

# 2015

## HUMANITARIAN RESPONSE PLAN

## SOMALIA

December 2014



Prepared by OCHA on behalf of the Humanitarian Country Team

### PERIOD:

January – December 2015



**7.5 million**

total population (UNDP, 2005)



**3.2 million**

estimated number of people in  
need of humanitarian aid



**2.76 million**

people targeted for  
humanitarian aid in this plan



**2.1 million**

people in stressed food security  
and livelihood situation



**660,000**

acutely malnourished children  
and pregnant and lactating  
women in need of treatment



**1.1 million**

IDPs in need of protection and  
durable solutions



**US\$ 862.5 million**

requested

Source: UNFPA, IDP numbers (UNHCR), the  
rest FAO's Food security and nutrition analysis  
unit (FSNAU)

## SUMMARY

### STRATEGIC OBJECTIVES

1. Provide timely and quality life-saving assistance to people in humanitarian crisis and emergency.
2. Enhance the scale and quality of humanitarian protection services and improve the broader protective environment through preventative measures.
3. Strengthen the resilience of vulnerable households and communities through livelihood support, and programmes for critical gaps in basic social services and social protection that complement disaster risk reduction, recovery and development interventions.

### KEY HUMANITARIAN NEEDS

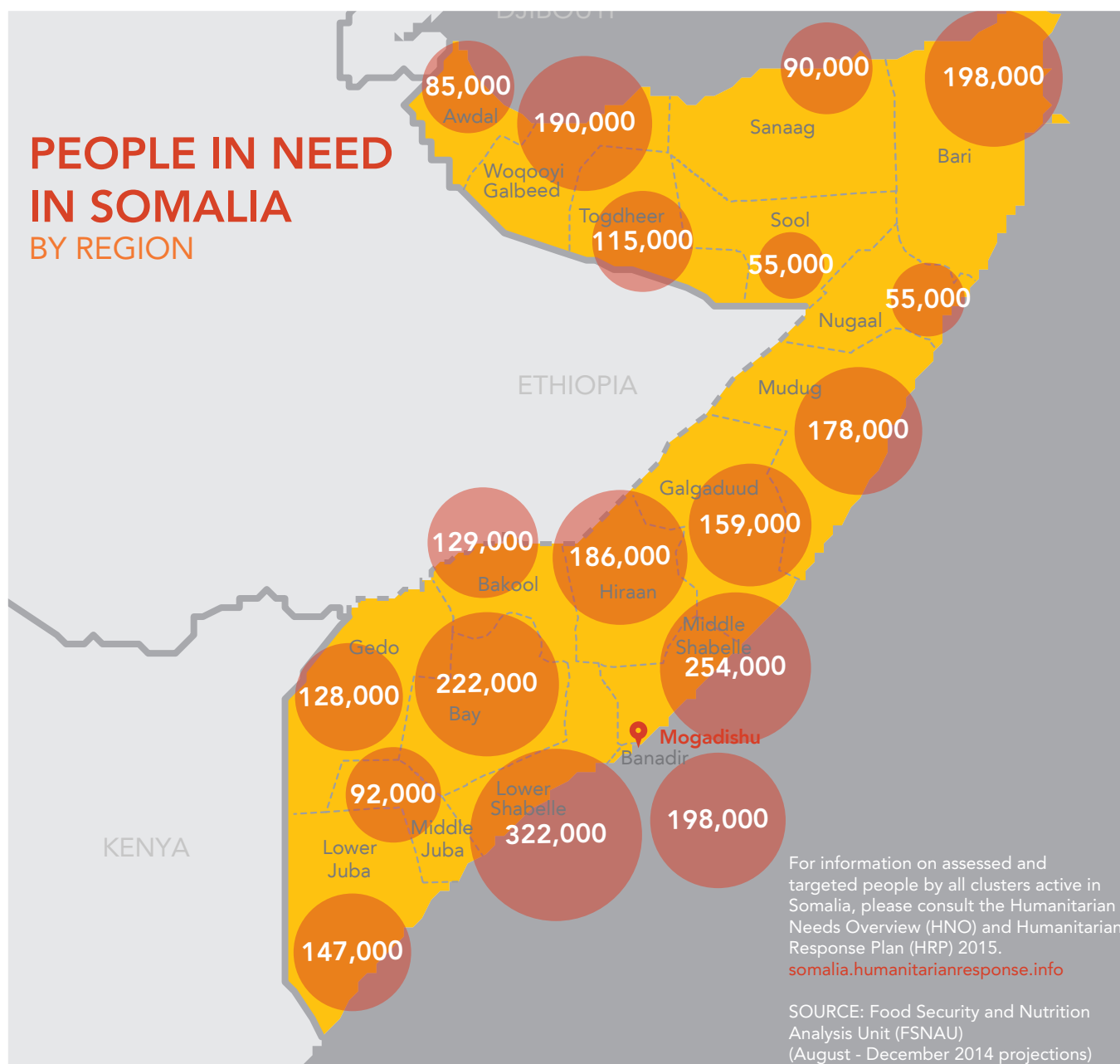
1. Acute food and livelihood insecurity.
2. Global acute malnutrition levels are above the emergency threshold, particularly among internally displaced people.
3. Critical lack of health, water, sanitation and hygiene services are contributing to high levels of morbidity and mortality.
4. Lack of access to schools.
5. Lack of protection of civilians, particularly for over 1.1 million protractedly internally displaced people who continue to face violations and forced evictions, and are in need of durable solutions.

