control aid delivery. Delivery of aid remains risky, with frequent riots and armed attacks by a multiplicity of actors occurring during distributions of assistance, and at implementation sites. Threats targeted at beneficiary communities often force humanitarian organizations to postpone the implementation of affected projects until they receive security assurances for their staff and the beneficiary community. One such example was the postponement of food aid distributions in Ceel Buur of Galgaduud region by the humanitarian organization from November 2014 to February 2015, following threats to the intended beneficiaries.

Road access to 28 districts in southern and central regions and to Buhoodle district in the north continues to be constrained by illegal checkpoints, road blockages, violent clashes along major access roads, and direct attacks and threats on humanitarian and commercial goods during transit. These have serious impact for commercial activity, movement of people and humanitarian assistance. The two main roads most affected by roadblocks remain Belet Weyne-Bulo Burto-Mogadishu and Mogadishu-Baidoa-Doolow. From July 2015, the restrictions have been further

compounded by new military offensives. Although insecurity remains the most significant constraint to road movement, seasonal rains and poor road conditions render some roads in Hiraan, Lower Juba, Middle Juba, Lower Shabelle and Middle Shabelle regions impassable between March to May and October to November annually. Limited and poor status of the road and airport/ airstrip infrastructure also feature as major constraints. Road access limitations increase operational and transportation costs for humanitarian agencies delivering relief supplies to affected towns. They also increase commercial food prices as traders transfer the high cost of operating in insecure areas to consumers, making it difficult for vulnerable people to access essential goods and services.

The road blockages have also continued to disrupt the means of livelihoods of local communities, rendering them dependent on humanitarian assistance and more susceptible to malnutrition and food insecurity. For example, in July 2015, according to FSNAU, the blockades resulted in the deterioration in the food security situation accompanied by an alarming threefold increase in severe acute malnutrition in Xudur district of Bakool. Acute malnutrition rates nearly doubled from June to July to very critical levels (32.7 per cent) compared to critical levels (16.4 per cent) that were recorded in June 2015. Very critical levels of acute malnutrition related to the road blockages were also reported in Bulo Burto, Hiraan region, which remains accessible to humanitarian organizations only by air. While emergency humanitarian aviation services have enabled humanitarian organizations to reach some hard to reach areas, aviation services are costly and inadequate in terms of capacity, frequency of flights, locations served and do not allow for assistance to reach rural areas where most of the people in need reside.

Further, the formation of the different layers of administration is triggering a severe effect on humanitarian operations, by creating a climate of ad-hoc regulations, arbitrary registration

OF SECURITY INCIDENTS IN 2015

2,015

Map legend

Violent incidents with humanitarian implications (January - 14 November 2015)

- 1 - 10
- 11 - 100
- Greater than 100

— Inaccessible road
— Accessible road
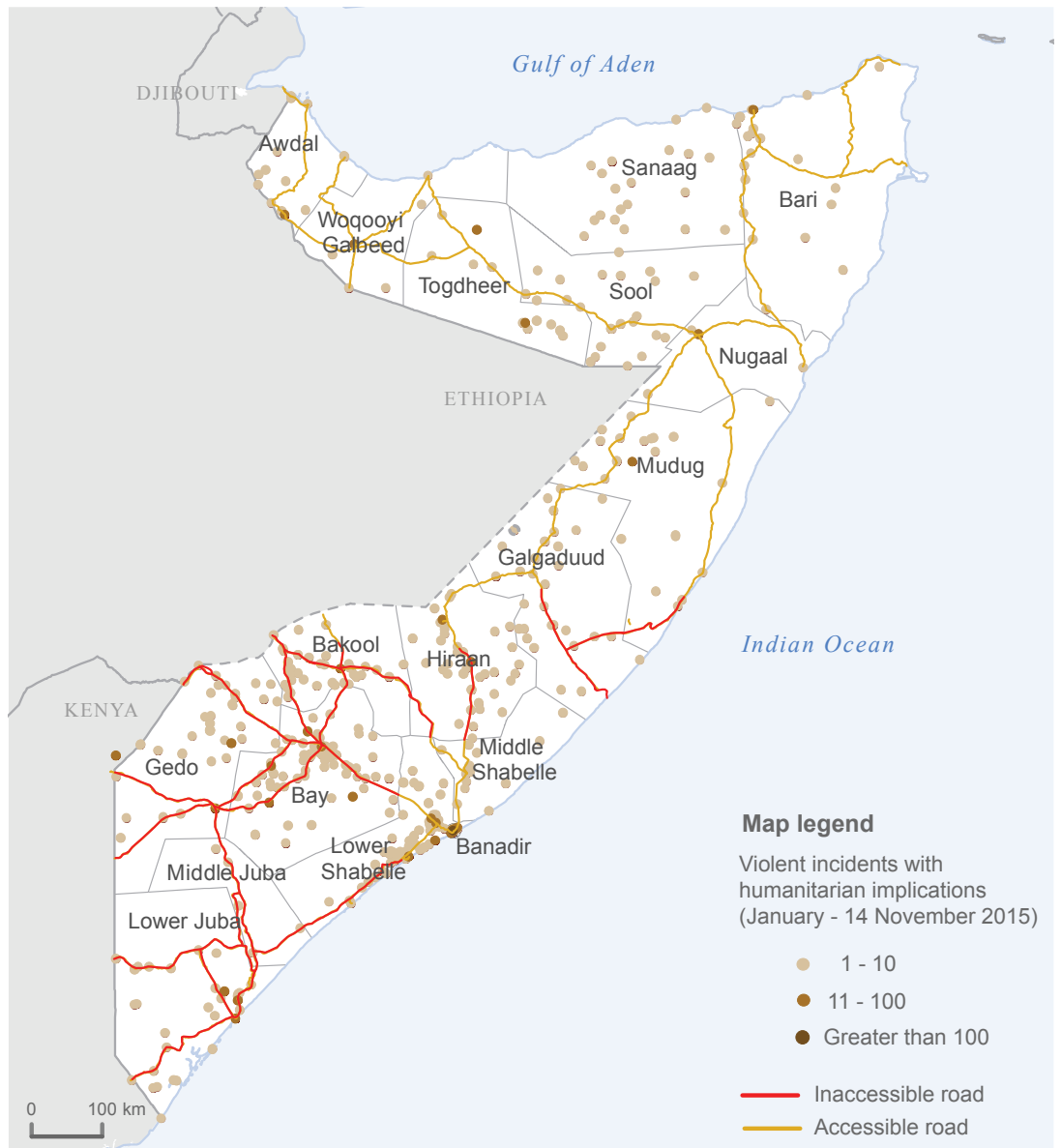
requests and taxation plans, often in an uncoordinated manner. This is mainly observed in Puntland and southern and central regions, where regulatory measures for NGOs and other international organizations are being put in place. Throughout 2015, the humanitarian community has registered over 80 incidents, more than 80 per cent of which were interference related to administrative and bureaucratic impediments, and 20 per cent were direct interferences in operational modalities. This has created undue administrative burdens, which is not only cumbersome but has caused costly uncertainty and interruptions of humanitarian programming. Restricted access and other operational constraints also complicate the gathering of good quality, evidence-based and reliable primary humanitarian data. There are large gaps in information on population movements, livelihood sources, and sex- and age-disaggregated data for displaced and conflict-affected people; making it difficult to adequately target the most vulnerable groups.

Despite the extremely challenging operational environment, humanitarian organizations continue to provide assistance to people in need in all 18 regions in the country through different modalities such as agreements with local community networks to temporarily secure roads, use of local partners,

and use of air access in isolated areas such as Baidoa, Bulo Burto, Garbahaarey and Waajid that humanitarian organizations can only access by air. The need for a large-scale humanitarian presence nevertheless continue. To achieve the objectives of this strategy however, robust and innovative approaches to field-level access negotiations will be required. Partners will adopt complimentary high-level advocacy mechanisms to address access challenges as they arise, including any eventual restrictions.

Based on existing obligations under international humanitarian law, these rules aim to secure commitment to the free and safe movement of civilians seeking assistance, and access of humanitarian partners to people in need. The Access Taskforce to support inter-agency coordination established by the HCT in October 2015 will ensure collaborative efforts to facilitate and maintain access are implemented. Under the leadership of the Humanitarian Coordinator, the HCT will continue to engage with national authorities to ensure safer operating environment for aid workers and explore innovative ways of engaging other parties to achieve this goal.

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Photo: IOM

RESPONSE

MONITORING

Humanitarian actors continue to improve monitoring of aid when implementing projects, and strengthen established systems and procedures that measure what is implemented and delivered, the results achieved and the quality.

Monitoring

The Somalia HCT has identified a number of clear and measureable strategic outcome-level indicators. Progress against these key indicators will be monitored regularly through the Humanitarian Dashboard, 3Ws and periodic monitoring reports. Cluster coordinators will work with members to collect data against the objectives and indicators. The new IASC approved Humanitarian Response Monitoring Guidance will be implemented in this year's HRP and the monitoring framework will be revised in 2016 based on the creation of a three-year monitoring framework prepared by the ICCG, which states what will be monitored, when, by whom and which reports will be produced.

The reliability of data on response reported in standard reporting and monitoring tools, such as implementation reports and 4Ws, will be enhanced through third party monitoring[7] and triangulation. In areas where access is less challenging, field supervision by implementing and funding agencies will be the primary monitoring tool. As more areas open up in southern and central Somalia, field supervision--which incorporates community feedback mechanisms--is expected to be scaled up, thereby improving the reliability of monitoring reports.

Risk mitigation and management

Humanitarian organizations continue to strengthen efforts to identify and detect risks, evaluate the capacity of implementing partners and track programmes with stronger reporting and auditing tools to ensure delivery of critical, life-saving programmes. The Risk Management Unit (RMU) in the Resident Coordinator's Office and the OCHA-managed Common Humanitarian Fund (CHF) four-pillar accountability framework are two of the main risk mitigation mechanisms that have increased humanitarian partners' capacity to prevent and detect misuse of resources. The Somalia RMU continued to provide support to the UN system, NGOs and donors. Support included the provision of risk management advice, risk management training, monitoring services and risk assessment of potential and existing partners. Risk assessments contain tailored recommendations designed to help agencies to address or mitigate identified risks, including fiduciary, fraud, programme, integrity and reputational risks.

In 2015, the RMU released an online 'Introduction to Risk Management' course, which is available to all UN Somalia staff and is due to be released to the wider donor, government and NGO community from September 2015. This course provides an introduction to risk management processes,

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

HUMANITARIAN PROGRAMME CYCLE TIMELINE

	2015			2016										
Dashboard					●		●		●		●		●	
Periodic Monitoring Report														●
Humanitarian Needs Overview		●			●		●		●					
Humanitarian Response Plan	●										●			
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
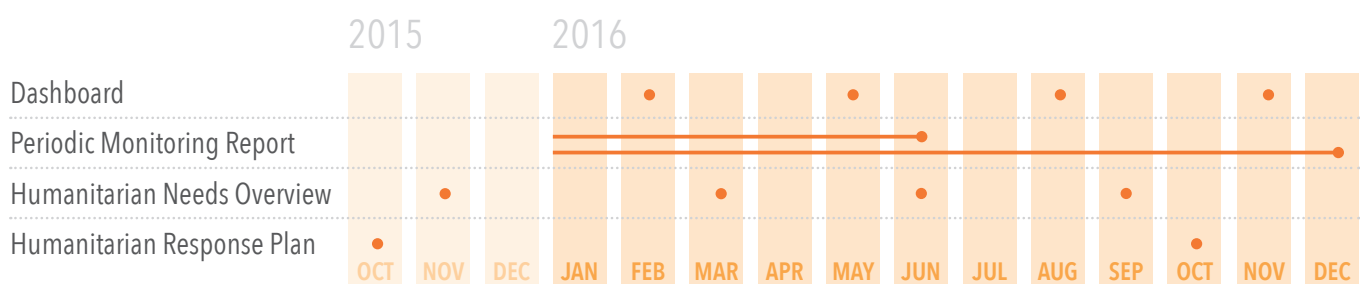
based on ISO 31000 Risk Management Standard, in order to build risk management knowledge and awareness throughout the Somalia aid community. The UN increased its engagement with several international NGOs through the provision of advice and feedback on those entities' due diligence processes.

Process and participation

The 2016 HRP process started in September, when the ICCG agreed on the outline and elements of the HNO. Cluster coordinators submitted inputs based on agreed guiding questions for single sector data and information. OCHA drafted multi-sectoral analysis based on FSNAU food security and nutrition assessment results, data from other clusters and information from FEWSNET, Somalia Water and Land Management Information System (SWALIM) and the 2013 UNDP Human Development Index for Somalia.

On 22 September, an ICCG/technical level meeting with line ministry counterparts was organised in Mogadishu to discuss the priority humanitarian needs in 2016. Based on these consultations cluster coordinators finalized the 2016 HNO and shared it with the HCT. On the basis of

the HNO, the HCT endorsed the 2016 strategic objectives and agreed on the overall implementation and budgeting strategy for 2016. Subsequently, OCHA and the ICCG organized follow-up technical-level discussions to identify key outcome indicators under the HCT strategic objectives, geographical focus, and the number and type of people to be targeted with humanitarian assistance in 2016. After another round of consultations with government line ministries in Mogadishu on 22 October, clusters developed their response plans and partners uploaded their projects on the OPS. The HC reviewed the projects and after suggested revisions were incorporated, the list of 2016 Somalia HRP projects was finalized on 3 December 2015.

Photo: OCHA/Rita Maingi

SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

PEOPLE IN NEED

4.9M

PEOPLE TARGETED

3.5M

REQUIREMENTS (US$)

885M

Based on existing capacities, the humanitarian community aims to provide assistance to 3.5 million people out of the identified approximately 4.9 million people that are in need of some form of humanitarian assistance. Key humanitarian needs vary across clusters and geographic areas.

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	TOTAL		REQUIREMENTS
1. Water, Sanitation & Hygiene	People in need	People targeted	Total
Food Security	4,900,000	3,500,000	444,000,000
Health	3,270,000	1,870,000	71,000,000
Shelter	910,000	480,000	41,000,000
Education	1,700,00	200,000	21,400,000
Protection	1,100,000	959,200	90,000,000
Logistics	4,900,000	3,500,000	14,600,000
Enabling Programmes	N/A	N/A	33,000,000
Nutrition	1,300,000	800,150	66,000,000
WASH[1]	2,740,000	1,970,000	65,000,000
Refugee Response	21,059	11,500	39,000,000
TOTAL	4,900,000	3,500,000	$885,000,000

PART II: OPERATIONAL RESPONSE PLANS

EDUCATION

PEOPLE IN NEED

1.7M

PEOPLE TARGETED

200,000

REQUIREMENTS (US$)

21.4M

 # OF PARTNERS

19

EDUCATION OBJECTIVE 1:

1 Ensure emergencies and crises affected children and youth have access to safe and protective learning environments.

RELATES TO SO1 , SO2

EDUCATION OBJECTIVE 2

2 Ensure vulnerable children and youth are engaged in life-saving learning that promotes personal well-being and social cohesion.

RELATES TO SO1 , SO3

EDUCATION OBJECTIVE 3

3 Strengthened capacity to deliver effective and coordinated education in strengthened capacity to deliver effective and coordinated education system.

RELATES TO SO1 , SO3

Overview

The capacity of the education system and limited outreach of the Ministry of Education (MoE) in southern and central Somalia to address the education rights and needs of affected children and adolescents remains weak. Their capacity to respond to disasters remains limited and the MoE has been unable to respond in most of the areas in southern and central Somalia. 1.7million children in crisis remain with no access to education and, as a result, the country has the highest score on protection risk level in the world[8]. In addition gender inequalities are found throughout the education system in Somalia[9].

The protracted emergencies coupled by negative social norms, supply-demand side constraints and other multi-layered disadvantages contribute to disproportionately low girls' access to schooling. These children are not only denied of their educational development but also other important benefits such as psychosocial support, protection from threats including sexual exploitation, physical attack and recruitment to armed groups. Direct attacks on education and broader protection issues are also of concern in areas affected by conflict[10]. Long term closure of schools and lack of schooling activities in the previously inaccessible areas has deprived children of access to other complementary life-saving services that use learning centres as entry points, such as health (deworming, immunisation programmes), nutrition and hygiene promotion.

The continued inadequate financial support has impaired the delivery of humanitarian education making it difficult to ensure children access education. Further displacement from the military offensive, ongoing clan conflict, and forced evictions in urban centres in southern and central Somalia have further strained the precarious community-level social service capacity and the need for education has increased significantly.

Strategy

The Education Cluster will continue with its emergency education interventions for vulnerable and marginalized girls and boys, including IDPs, and returnees affected by conflicts, drought, flooding in southern and central Somalia and Puntland, which is critical to child development, safety and well-being. This will ensure that children and youth affected by acute emergencies have inclusive access to quality life-saving education. Education Cluster partners aim to improve access and capacity for the provision of emergency education.

The Education Cluster will work closely with other clusters to promote an integrated approach, with learning spaces serving as a safe environment and entry point to obtain health services such as screening and immunizations, hygiene and sanitation, child protection referrals, creating awareness of child rights issues. Learning centres also provide psychosocial support through peer groups. The Education Cluster will continue to work in close collaboration with humanitarian partners and Government authorities to promote education for future social cohesion and peacebuilding.

Response

Education Cluster partners plan to provide access to education for 200,000, or 12 per cent, of 1.7 million, school-age-going children and youth, focusing on the vulnerable and marginalized groups in both rural and urban communities, including girls and boys, and internally displaced children. The Education Cluster is also striving to improve access to girls' education by addressing barriers such as early marriage, lack of awareness of

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[8] Index for Risk Management (INFORM)
[9] Go to School Initiative Somalia 2013-2016
[10] Education in Emergencies & Protracted Crises toward a Strengthened Response: Oslo Summit 2015 – Overseas Development Institute

EDUCATION

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the benefits of girls' education, teachers' gender responsive and gender appropriate facilities. Priority activities include: an education package comprised of immediate educational activities in a protective learning environment; emergency incentives for teachers and school administrators; teacher trainings on school safety, life skills, psychosocial support and well-being and social cohesion; learning opportunities for emergency-affected children and youth; essential teaching and learning materials, including recreational materials to emergency-affected learning centres; establish/rehabilitate safe and protective learning spaces for girls and boys; advocate, report and respond when schools are occupied by armed forces or other groups; establish, support and strengthen the capacity of community education committees in education in emergencies and to develop disaster risk-reduction school implementation plans; and, training in contingency planning, safe schools framework, and emergency response for cluster partners and the MoE.