Full HNO here: <http://bit.ly/124ejZv/>

**Over 1 million**  
people in emergency and crisis

**635,500**  
internally  
displaced

**389,500**  
Rural and  
urban poor



## PARAMETERS OF THE RESPONSE

The 2015 humanitarian strategy is a continuation of the three year (2013-2015) humanitarian appeal that seeks to provide integrated life-saving and resilience-strengthening assistance to people affected by the protracted crisis in Somalia. The overarching strategy of the three-year plan remains intact. However, it has been refined each year to reflect the changes in the humanitarian and development context.

The 2015 Somalia Humanitarian Response Plan (HRP) retains three of the four strategic objectives from 2014: life-saving activities, improved protection, and

strengthening resilience. Launched in 2013 at a time when there was no development funding mechanism for Somalia, the three-year Somalia humanitarian strategy broadened the horizon of humanitarian programming beyond life-saving activities to address the underlying causes of vulnerability. The objective was to ensure that gains made through life-saving activities are not lost due to the absence of other mechanisms that address the drivers of the crisis. This rationale remains valid in 2015. In 2015, in addition to life-saving and resilience, the scale and quality of protection services will be enhanced throughout Somalia, particularly in southern

and central regions where protection concerns are most acute. Response services will be scaled up to reach survivors of gender-based violence (GBV), children formerly associated with armed conflict and child victims of violations. The protective environment will also be improved through awareness creation and advocacy measures.

A fourth strategic objective in the 2014 humanitarian plan, which focused mainly on capacity building of national and local authorities, was dropped since capacity building is already streamlined into humanitarian programmes and incorporated into the New Deal. Humanitarian partners will concentrate on support to NGOs, and government structures that specifically address humanitarian preparedness and response, such as the Somalia Disaster Management Agency in Mogadishu, the National Environmental Research and Disaster Preparedness Agency in Somaliland, and the Humanitarian Affairs and Disaster Management Agency in Puntland.

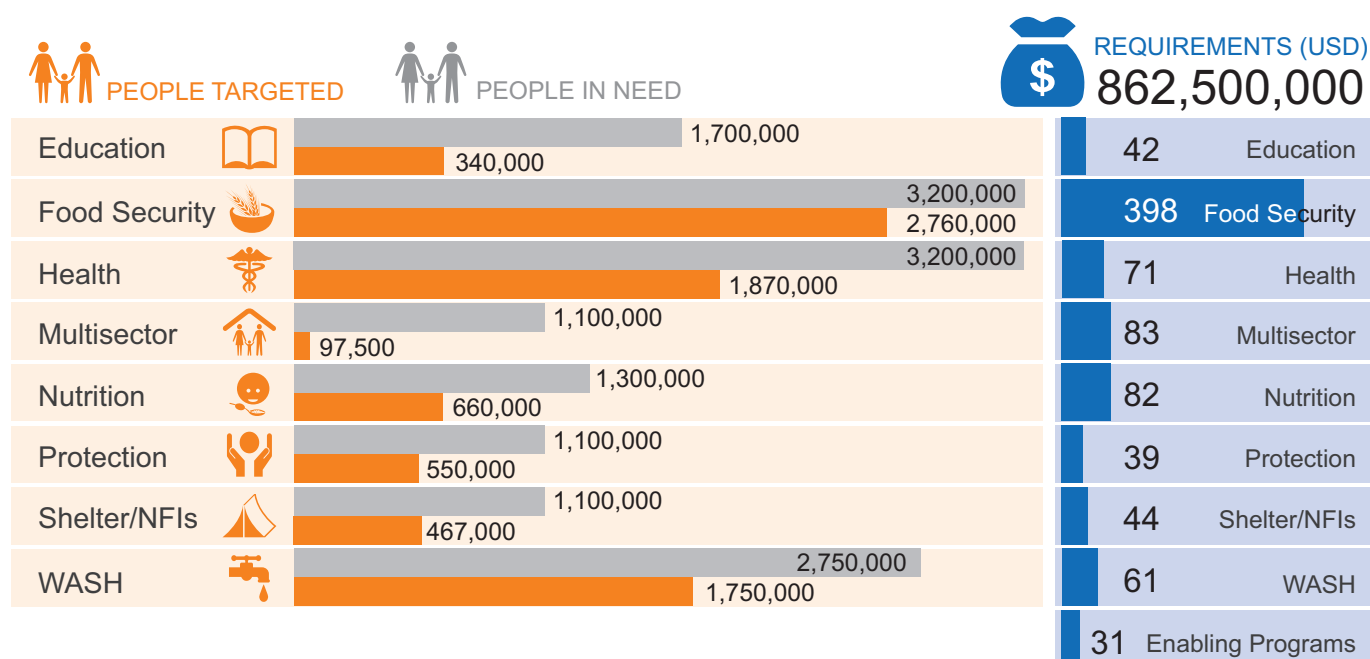
### Linkages with development programmes

The paths and time countries take to find their way out of fragility after prolonged conflict vary. Emerging from conflict is often complex and involves many risks and reversals. According to several World Bank studies on conflict, security and development, it takes an average of 10 years for a country to recover from conflict. Despite recent progress, Somalia still remains in conflict. This makes the recovery timeframe even longer than the post-conflict contexts the studies stated have referred to. As development initiatives start to pick up in Somalia, humanitarian organizations will have

to refocus their programmes on the immediate life-saving needs of people affected by disasters. However, such a transition should take place in a phased and gradual manner to preserve the gains made through humanitarian programming. Humanitarian programmes lay the ground for development by providing safety nets for communities and by allowing them to absorb and withstand climatic and man-made shocks. Long-term development programmes also address the underlying causes of vulnerabilities and avert or reduce the impact and frequency of humanitarian emergencies.

Development programmes are underway and should become increasingly prominent in Somalia in 2015. The New Deal framework, which was introduced in 2014, is expected to be operational in 2015 and covers five peacebuilding and statebuilding goals (PSGs): 1) inclusive politics; 2) security; 3) justice; 4) economic foundations; and 5) revenue and services. There are several linkages between the strategic objectives of the HRP and the PSGs of the New Deal. The most obvious linkages are between the HRP resilience activities and PSG 4 and PSG 5. In addition to resilience, most of the priorities under PSG 2 and PSG 3 contribute to the strategic objective on protection. The attainment of peace and justice will enhance the protective environment for vulnerable groups, particularly displaced communities, minorities, women, and children. The life-saving strategy of the HRP directly contributes to the realisation of all peace and security goals.