Photo: OCHA/Naomi Frerotte
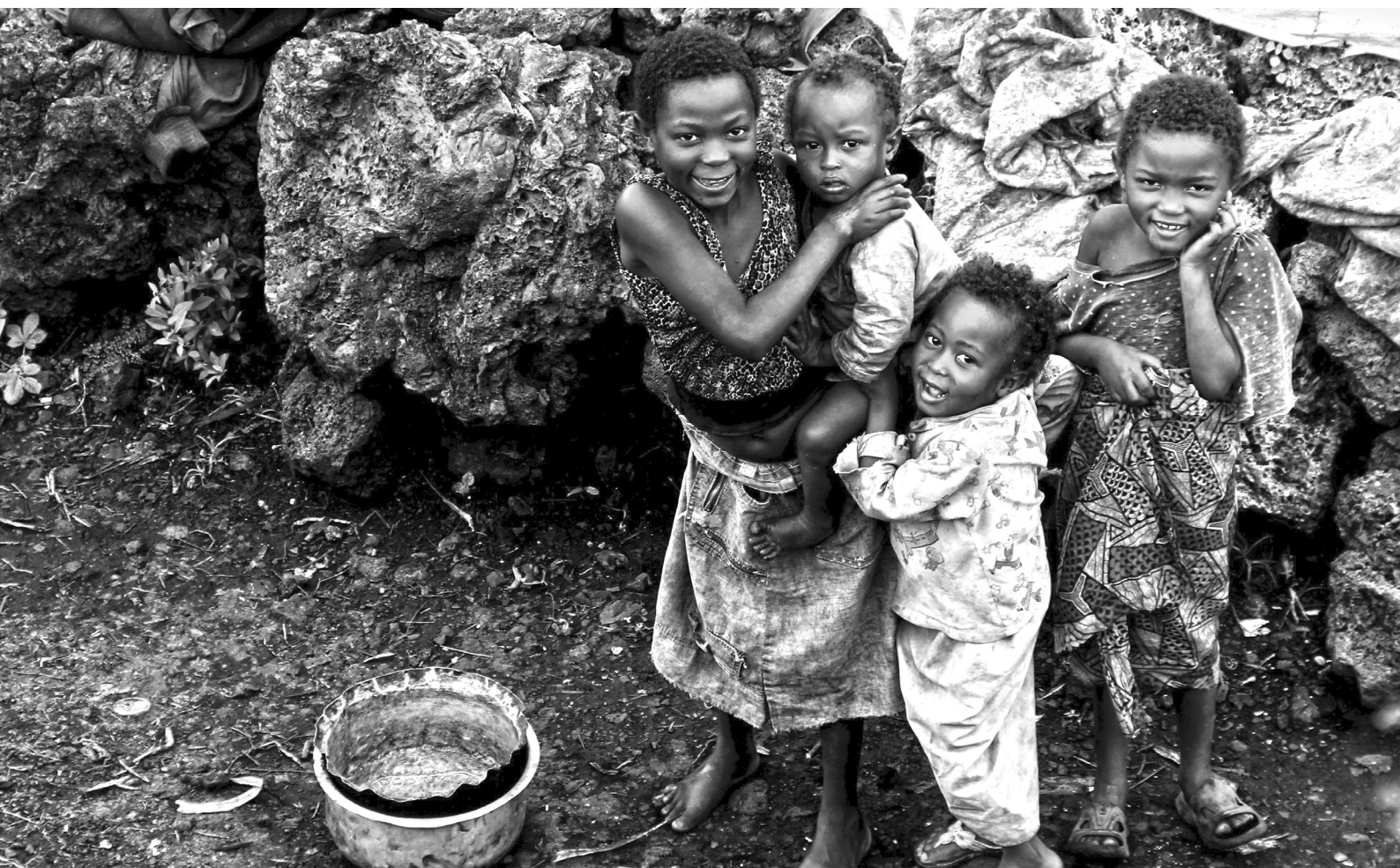
REQUIREMENTS (US$)

33M

OF PARTNERS

7

ENABLING PROGRAMMES

Enabling better coordination, security and information

OCHA, UNDSS, FSNAU, SWALIM, Radio Ergo, the NGO Safety Programme (NSP) and the NGO consortium, as members of this cluster, collectively work to provide an enabling environment for humanitarian organizations to deliver life-saving assistance.

Overview

Coordinated humanitarian response and preparedness is critical, given the significant challenges posed and the large number of actors present in Somalia. In partnership with all humanitarian organizations and the Government, the Humanitarian Country Team, led by the Humanitarian Coordinator and with the support of OCHA, provides civil-military and inter-cluster coordination, information management, contingency planning and preparedness, fundraising, and advocacy. The coordination should also be supported by provision of timely and relevant information and analysis on emergency situations. The operating environment continues to be very dangerous and challenging due to the evolving and complex nature of protracted armed conflict and insecurity. Some areas that were rated medium risk moved to high risk during 2015, further shrinking humanitarian access. There are also still major gaps in disaggregated data and overlaying of hazards to project visual impact.

Strategy

Increasing and strengthening coordination will be prioritized in 2016. The cluster leads will continue to work with relevant Government entities and humanitarian organizations to ensure strategic and operational coordination, with support from OCHA. Coordination with the Government will be facilitated through participation in Government-led coordination mechanisms, further enhancing the capacity of relevant Government line ministries and departments to better support disaster preparedness

and response, including on protection and internal displacement. Local and international NGOs remain the primary providers of humanitarian assistance and the NGO consortium is the NGO coordination mechanism with a membership of national and international NGOs working in all parts of Somalia and continues to improve aid coordination and raise the presence and profile of NGO representation within the coordination structures in Somalia. The UNHCR and IOM-led inter agency task force on the Yemen situation will continue to coordinate response to the needs of people fleeing the Yemen crisis. The coordination of response interventions for refugee returnees and IDPs have been subsumed in the relevant cluster response plans.

As the humanitarian community will focus on better collaboration with development partners in addressing chronic vulnerability needs in the country in 2016, strengthening coordination with development partners will be prioritized. The clusters, at the operational level will continue to identify the priorities, eliminate gaps and duplications and continuously monitor progress attained in order to ensure that the community has a meaningful impact in the lives of the people who need humanitarian action. Continuous strengthening of the cluster approach at the national level and in some regions additional focus is needed to support regional coordination mechanisms in provide timely and effective humanitarian action.

Regular information flow between the regional and national level clusters/ coordination mechanisms, and the need to promote broad based analysis and collective needs identification within and between the clusters will be a core focus in 2016. FSNAU will support humanitarian organizations to continue to identify populations in food security crisis and malnutrition by livelihood and by region, and inform the nutritional status of the population to support targeted interventions. In addition to its early warning function, FSNAU carries out relevant livelihood studies and applied

ENABLING PROGRAMMES

CONTACT

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research for an improved understanding of underlying causes for food, nutrition and livelihood insecurity in order to better inform longer term programme response. SWALIM will continue to provide early warning information to improve flood risk management along the Juba and Shabelle rivers and develop the flood risk management capacity of FAO Somali partners, particularly the Government's Disaster Management Agency. Radio Ergo will produce and air daily humanitarian programming including life-saving and disaster risk reduction messaging to communities across Somalia using shortwave and FM rebroadcasts. The radio also carries advocacy programming and facilitates dialogue with communities in support of the overall delivery of humanitarian aid.

Following a system-wide Programme Criticality Exercise conducted in June and July 2015, the UN has finalized a country wide Security Risk Assessment that will inform further deliberations on risk management and related costs that to ensure that we better mitigate risks and enable the system to stay and deliver in the most effective way and move towards an expansion of in-country presence. NSP/INSO Somalia will contribute to international and national NGOs operating safely and securely in Somalia by providing timely and relevant information and analysis of the Somali context, as well as support on crises management and training in individual safety and security management. UNDSS also continues to enhance security in Mogadishu and southern and central Somalia for UN agencies, as well as provide medical emergency response teams that are capable of delivering rapid advanced life support intervention 24/7 to UN and INGO staff within Somalia.

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Photo: UNHCR/R. Gangale

FOOD SECURITY

PEOPLE IN NEED

4.9M

PEOPLE TARGETED

3.5M[11]

REQUIREMENTS (US$)

444M

 # OF PARTNERS

95

FOOD SECURITY OBJECTIVE 1:

1 Improve household immediate access to food through provision of conditional and unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods.

RELATES TO SO1

FOOD SECURITY OBJECTIVE 2

2 Increase productive capacity of rural and urban livelihoods through provision seasonally-appropriate and livelihood-specific inputs.

RELATES TO SO1 , **SO3**

FOOD SECURITY OBJECTIVE 3

3 Support rehabilitation and/or restoration of household and community productive assets and capacity to build resilience to withstand future shocks and prevent further deterioration.

RELATES TO SO2 , **SO3**

CONTACT

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Overview

Despite the concerted efforts of the Somali authorities and the humanitarian community, food insecurity in Somalia continues to be one of the key challenges facing Somalia today. Various manmade and climatic shocks and lack of access to basic services continue to affect the food security and livelihoods of approximately 4.9 million people in Somalia. The El Niño phenomenon and its residual impact is also aggravating the situation. Addressing these challenges will be the primary focus of Food Security Cluster (FSC) partners over the next three years, as well as throughout 2016.

Strategy

To achieve the cluster objectives and contribute to the overall strategic objectives of the HRP, the FSC is focusing on two key strategies: targeting of the affected population based on the outcomes of seasonal food and nutrition security assessments (IPC and others) and adapting the type and scale responses to the severity of food insecurity, seasonality and livelihoods. The FSC partners targeting logic is linked to the three core FSC objectives as outlined below:

Cluster Objective 1: Population groups facing severe levels of food insecurity ("crisis" and "emergency") will be targeted through responses aiming at increasing immediate access to food, including safety-net activities (IASN). These activities include unconditional transfers (e.g. targeted general food distributions, unconditional e-transfers), and conditional transfers. Safety-net activities (wet feeding, maternal and child health and nutrition, family targeted

supplementary feeding programmes, school meals) entail the provision of regular and predictable food access to vulnerable people with chronic illnesses, malnourished children and targeted households using existing public services or community mechanisms. Overall improved access and safety-nets activities target 1 million people and contribute to 'protecting' households against distress sale of assets to meet their basic food need and directly contributes to strategic objective 1.

Cluster Objective 2: Provision of livelihood-specific (vocational training programmes) and seasonally-appropriate inputs (animal vaccinations/treatment, fodder production, provision of seed packages, support to fisher folks) will be directed at population groups in 'emergency', 'crisis' and 'stressed' (pastoral, agro-pastoral, fishers and agricultural household) to enable these population groups to produce and exchange food to sustain their livelihoods. The cumulative target for these activities is 2.5 million people. This activity contributes directly to strategic objective 1 and strategic objective 2 of the HRP and indirectly to strategic objective 3.

Cluster Objective 3: FSC partners will prioritize activities related to the restoration and building of community and household productive assets and capacity-building though provision of conditional transfers (asset creation). These activities will in the short term address the entitlement gaps and in the mid-term enhance households and community assets and capacities to address their acute food insecurity. These activities, which contribute to strategic objective 2, will directly benefit 1.74 million people.

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[11] The FSC has three targets: improved access to safety nets (IASN) - 1 million; provision of livelihood assets – 1.74 million; and, livelihood inputs – 2.5 million.

HEALTH

PEOPLE IN NEED

3.27M

PEOPLE TARGETED

1.87M

REQUIREMENTS (US$)

71M

 # OF PARTNERS

140

HEALTH OBJECTIVE 1:

1 Improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality.

RELATES TO SO1

HEALTH OBJECTIVE 2

2 To contribute to the reduction of maternal and child morbidity and mortality.

RELATES TO SO1

HEALTH OBJECTIVE 3

3 Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner

RELATES TO SO1

CONTACT

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Overview

Essential and life-saving medical services are insufficient and overstretched, including critical public health, nutrition and water services, increasing the risk of a public health emergency. Delivery of life-saving medicines and medical equipment has been irregular due to insecurity, road inaccessibility, electricity and fuel shortages, and rupture of the cold chain. Access to essential health services is an immediate need for some 3.27 million people, with health capacities severely overburdened, stocks diminished and services disrupted especially in conflict, drought and flood-affected areas, especially for IDPs.

Strategy

Health Cluster partners plan to reach about 1.8 million people--or 56 per cent of the people in need--through provision of primary and secondary health care services, focusing on displaced people, host communities, underserved rural and urban areas (including newly-recovered areas), El Niño and drought-affected people. Health and WASH clusters will continue to implement joint strategies to prevent and mitigate the impact of disease outbreaks, particularly seasonal AWD/cholera.

Health care for the most vulnerable people, especially girls, women and boys, is provided through international and national partners, UN agencies, and the Ministry of Health. While the NGOs remain the prime provider of health care services in Somalia, all cluster partners provide key front-line health services in targeted geographical areas, including mobile medical units for services in hard-to-reach and overwhelmed areas, camp-based clinics, and support to existing facilities unable to cope with increased demands. These provide life-saving health care services for the particularly vulnerable, such as primary health care, emergency reproductive health and nutrition and trauma care. Front-line health care providers will need to scale up the availability of life saving interventions to meet increasing needs, complementing and building upon existing national health structures whenever possible.

Child-focused interventions will include emergency immunization campaigns of measles and polio and addressing major causes of new-born and childhood morbidity and mortality. With major outbreaks of cholera occurring frequently, low immunity levels, over-crowding in camps and shelters, and continued displacement, there is a high risk of communicable disease outbreaks, namely measles, cholera, meningitis, acute jaundice syndrome and leishmaniasis. Timely identification, treatment, and case management for communicable diseases and response to outbreaks will be managed through functional early warning system and increased availability of stocks of medicines, vaccines and medical supplies. The Health Cluster will also ensure the provision and continuous supply of life saving medicines, medical consumables, emergency health kits, trauma kits and diarrhoea kits.

The delivery of health services by all in the health sector is expected to continue albeit under a more regulated environment and in close consultation and/or partnership with the Government and aligned to the Somali Health Sector strategy and the respective regional Health Sector strategic plans. Cluster activities support and strengthen existing essential public health services structures in line with the New Compact priorities of expanding health facility coverage and strengthening emergency preparedness and response. The Health Cluster will focus on covering the gaps and addressing urgent humanitarian needs in terms of access to critical services and responding to public health threats to reduce avoidable morbidity and mortality.

PEOPLE IN NEED

4.9M

PEOPLE TARGETED

3.5M

REQUIREMENTS (US$)

14.6M

OF PARTNERS

02

LOGISTICS OBJECTIVE 1:

1 Optimize and utilize available agency logistics capacity.

RELATES TO SO1, **SO2**, **SO3**

LOGISTICS OBJECTIVE 2

2 Provide logistics coordination and information management.

RELATES TO SO1, **SO2**, **SO3**

LOGISTICS OBJECTIVE 3

3 Fill identified logistics gaps.

RELATES TO SO1, **SO2**, **SO3**

LOGISTICS

Overview

Insecurity has directly affected Bakool, Bay, Galgaduud, Gedo, Hiraan, Lower and Middle Shabelle and Lower Juba regions. Active hostilities have interrupted local markets and commercial activities, with roadblocks preventing traders and people from returning. Ground-level transport has been significantly impeded, leaving the humanitarian sector with limited options to deliver life-saving cargo to people displaced across the country. Air services are the most viable option to deliver relief to locations that cannot be accessed by road, conduct assessment missions and identify the needs in the affected regions.

Planning Assumptions

Regular and sustained access for humanitarian organizations remains a challenge because of limited infrastructure, surging insecurity, limitations on capacity, and funding constraints. As a result, humanitarian agencies will require increased logistics coordination services at the inter-agency and inter-cluster level. Humanitarian partners will require information management services (logistics constraints/ road conditions/mapping/logistics supplier availability) in order to support operational decision making. Humanitarian partners will also require emergency transport (surface/air) to assist with an upscale of operations caused by further worsening of the humanitarian situation.

Logistics response services

UN Humanitarian Air Services (UNHAS) will provide regular scheduled services and special flights for the humanitarian community in Somalia serving 26 destinations with ability to expand to new destinations if required. Its operations currently serve nine regular destinations

and a further six locations on an ad hoc basis using a fleet of six aircraft with varied capacities and performance capabilities strategically based in Hargeysa, Mogadishu and Nairobi.

In 2016, the project plans to continue to serve the same locations using the current fleet and if the security conditions improve, additional flight requirements to other locations can be accommodated. The following coordination services will be provided to mitigate any duplication of efforts by humanitarian actors and maximize the use of available logistics assets and resources: monthly coordination meetings in Nairobi; and, coordination with other clusters and relevant organizations and entities including participation in the Inter-Cluster Coordination Group (ICCG) meetings.

The Logistics Cluster will provide information management services with the aim of supporting operational decision making to improve the efficiency of the logistics response. These services will include the following: support and where possible, carry out logistics assessment missions to multiple locations in order to identify needs and support the affected population in Somalia. Rapid dissemination of logistics information, as well as guidance to organizations; consolidate information on the overall logistics situation from the humanitarian community and identifying logistics gaps and bottlenecks; provide updated information on operational data, such as route accessibility, through the publication of situation updates, meeting minutes, snapshots, flash news and briefings and share with partners via a purpose-built mailing list and a dedicated webpage (www. logcluster.org/ops/somalia14a).