To cement this synergy, humanitarian organizations will continue to focus on strengthening community-level resilience since they have gained programmatic and operational experience and have a comparative



advantage in addressing community-level vulnerability in over three decades of working with communities. This will be implemented in parallel with statebuilding efforts aimed at building the resilience of national institutions and socio-economic infrastructure. The HRP and the New Deal are sufficient and complementary frameworks for humanitarian and longer-term programming respectively. In 2015 the focus will remain on establishing greater programmatic coherence and strengthened coordination between the two frameworks. This involves bringing the various NGO resilience initiatives into a coherent framework and clarifying how they interface with the HRP and the New Deal, as well as the creation of systematic information sharing and coordination between the two funding streams. Clusters will coordinate with relevant PSG working groups in Mogadishu, while clusters that have been working with government-led development sectors, particularly in Somaliland and Puntland, will continue this collaboration through existing sector coordination fora.

### People in need, targeted people and total requirements<sup>1</sup>

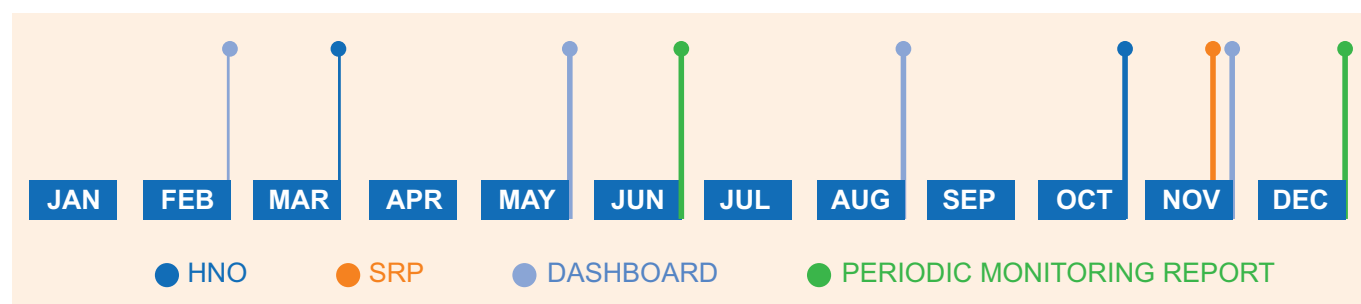
The 2015 Somalia HRP includes 224 projects and seeks US\$862.5 million to address the humanitarian needs of 2.8 million Somalis. The total 2015 funding request is a 7 per cent reduction compared to 2014 requirements, despite the increase of the number of people in need by 20 per cent in the same period. The reduction is made in consideration of the anticipated implementation of the New Deal and the existence of various resilience-oriented long-term initiatives implemented by several NGO consortia. In recognition of these complementary

programmes implemented by development partners that are expected to scale up in 2015, Education, Health, Nutrition, Protection, Shelter/NFI, and WASH clusters have reduced their funding requests compared to the previous year. However, three clusters have requested more funds. Food Security Cluster funding request increased by about 7 per cent in response to the increase in the number of food insecure people. The Multi-Cluster increased due to the inclusion of the UNHCR refugee budget in the HRP, while Enabling programmes have increased due to the inclusion of the United Nations Humanitarian Air Service budget, which used to be under the logistics cluster.

### Synchronization of the HRP with the seasonal calendar

The 2015 HRP process has been adapted to align better with the seasonal calendar in Somalia to ensure the timeliness of the response. Following the release of the FSNAU post-Gu food security and nutrition assessment in August, the humanitarian planning cycle started in September 2014. Periodic monitoring reports (PMRs), which replace the mid-year review process, will be issued twice during the year. The first PMR will cover the period from January to June, and will be issued in July. The second PMR, covering July to December, will serve as an end of year report, and will be produced at the end of December. Meanwhile, the Humanitarian Needs Overview (HNO) will be updated in March, following the release of the FSNAU post-Deyr food security and nutrition assessment results. The Common Humanitarian Fund (CHF) timeline and prioritization process have also been aligned with the HRP process to ensure timely allocation and disbursement of funds.

### 2015 Somalia humanitarian programme cycle schedule



<sup>1</sup> UNFPA population estimates were not available at the time of the FSNAU post-Gu 2014 survey and IPC analysis. The estimated number of people in need is extrapolated based on earlier population estimates (UNDP, 2005).

<sup>2</sup> Breakdown of the population according to FSNAU IPC classification:

- IPC Phase 4 (Emergency): 57,878 people
- IPC Phase 3 (Crisis): 964,301 people
- IPC Phase 2 (Stressed): 2.16 million people

<sup>3</sup> Three major NGO consortia comprising a total of 14 NGOs have received US\$98 million to implement resilience programs in Somalia from 2013 to 2017. These are: i) Somalia Resilience Programme (SomRep): ACF, ADRA, CARE, Coopi, DRC, Oxfam, and World Vision; (ii) Building resilience communities in Somalia (BRiCS): Concern, CEVSI, IRC, NRC and Save the Children; and (iii) ACTED/ADESO. In addition, the Somalia Return Consortium (SRC), consisting of nine UN agencies and international NGOs, has supported around 50,000 Somali IDPs to voluntarily return and reintegrate in South Central Somalia with a budget of US\$25 million from 2012 to 2014.

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## Somalia: Reference Map



## STRATEGIC OBJECTIVES AND INDICATORS

**STRATEGIC OBJECTIVE 1:**

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

Indicator	Baseline (2014)	Mid 2015	End 2015
Reduction in national median global acute malnutrition (GAM) <sup>4</sup> and median severe acute malnutrition (SAM) prevalence rates	GAM 14.9% SAM 2.6%	10 –14.9% <1.5%	10 –14.9% <1.5%
Reduction in case fatality rate of acute watery diarrhoea (AWD)/cholera, and incidence of cases of measles and confirmed polio	AWD/cholera case fatality rate (CFR) 2% Measles 7,000 cases Polio 5 cases	1% 1,500 cases 0 cases	1% 3,000 cases 0 cases
Number of people in acute food security crisis and emergency (IPC Phases 3 and 4)	1,025,000 (13.7%)	< 750,000 (10%)	< 750,000 (10%)

**STRATEGIC OBJECTIVE 2:**

Enhance the scale and quality of humanitarian protection services and preventive measures<sup>5</sup> to improve the broader protective environment

Indicator	Baseline (2014)	Mid 2015	End 2015
Number of GBV survivors and separated and unaccompanied minors who access medical, psychosocial, identification, documentation, tracing and reunification (IDTR) services	5,000 (4,000 GBV and 1,000 unaccompanied minors)	4,000	7,500
Number of children formerly associated with armed groups assisted	1,200	900	1,800
Number of affected boys, girls, men and women benefitting from improved protection services and preventive measures	400,000	380,000	665,000
Number of affected children with access to education that enhances their protection	263,441	110,000	340,000

<sup>4</sup> Reference range for GAM and SAM: [www.fsnau.org](http://www.fsnau.org)

<sup>5</sup> Preventive mechanisms are advocacy and awareness-raising campaigns that ensure that rights are recognized and protected, and lead to a reduction in violations.

**STRATEGIC OBJECTIVE 3:**

**Strengthen the resilience of vulnerable households and communities through livelihood support, programmes for critical gaps in basic social services and social protection that complement disaster risk reduction, recovery and development interventions**

Indicator	Baseline (2014)	Mid 2015	End 2015
Number of people in stressed food security (IPC Phase 2)	2,100,000 (30%)	<2,100,000 (30%)	<2,100,000 (30%)
Percentage of affected households with sustained access to safe drinking water	30%	35%	40%
Number of displaced people and returning refugees supported with durable solutions (return, reintegration and resettlement programmes)	75,000	30,000	75,000

Note: Targets of people in 'crisis, emergency, and stress' phases were calculated based on 2005 UNDP population estimates. Targets will be calculated on the basis of the new UNFPA population estimates, once district population breakdowns are made available by UNFPA. As such, the number of people in need could be underestimated and will require a review once the final 2013 estimates are available, due to the significant increase in the base national population.