The services made available by the Logistics Cluster are intended to enable partners through the provision of common services to ensure timely and safe dispatch of aid cargo

LOGISTICS

to people in need. Access permitting, the following services will be provided at no cost to the user for a temporary period of time, depending on the availability of funds and the emergency response situation. Common services are envisaged for short-term use on a free-to-user basis and will then shift to full cost recovery.

The Logistics Cluster, in collaboration with WFP and UNHAS, plans to facilitate air transportation services to southern and central regions of Somalia, including any new destination facing humanitarian emergency. The Logistics Cluster, where possible, plans to facilitate road transportation services between key strategic locations on a needs basis.

Exit Strategy

When partner organizations are fully capable of addressing their operational logistical needs and gaps and a strong coordination role will no longer be required, the Logistics Cluster will be transferring existing assets to partners that have a continuing presence in the country and that can expand their operational scale benefiting from additional capacity.

Photo: UN/David Mutua

PEOPLE IN NEED

1.3M

PEOPLE TARGETED

800,150
Children

REQUIREMENTS (US$)

66M

OF PARTNERS

49

NUTRITION OBJECTIVE 1:

1 Reduction of nutrition related morbidity and mortality rates to below emergency thresholds.

RELATES TO SO1

NUTRITION OBJECTIVE 2

2 Emergency preparedness and early response to humanitarian emergencies.

RELATES TO SO1

NUTRITION OBJECTIVE 3

3 The most vulnerable households, groups and communities are better able to mitigate risk and withstand shocks and stresses.

RELATES TO SO2

NUTRITION

Overview

Based on prevalence results from 39 nutrition surveys conducted from May to July 2015 by FSNAU and partners, an estimated 307,750 girls and boys under age 5 are acutely malnourished, of which 55,750 are severely malnourished. This estimation of prevalence indicates only the cross sectional nutrition status at the point in time of the survey which is called point prevalence. The approximate burden of acute malnutrition at national level among children aged 6-59 months can be estimated indirectly based on the latest prevalence estimates, an incidence correction factor and population figures. Calculation of estimated acute malnutrition burden is critical, because it informs the target caseload and overall need in humanitarian response plans. Therefore the nutrition needs are estimated to be 800,150 acutely malnourished girls and boys, of which 145,028 are severely malnourished.

Strategy

The cluster will focus on basic life-saving activities and community resilience-building activities in priority hotspot geographical areas--all high global acute malnutrition (GAM)/severe acute malnutrition (SAM) areas and IDP settlements--and preventive nutrition programmes across the country in all emergency nutrition areas, as well as the northern part of country where the nutrition situation remains stable. The cluster, in collaboration with key donors and implementing partners, will utilize the updated calculations of affected people based on the 2015 FSNAU post-*Gu* survey, which is around 800,000 people. This figure will be reviewed on a regular basis and revised when necessary. A combination of strategies and approaches including mobile and static services agreed by partners during the rationalization process of 2015 will ensure equal access to basic nutrition services across the country.

Strategic guidance

The rationalization plan will be the strategic guidance that all the stockholders are expected to strictly adhere to. Integration and linkage of multispectral approach need be considered where applicable. Other strategic guidance that needs to be considered includes: community-based service delivery mechanisms; a refocused approach – active case finding and standardized monitoring and reporting; capacity development; and, creation of legislation and policy for nutrition.

Priority activities

Regular identification of acutely malnourished children and pregnant and lactating women; therapeutic feeding support for treatment of acute malnutrition cases; micronutrient support for vulnerable groups (pregnant and lactating women and children under age 5), e.g. Vitamin A, zinc/ oral rehydration salts; multiple micronutrient nutrition; and, integrated nutrition, health, hygiene preventative and promotional support infant and young child feeding (IYCF) support (promotional and preventative), especially support to caregivers for feeding sick children.

Cross-cutting issues

The nutrition crisis is characterized by a high prevalence of acute malnutrition with an increased risk of death among the affected population and, in particular, among vulnerable groups. This adds to the differing nutritional requirements and different risks in relation to deterioration in their nutritional status that women, girls, boys and men have. Particularly in Somalia, socio-cultural factors related to gender plays a role in determining their access to food,

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NUTRITION

supplements and supplementary services.

Nutrition projects involve generation of solid waste (packaging / distribution / plastic bags), construction/rehabilitation of health facilities and use of cooking fuel that may cause negative impact on the environment.

Despite the fact that HIV/AIDS is not a major public health issue in most part of Somalia, there are critical linkages of HIV/ AIDS and malnutrition where people living with HIV/AIDS need special nutritional care and support, mainly IYCF.

Photo: UNHCR/J. Ose

PROTECTION

PEOPLE IN NEED

1.1 M

PEOPLE TARGETED

959,200

REQUIREMENTS (US$)

$ 90 M

 # OF PARTNERS

25

PROTECTION OBJECTIVE 1:

1 To improve protection risk prevention, response and access to services for IDPs and other civilians affected by conflict, violence, human rights violations or disaster.

PROTECTION OBJECTIVE 2

2 To improve protective environment for IDPs and other vulnerable groups in particular through enhanced protection interventions to support durable solutions for IDPs.

PROTECTION OBJECTIVE 3

3 To improve operational response capacity through capacity development, strategic advocacy and humanitarian dialogues.

PROTECTION OBJECTIVES 1, 2 AND 3 RELATE TO SO1 AND SO3

Protection concerns at the centre of Somalia's humanitarian crisis

Somalia's over 1.1 million IDPs are in dire need of a durable solution and give human visibility to the gravity of the diverse protection concerns that are at the centre of the humanitarian crisis. Forced evictions have reached an unabated scale, gender-based violence (GBV) remains pervasive among especially in IDP settlements, and child rights violations are rampant, as children remain most vulnerable and exposed to rights violations in times of emergency and beyond. Age and gender considerations will therefore prevail. Civilians face the highest risk pertaining to explosive hazards, which remain a serious impediment to freedom of movement in safety, notably in areas affected by the armed conflict and on main supply roads. Freedom of movement remains the main concern in areas recovered in the wake of the 2014 and 2015 armed conflict among multiple armed forces and groups, including AMISOM. If it remains unaddressed, sustainable humanitarian access will remain constrained resulting in a deterioration of the wider humanitarian conditions in recovered areas.

From protection emergency response to solutions for IDPs and an improved protective environment for all civilians

The Protection Cluster strategically pursues to improve the protective environment, prevention of protection risks, response and access to protection services in times of humanitarian emergency and beyond, notably when new displacement is caused. Improved community-based protection structures, notably in hard to reach areas, will be key to build prevention and response capacity at the community level, which can become a relevant source and provider of protection. The longer the displacement lasts, the direr and protracted the needs of displaced people become, as evidenced in IDP settlements across Somalia. The high increase in forced evictions affecting IDPs and other civilians in many of Somalia's urban centres, including Mogadishu, regularly results in secondary displacement and interrupts durable solution processes necessary to improve land tenure rights as a matter of priority. The Protection Cluster therefore is strengthening its catalytic lead role to support IDPs in achieving a durable solution through technical advice, analysis, strategy development, advocacy and direct interventions as applicable. Capacity development will be an integral part of all activities under this operational response plan in order to enhance the response capacity of authorities, members and communities themselves.

The following are the priority activities under the three protection objectives:

a. Protect against and prevent rights violations related to humanitarian crises, notably in situations causing new displacement, and provide timely and effective protection responses and services to persons affected by rights violations, such as GBV or child rights violations, to support a holistic recovery and to reduce vulnerability to further violations.

b. Improve safe and dignified freedom of movement of IDPs and other civilians through advocacy, humanitarian protection dialogue, explosive hazard area clearance and risk education.

c. Provide rights-and needs-based multi-sectoral durable solution interventions for IDPs.

d. Strengthen prevention and response to housing, land and property rights violations and improve access to effective mechanisms to restore land, housing and property rights for IDPs and others affected by the same rights violations.

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PROTECTION

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e. Build community protection capacity to prevent and respond to rights violations and contribute to an improved protective environment for IDPs in areas of displacement and solutions as well as other vulnerable groups.

f. Strengthen the capacity of civil society, formal and informal authorities to prevent and respond to protection needs, negotiate humanitarian access where required, facilitate durable solutions and to promote the centrality of protection in humanitarian response and beyond.

Photo: UNHCR/J. Ose

SHELTER

PEOPLE IN NEED

910,000

PEOPLE TARGETED

480,000

REQUIREMENTS (US$)

41 M

 # OF PARTNERS

17

SHELTER OBJECTIVE 1:

1 Contribute to the protection of newly displaced[12] people and those affected by natural hazards.

RELATES TO SO1 , SO2

SHELTER OBJECTIVE 2

2 Improve the living conditions of protracted IDPs.

RELATES TO SO3

SHELTER OBJECTIVE 3

3 Facilitate access to durable solutions for IDPs that are willing to locally integrate or return to their place of origin.