## SITUATION OVERVIEW

After two years of fragile improvements, a mix of drought, soaring food prices, conflict, access constraints and under-funding has led to a serious deterioration of the humanitarian situation in Somalia in 2014. Current conditions are similar to the pre-famine period in 2010 when a combination of reduced access, declining funds and two consecutive failed rainy seasons led to Somalia's famine in 2011, which caused the deaths of an estimated 258,000 people in excess mortality. While the climatic outlook this year is better than it was in 2010, several of the indicators observed in the post-Gu assessment in 2014--such as cereal crop production, consumer price index and acute malnutrition levels--show that the levels are close to those in Gu 2010.<sup>6</sup>

In 2014, the number of people unable to meet their food needs increased by 20 per cent to over 1 million (up from 857,000). This is the first time the number of people in need of life-saving assistance has increased since the end of the 2011 famine, an indication that the modest gains made in the last two years have reversed considerably. In addition to the over 1 million people in 'emergency and crisis', there are an additional 2.1 million people who are barely able to meet their food needs and could join the 'acutely food insecure' category if they do not receive sustained livelihoods support. This brings the total number of people in need of life-saving and livelihoods assistance to over 3 million.

## COMPARISON OF KEY INDICATORS BETWEEN THE PRE-FAMINE PERIOD, FAMINE AND RECENT SEASONS

KEY INDICATORS*	GU 2010	DEYR 2010/11	GU 2011 (FAMINE)	DEYR 2013/14	GU 2014
Cereal crop production (ton)	198,200	17,900	48,500	87,800	89,500
Average cereal price (SoSH)	8,490	12,162	18,798	7,719	11,099
Median GAM rates (%)	15.95	25.85	39.5	16.1	17.3
Median SAM rates (%)	2.05	5.2	17.2	2.8	3.7

Abbreviations: SoSH: Somalia shilling; GAM: global acute malnutrition; SAM: severe acute malnutrition

\*Figures refer to Gu (April-June) and Deyr (October-January) rainy seasons and related harvest yields in southern and/or central regions.

Source: FSNAU analysis of key food security and nutrition indicators.

<sup>6</sup> According to the findings of 2014 joint food security and nutrition assessment by the FSNAU for Somalia and the Famine Early Warning Systems Network (FEWSNET).



Somalia's human development indicators remain extremely low and continue to aggravate the humanitarian situation. Coverage and quality of basic social services in the country is low, mainly due to the absence or dysfunction of existing governance structures. Health indicators in Somalia are among the lowest in the world. Immunization for measles is low, with only 30 per cent coverage countrywide. Only one in three Somalis have access to safe water; 1 in every 10 Somali children dies before seeing their first birthday; 1 in 18 women dies in childbirth.

An estimated 1.1 million displaced people live in sub-standard conditions in crowded settlements, and remain at high risk of AWD/cholera and measles outbreaks due to limited access to basic sanitation and hygiene services. The most affected areas include settlements for displaced people in Mogadishu. Conflict and natural disasters also lead to new displacements on a recurring basis. Over 1 million vulnerable Somalis, mainly the internally displaced, have no adequate access to proper shelter and household items. These affected people

continue to face forced evictions, discrimination and gender-based violence, and lack adequate protection and durable solutions. In 2014, military operations against Al Shabaab in southern and central Somalia led to the preemptive displacement of over 80,000 people. Regular improvised explosive device (IED) attacks take place throughout southern and central Somalia. In 2013 and 2014 there have been over 1,000 casualties, the majority of which are civilians with six casualties per week, representing a significant protection challenge.