RELATES TO SO3

CONTACT

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The Shelter Cluster's main target population is restricted to IDPs. The needs of different categories of IDPs vary. Since the beginning of 2015[13], more than 115,000 people have been assisted with emergency non-food assistance, and needs arising mainly from displacements related to flooding, the military offensive, clan-conflict and evictions. The El Niño event is further aggravating the situation with major flooding around the two riverine areas.

The Shelter Cluster strategy has three main objectives: Emergency, Transitional, and Durable Solutions. Capacity-building and a coordination component has been embedded within all of the pillars. The cluster will continue to provide emergency assistance to newly displaced people affected by natural and man-made disasters (flood, fire, drought, conflict and evictions). It will distribute a minimum non-food item kit[14] and an emergency shelter kit (if necessary) for those in need through prepositioned stocks held across Somalia or through alternative modalities like cash/voucher systems where market systems function. The Shelter Cluster will continue to ensure that adequate mechanisms are put in place to ensure timely delivery of emergency assistance (standard inter-cluster needs assessment, standard reports, lead-agency/shelter partners' roles and responsibilities, infrastructure mapping activities etc.)

As durable solutions are not achievable in all protracted situations, there is also a need to stabilize the living conditions of these communities through a sustainable approach. Transitional shelter solutions that are relevant to the displacement situation, and which take into account prevailing tenure considerations will be provided in protracted IDP settlements that have traditionally been located in and around the urban centres of Somalia. The concept of transitional shelter[15] covers all interventions from upgraded shelter kits to hybrid solutions. The typology will depend on factors including land tenure, funding levels, specific needs, agency experience, support from local authorities and location of the IDP settlements, and beneficiaries' preferences.

The provision of transitional and permanent shelter solutions will be preceded by consultations with women, girls, boys and men from the community on the proper layout of the site, plot demarcation, fire prevention and the provision of basic services, which will be addressed concurrently in coordination with the other relevant clusters (i.e. WASH, Health, Education and Food). In particular, the views of women and girls, specifically on protection needs, will be considered during the design of the shelter and planning of settlements so that a safe and secure environment can be created. SPHERE standards will help guide the process of shelter design. Community participation and ownership are underlying themes which are embedded in all cluster activities, with a strong focus on shifting away from contractor-driven to owner-driven approaches. The Shelter Cluster has a strong focus on capacity-building and promoting tools regarding remote management in Somalia, looking at a strong service delivery approach. In July 2015, the Shelter Cluster has finalized a very practical and user-friendly monitoring and evaluation framework for project implementation purposes. Mobile technology has supported the accountability of the cluster to get field evidence data in a systematic way (mapping exercises, assessments, 4W monitoring, etc.). General mainstreaming sessions and trainings will be organized in close partnership with the protection cluster in the following fields: Housing, Land and Property (HLP), assessments and analysis, site planning, and the use of cash/voucher systems. The Shelter Cluster will further expand the infrastructure mapping exercise to get a full up-to-date picture of the situation for IDPs all over Somalia.

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[12] Newly displaced denotes any person that is displaced during the time of the project period, irrespective of whether they are being displaced for the first time, or whether they were in an existing displacement situation at the time they were affected. This includes, but is not limited to, displacement due to military offensives, inter-clan conflict, forced evictions and/or natural disasters.

[13] January to September: Single reporting format

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

[15] See definition paper on Sustainable Shelter Solutions: www.sheltercluster.org

WASH

PEOPLE IN NEED

2.74M

PEOPLE TARGETED

1.97M

REQUIREMENTS (US$)

65M

 # OF PARTNERS

57

WASH OBJECTIVE 1:

1 Emergency WASH prepardness and early response to humanitarian emergencies.

RELATES TO SO1

WASH OBJECTIVE 2

2 Acces to safe water, sanitation and hygiene for people in emergency need.

RELATES TO SO1

WASH OBJECTIVE 3

3 Provision of reliable and sustained access to sufiicient safe water based on identified strategic water points and establishment of sustainable management stuctures.

RELATES TO SO2

CONTACT

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Situation

Poor access to safe drinking water and lack of adequate sanitation facilities, coupled with poor hygienic practices, are major threats for the survival and development of children in Somalia. In 2015[17], only 55 per cent of Somalis had access to safe drinking water whilst 63 per cent have access to safe means of excreta disposal. Open defecation stands at 44 per cent for rural areas and 29 per cent overall (urban and rural). Large portions of the population are at persistent risk of waterborne diseases like acute watery diarrhoea (AWD)/cholera and polio.

Strategy and Targeting

WASH vulnerability analysis, based on AWD/cholera risk, flood risk, drought risk and access to water and sanitation was completed in June 2015. The analysis shows that most of the districts from Bakool, Banadir, Bay, Hiraan, Gedo, Lower and Middle Juba, Lower Shabelle, and to a certain extent Galgaduud and Middle Shabelle, can be considered as areas of high and/or very high vulnerability and should be prioritized in the framework of WASH response. WASH Cluster partners will continue to focus their activities on the most vulnerable people, IDPs and people at risk of AWD/cholera, acute malnourished children, people living in flood and/or drought-affected areas and children attending school. They will also continue to improve the gender aspects of their project in better analyzing and taking into consideration the needs, priorities and capacities of women, girls, boys and men. WASH Cluster activities will continue to be implemented in close coordination with other clusters to respond to life-saving emergencies.

Response

The WASH Cluster intends to respond to water, to sanitation an hygiene needs notably through:

- Regular participation of the WASH Cluster partners to SIRNA (Somalia Initial Rapid Needs Assessments) exercises

- Quick repairs, provision of fuel and/or spare parts to boreholes or shallow wells

- Provision of water vouchers (water trucking is the last resort solution) and distribution of household water treatment products

- Rehabilitation of communal berkhats coupled with sustained household water treatments

- Rehabilitation of existing strategic water points (permanent, perennial water points that support a large population), supported by sustained management structures

- Construction of emergency latrines and latrine de-sludging programmes

- Development of "access to sanitation programmes" targeting schools, health or nutrition centres

- Wider implementation of community-led total sanitation approach

- Dissemination of messages and better practices, focusing on key messages for disease control, according to the differential needs of women, girls, boys and men

- Distribution of hygiene kits to promote hygiene in emergencies through the use of the 10 WASH Cluster regional supply hubs.

[17] UNICEF WASH Somalia KAP Survey, 2015

PEOPLE IN NEED

21,059

PEOPLE TARGETED

11,547

REQUIREMENTS (US$)

39M

OF PARTNERS

11

REFUGEE RESPONSE PLAN

Refugees and asylum seekers

As at end October 2015, there were about 6,900 refugees and almost 9,800 asylum seekers in Somalia, living mainly in Puntland and Somaliland. The majority are Ethiopians, with a substantial number of nearly 4,300 new arrivals Yemeni prima facie refugees since March 2015 as a result of the crisis in Yemen. It is of note that approximately 2,000 of the Yemeni refugees who arrived in Somaliland and Puntland have moved to reside in Mogadishu while a smaller number, some 14 families of 100 individuals, recently arrived in Kismayo. Other nationalities of refugees and asylum seekers include Bangladesh, DRC, Eritrea, Palestine, Sudan, Syria, Tanzania, and Uganda.

The overall protective environment for refugees in Somalia remains weak. The absence of a comprehensive national legal framework for refugees increases their vulnerability since their rights and obligations are not effectively enshrined in national law. Refugees and asylum seekers face a range of protection problems including xenophobia, risk of refoulement, arbitrary arrest and detention, sexual violence, exploitation and abuse, and discrimination with regard to access to justice and to already scarce basic services and livelihoods opportunities. The ongoing conflict in the southern and central regions of Somalia also has far reaching implications for refugees living in Puntland and Somaliland.

Refugees and asylum seekers are also part of the much broader mixed migration movement through Puntland and Somaliland towards the Gulf of Aden as well as towards Egypt and Libya. Bossaso (Puntland) and Hargeysa (Somaliland) are significant hubs for illegal migration which can involve both human smuggling and trafficking, while Gaalkacyo in Galgaduud region is a major transit point. Some refugees and asylum seekers resort to migrate to other countries

despite UNHCR's efforts to advise them on the dangers and risks they can incur in doing so. In summary, the protection of refugees and asylum seekers in Somalia depends largely upon administrative mechanisms and the discretion of local authorities and communities rather than on a consistent legislative standard of treatment across the states of Somalia. Negative perceptions of host communities and authorities of refugees and asylum seekers as a potential security threat and a strain on already overstretched local resources puts them in a very difficult situation, marginalized and frequently discriminated against.

Priority needs for refugees and asylum seekers include: (a) life-saving protection and assistance (b) improved registration, identity and civil status documentation including birth certificates for refugee children by authorities (c) improved access and integration within national systems for basic services such as health and education (d) enhancing self-reliance through livelihoods and programs to help refugees and asylum seekers develop their coping mechanisms and avoid destitution, and (e) development of refugee legislation, policy and procedures and capacity-building of national and regional institutions to support effective implementation.

The protection and assistance approaches is aimed to create improved mutual trust and confidence among communities which host refugees and asylum seekers through the implementation of peaceful co-existence projects, improved monitoring and profiling as well as assessments of the protection situation. There will be specific projects to help reduce human rights violations including sexual and gender-based violence through supporting community security management systems and the strengthening of law enforcement. Protection and assistance mechanisms will also have a special focus on the risks and needs of persons with specific

REFUGEE RESPONSE PLAN

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needs such as children, women and girls and on fostering improved access to legal remedies, civil status documentation, and conflict resolution mechanisms.

Refugee returnees

To date, some 32,000 Somali refugees have returned to Somalia from Eritrea, Kenya and Yemen. Beginning in July 2015, UNHCR entered an enhanced phase of voluntary repatriation of Somali refugees in collaboration with the governments of Kenya and Somalia and bilateral discussions are ongoing with governments of Ethiopia and Somalia with a view to supporting voluntary return and reintegration of Somali refugees currently in the Dollo Ado settlements in Ethiopia.

Amounts per cluster foreseen for refugee returnees (in USD)

CLUSTER	AMOUNT
Education	0
Enabling Programmes	4,251,200
Food Security	48,544,409
Health	755,320
Logistics	0
Nutrition	0
Protection	17,244,057
Shelter	7,008,384
Water, Sanitation and Hygiene	1,791,180
TOTAL	79,594,550

Photo: OCHA/Philippe Kropf

GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN

To see the country's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organizations participating to the plan, please visit:

www.humanitarian-response.info/oper-ations/somalia

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)

CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

www.unocha.org/cerf/our-donors/how-donate

DONATING THROUGH THE COUNTRY HUMANITARIAN FUND

The Somalia Common Humanitarian Fund is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator (HC). Find out more about the CBPF by visiting the CBPF website:

www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds

For information on how to make a contribution, please go to:

www.unocha.org/somalia/common-humanitarian-fund

IN-KIND RELIEF AID

The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

logik@un.org

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at http://fts.unocha.org

PART III: ANNEXES

OBJECTIVES, INDICATORS & TARGETS

STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective 1 (SO1): Address humanitarian needs by providing life-saving and life-sustaining assistance to people in need, prioritizing the most vulnerable.

INDICATOR	IN NEED	BASELINE[18]	TARGET
Number of people in acute food insecurity, crisis and emergency phases of IPC (3 and 4)	1,013,535	1,013,535	To reduce to 5% of the population
Reduction in national median global acute malnutrition (GAM) and median severe		GAM 13.6% SAM 2.6%	11% <1.5%
Case fatality rate of AWD/cholera outbreaks		2%	1%
Number of children under 5 mortality rate (per 1000 live births)		146	142
Number of people affected by rights violations provided with services and/or other protection response		93,332	95,000

Strategic Objective 2 (SO2): Restore and strengthen livelihoods and basic service delivery to build resilience to recurrent shocks.

INDICATOR	IN NEED	BASELINE	TARGET
Number of people in stressed food security (IPC Phase 2)	3,892,978	32% of the population	To reduce caseload by 25% (to 55% of acute food insecure population)
Percentage of households with sustained access to safe water		55% of the population[19]	65% of the population
Number of teachers trained in 'Education in Emergencies'		1,500	7,000

Strategic Objective 3 (SO3): Strengthen the protection of the displaced and other vulnerable groups, and support the creation of conditions conducive for durable solutions of choice.

INDICATOR	IN NEED	BASELINE	TARGET
Number of IDPs supported with rights- and needs-based multi-sectoral durable solutions interventions		N/A	3,000
Number of IDPs reached with preventive and responsive HLP interventions in situations of forced evictions		4,536	7,000
Number of learners benefiting from provision of safe and protective learning spaces or schools		60,000	200,000

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[18] Baseline, where given, indicate the current status as at 2015.

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EDUCATION

SECTOR OBJECTIVES, INDICATORS AND TARGETS

📖 **Education Objective 1: Ensure emergency and crisis-affected children and youth have access to safe and protective learning environments that encourage retention and increased enrolment**

relates to SO1 ❄️ **, SO2** 👪

INDICATOR	IN NEED	BASELINE	TARGET
Number of children and youth (M/F) accessing safe and protected learning opportunities in emergency-affected learning environments		60,000	200,000
Number of required temporary learning spaces or rehabilitated schools available to emergency-affected children and youth		150	295
Number of occupied schools vacated by armed groups		0	20

📖 **Education Objective 2: Ensure vulnerable children and youth are engaged in life-saving learning that promotes personal well-being and social cohesion**

relates to SO1 ❄️ **, SO3** 🌱

INDICATOR	IN NEED	BASELINE	TARGET
Number of boys/ girls benefitting from emergency teaching and learning materials		60,000	200,000
Number of teachers trained in safe schools, life-saving learning, psychosocial support and well-being and social cohesion		1,500	7,000
Number of teachers (M/F) using life skills/life-saving messages on key issues (such as DRR/CRR, health and hygiene, mine/UXO risk education, gender-based violence, and peace education) in their teaching in emergency affected learning spaces		900	3,000
Number of teachers (female/male) supported with emergency incentives		1,500	2,800

📖 **Education Objective 3: Strengthened capacity to deliver effective and coordinated education in emergencies preparedness and response within the education system**

relates to SO1 ❄️ **, SO3** 🌱

INDICATOR	IN NEED	BASELINE	TARGET
Number of CEC members (M/F) trained in Safe Schools Framework, contingency planning, DRR plans, maintenance and management of learning spaces		450	3,000
Number of Cluster partners and MoE staff (M/F) trained in Safe Schools Framework, contingency planning, DRR management plans and emergency response		40	120

ENABLING PROGRAMMES

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Enabling Programmes Objective 1: Strengthen coordination to support delivery of humanitarian aid to ensure equal access for women, girls, boys and men

INDICATOR	IN NEED	BASELINE	TARGET
Effective strategic (HC, HCT) and operational level (ICCG, clusters) coordination structures; strong participation of NGOs in existing coordination fora	4.9 million	3 million	3.5 million

Enabling Programmes Objective 2: Enable humanitarian activities and personnel with safety and security programmes in Somalia

INDICATOR	IN NEED	BASELINE	TARGET
Relevant and timely security information, provided to UN and NGO staff working in Somalia, and increased presence of humanitarian security staff in the field	200 NGOs	165 NGOs	165 NGOs

Enabling Programmes Objective 3: Provide timely and relevant food security, livelihood and nutrition, water, land, flood and drought information and analysis on emergency situations

INDICATOR	IN NEED	BASELINE	TARGET
Number of information products disseminated through web, mailing lists, radio and SMS	4.9 million	32 (FSNAU monthly, quarterly, bi-annual publications and ad hoc studies)	34 (FSNAU monthly, quarterly, bi-annual publications and ad hoc studies)

Enabling Programmes Objective 4: Disseminate messages on protection and humanitarian needs of the vulnerable people in Somalia and carry life-saving and disaster risk reduction messaging relating to seasonal and perennial shocks

INDICATOR	IN NEED	BASELINE	TARGET
Number of local FM radios partnering with Radio Ergo		10	10
Number of collaborations with agencies/NGOs on community messaging and advocacy		12	12
Number of hours of programming broadcast nationally on shortwave per year		365	365

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FOOD SECURITY

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Food Security Objective 1: Improve household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods

relates to SO1

INDICATOR	IN NEED	BASELINE	TARGET
Number of individuals in 'emergency' and 'crisis' benefiting from transfers to improve their immediate access to food	1,013,535	422,000	1,013,535
Number of vulnerable people benefitting from relevant safety nets activities	102,463	90,000	100,000

Food Security Objective 2: Increase productive capacity of rural and urban livelihoods through provision seasonally-appropriate and livelihood-specific inputs

relates to SO2

INDICATOR	IN NEED	BASELINE	TARGET
Number of people in 'emergency', 'crisis' and 'stressed' IPC phases benefiting from agriculture inputs support (seeds package) and support to fisher folks	400,000	200,000	400,000
Number of people in 'emergency', 'crisis' and 'stressed' IPC phases benefiting from emergency animal vaccination and treatment (vaccinations)	2,100,000	1,500,000	2,100,000

Food Security Objective 3: Support rehabilitation and/or restoration of household and community productive assets and capacity to build resilience to withstand future shocks and prevent further deterioration

relates to SO2 , SO3

INDICATOR	IN NEED	BASELINE	TARGET
Number of people that have participated in the rehabilitation/construction of assets or received training	1,742,243	471,000	1,742,243

HEALTH

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Health Objective 1: Improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality

relates to SO1

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of health facilities providing minimum basic package of primary health care services (treatment of common diseases, Immunization, ante natal care, provision of essential drugs, nutrition)	3.2 million	18%	57%
Percentage of population covered by functioning health facility by type of health facility		18%	57%
Number of health workforce (MD, nurse, midwife) per 10, 000 population		< 22	28
Number of secondary health care facilities/ hospitals providing Comprehensive Emergency Obstetric Care per 500,000 people in crises affected areas		XX	1

Health Objective 2: To contribute to the reduction of maternal and child morbidity and mortality

relates to SO1

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of HF facilities providing basic EMOC OR (Number of Health Facilities with Basic Emergency Obstetric Care/500,000 population, benchmark: =4BOEC /500,000)	3.2 million	4	8
Coverage of Penta 3 vaccine in children below one year of age/state	962,000	42%	85%
Measles vaccine in chidren under one year	962,000	46%	90%
Percentage of births assisted by skilled birth attendant	1,667,700	44%	70%

Health Objective 3: Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner

relates to SO1

INDICATOR	IN NEED	BASELINE	TARGET
Case fatality rate of AWD/cholera outbreaks	3.2 million	2%	1%
Number of Cluster partners and MoE staff (M/F) trained in Safe Schools Framework, contingency planning, DRR management plans and emergency response	3.2 million	60%	90%

NUTRITION

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Nutrition Objective 1: Reduction of nutrition related morbidity and mortality rates to below emergency thresholds

relates to SO1

INDICATOR	IN NEED	BASELINE	TARGET
Reduction in national median global acute malnutrition (GAM) and median severe acute malnutrition (SAM)	308,000 56,000	GAM 13.6% SAM 2.6%	11% <1.5%

Nutrition Objective 2: Emergency preparedness and early response to humanitarian emergencies

relates to SO1

INDICATOR	IN NEED	BASELINE	TARGET
Establishment and implementation of nutrition surveillance and triggering mechanism	N/A	N/A	1

Nutrition Objective 3: The most vulnerable households, groups and communities are better able to mitigate risk and withstand shocks and stresses

relates to SO2 , SO3

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of high GAM and high risk localities with coordinated WASH/FSL/Health/protection emergency plans.	55 districts	0	15 districts

PROTECTION

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Protection Objective 1: To improve protection risk prevention, response and access to services for IDPs and other civilians affected by conflict, violence, human rights violations or disaster

relates to SO1 , SO3

INDICATOR	IN NEED	BASELINE	TARGET
Number of persons reached by preventive GBV and child protection interventions	128,000	115,089	120,000
Number of persons affected by rights violation provided with services and/or other protection response	85,000	92,332	95,000
Number of explosive hazards reduced by removal Number of persons benefited from risk education (incl. IED awareness)	1.1 million	121,697	700,000

Protection Objective 2: To improve protective environment for IDPs and other vulnerable groups in particular through enhanced protection interventions to support durable solutions for IDPs

relates to SO1 , SO3

INDICATOR	IN NEED	BASELINE	TARGET
Number of IDPs supported with rights- and needs-based multi-sectoral durable solutions interventions	1.1 million	N/A	3,000
Number of IDPs reached with preventive and responsive HLP interventions in situations of forced evictions Number of IDPs living in households with improved land tenure security (land agreements and individual title deeds) Number of persons benefiting from HLP rights counselling, legal restoration mechanisms	113,040	4,536	7,000
Number of persons reached through community based protection structures providing prevention, response services, including legal aid, rights awareness, conflict mediation, negotiation, dispute resolution and settlement; Number of community based protection structures provided with capacity-building support	35,000	8,155	28,000

Protection Objective 3: To improve operational response capacity through capacity development, strategic advocacy and humanitarian dialogues

relates to SO1 , SO3

INDICATOR	IN NEED	BASELINE	TARGET
Number of civil society members and authorities reached through training and advocacy and have an increased prevention and response capacity	6,500	6,099	6,200

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SHELTER

SECTOR OBJECTIVES, INDICATORS AND TARGETS

🏠 **Shelter Objective 1: Contribute to the protection of newly displaced people and those affected by natural hazards**

relates to SO1 ❄️ **, SO2** 🧍

INDICATOR	IN NEED	BASELINE	TARGET
Number of people in need receiving non-food items (NFIs)		N/A[20]	300,000
Number of people in need receiving emergency shelter kits		N/A[21]	110,000
Percentage of distributions having undergone PDM		90%[22]	100%
Percentage of emergency NFI kits distributed in a timely manner[23]		N/A	50%

🏠 **Shelter Objective 2: Improve the living conditions of protracted IDPs**

relates to SO3 🌱

INDICATOR	IN NEED	BASELINE	TARGET
Number of protracted IDPs that have received transitional shelter		900,000	150,000
Number of protracted IDPs that have received NFIs through direct distribution, vouchers or cash mechanisms.		900,000	150,000
Percentage of protracted IDP households served that have improved land tenure		N/A	85%
Percentage of transitional shelter projects that have received site planning support		Unknown	85%
Percentage of IDP settlements basic services mapped out.		60%[24]	100%

🏠 **Shelter Objective 3: Facilitate access to durable solutions for IDPs that are willing to locally integrate or return to their place of origin relates to SO1** ❄️ **, SO3** 🌱

INDICATOR	IN NEED	BASELINE	TARGET
Number of protracted IDPs that have received permanent shelter		900,000[25]	25,000
Percentage of IDPs that are occupying the permanent shelter after three months		900,000	90%
Number of protracted IDPs that have permanent land tenure agreements (local integration)		Unknown	30,000
Percentage of permanent shelter projects that have received site planning support		Unknown	100%

[20] Through estimations based on the first 9 months of 2014 (offensive, floods, evictions), there will be a need of emergency assistance for around 300.000 people s in 2015. 60 per cent of the 300.000 people are also in need of emergency assistance.

[21] The Shelter estimates that 40 per cent will have shelter through host families. 60 per cent of the 300.000 people are also in need of emergency assistance.

[22] For most Shelter Cluster partners, PDM is standard practice and is always implemented.

[23] Definition of timely manner: Emergency assistance in the past has been very slow due to several reasons: difficult access, non-accurate information, late decision making… Shelter Cluster partners will try to ensure to respond within 4 weeks (2 weeks for assessment and 2 weeks for intervention).

[24] The Shelter Cluster has already mapped out all IDP settlements in Mogadishu, Bossaso, Gaalkacyo, Kismayo, and Baidoa. The remaining settlements should be mapped out early 2015.

[25] The Shelter Cluster has provided concrete assistance to IDPs in the form of transitional shelter and permanent housing to 169,741 persons. The baseline is calculated by subtracting this number from the total number of IDPs.

WATER, SANITATION AND HYGIENE

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Water, sanitation and hygiene Objective 1A: Emergency preparedness and early response to humanitarian emergencies

relates to SO1

INDICATOR	IN NEED	BASELINE[26]	TARGET
Districts at risk (floods, drought, acute watery diarrhoea (AWD)/ cholera, displacement) and key actors for rapid assessments and emergency responses are identified, contingency stocks are prepositioned and specific plans are developed for seasonal risks		8	15
AWD surveillance integrated into the WASH strategy and response		N/A	Updated Monthly

Water, sanitation and hygiene Objective 1B: Provide access to safe water, sanitation and hygiene for people in emergency need

relates to SO1

INDICATOR	IN NEED	BASELINE	TARGET
Number of people assisted with temporary access to safe water		449,000	1,265,000

Water, sanitation and hygiene Objective 2A: Provide reliable and sustained access to sufficient safe water-based on identified strategic water points and establishment of sustainable management structures

relates to SO2

INDICATOR	IN NEED	BASELINE	TARGET
Number of people assisted with sustained access to safe water through newly built and/or rehabilitated water points		55 % of population	65 % of population

Water, sanitation and hygiene Objective 2B: Provide reliable and sustainable access to environmental sanitation (all sanitation access programs must be coupled with sustained hygiene practice promotion for the targeted population)

relates to SO2

INDICATOR	IN NEED	BASELINE	TARGET
Number of certified open-defecation-free communities achieved through CLTS approach		104	250

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[26] All WASH Cluster baselines are as at 30 September 2015

- Some 1.9 million people will not access primary health care and some will die of preventable diseases.

- Tens of thousands may die from other killers, including measles, cholera, malaria and failed child births.

- Up to 56,000 children may die of malnutrition if they are not treated.

- 1.1 million people in protracted displacement will continue to face critical levels of vulnerabilities.

- The situation of 4.9 million people in need will deteriorate.

- 1.7 million children will not access education and risk abduction, abuse and recruitment into armed groups.

- The underlying causes of needs will remain unresolved.

- We could undermine the gains made to put Somalia on a positive trajectory.

WHAT IF?

...WE SUCCEED

- The number of people unable to meet minimum food requirements will reduce from 8 per cent down to 5 per cent of the total population.

- The number of food insecure people will reduce from 4.9 million people to 3.2 million.

- The national malnutrition prevalence rates will reduce from the average 13.6 per cent to below 11 per cent by 2016.

- We can save lives by reducing deaths due to AWD/cholera, measles and other diseases.

- Access to safe drinking water will increase from the current 55 per cent to 65 per cent, averting diseases and deaths.

- We can provide life-saving protection services for 95,000 people.

- Safe and protective learning environments to 200,000 children.

- We can support durable solutions for an estimated 3,000 IDPs and provide housing, land and property for 7,000 people internally displaced by evictions.

- Our life-saving aid operation will be a platform for better preparedness and mitigation against future shocks and link to development programmes.

- Our aid operation will not only give a "hand-out" but a "hand-up" to save lives and foster resilience.

- We can better focus on new critical life-saving needs and better prepare for predictable emergencies in a cost-effective way.

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian needs, and reflects its joint humanitarian response planning.

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