The majority of the displaced are women, and the humanitarian situation is exacerbating already severe gender inequalities, with women and girls most disadvantaged across all sectors. Women are further placed at risk of violence when trying to obtain access to food, water, and sanitation due to widespread impunity of armed groups, insecurity and violence. In addition to the lack of educational opportunities for girls, early marriages and associated physical and psychological damages continue to severely erode girl's rights. Boys remain the main victims of forced recruitment by armed groups.

### People in need and targeted beneficiaries<sup>7</sup>

	CLUSTER						
	FSC	Nutrition	Health	WASH	Protection	Shelter	Education
<b>PEOPLE IN NEED</b>	3.2m	1.3m	3.27m	2.75m	> 1.1m	937,000	1.7m
<b>TARGET CASELOAD</b>	2.76m	660,000	1.87m	1.75m	550,000	467,000	340,000
Male	1.35m	281,750	890,000	857,500	273,835	186,000	181,267
Female	1.41m	378,250	980,000	892,500	276,165	280,000	158,233
Breakdown of targeted beneficiaries by type/category							
IDPs	635,000	72,600	100,000	665,000	440,000		126,000
Host communities		587,400	300,000	100,000	110,000		214,000
Refugees							
"Crisis and emergency" – rural and urban poor	389,500						
"Stressed"	1.6m						
People in under-served areas			1.07m				
People in drought-affected areas			400,000	475,000			
People in areas affected by water-borne disease outbreaks				510,000			

Source: Clusters

<sup>7</sup> There is a possibility of an overlap between the various sub-groups. For instance, displaced people also belong to the other categories such as 'people in drought affected areas', 'people in areas affected by waterborne disease outbreaks' and several of the other sub-categories. Where a particular cluster does not give figures for targeted people, it does not mean the cluster is not addressing the needs of the relevant sub-categories. Clusters provided the breakdown or sub-categories they deemed most relevant from their programmatic perspective.

## STRATEGY

### Overall aim of humanitarian action in 2015:

1. Reduce malnutrition levels below global emergency threshold of 15 per cent.
2. Reduce AWD/cholera, measles and polio cases.
3. Reduce the number of people unable to meet minimum food requirements to less than 10 per cent of the total population from the current 13.7 per cent.
4. Reduce the number of people in 'stressed' food security situation or prevent further deterioration.
5. Increase the number of people with access to safe drinking water from the current 30 per cent to 40 per cent.
6. Increase the coverage of protection services with the overall target of reaching up to 550,000 people (up from about 100,000 last year), including reducing the impact of explosive hazards on civilians, reaching at least 300,000 people.
7. Support durable solutions for an estimated 97,500 displaced, returnees and non-Somali refugees and asylum seekers.

### Linking early warning to early action

The declaration of the end of the 2011 famine was accompanied by a resounding 'never again' by the international humanitarian community and a consensus to ensure that early warnings lead to early action. In 2014, as a follow up to the Inter Agency Standing Committee (IASC) Real Time Evaluation recommendation to strengthen accountability of the Humanitarian Country Team (HCT) and enforce a well-functioning early action mechanism, OCHA was entrusted with facilitating the process with the participation of the Inter-Cluster Coordination Group (ICCG), donors, UN agencies and NGOs. The objective of the proposed early action trigger mechanism (a dashboard and accountability framework) is to facilitate decision making for early action based on the identification and monitoring of a consistent set of multi-sector and key food security- and nutrition-related indicators and establishing individual as well as overall thresholds for these key indicators. With the technical support of FSNAU, OCHA convened several technical-level meetings in May and June 2014

that culminated in the identification and definition of key indicators and thresholds on climate, population movement, health, nutrition, and markets.

The trigger mechanism and accountability framework developed through this consultative process will be implemented in 2015. On a monthly basis, data on the key indicators from the central database will be shared with and reviewed by the ICCG supported by a technical team.<sup>8</sup> The ICCG supported by the technical team will then formally communicate its recommendations on appropriate courses of action to be taken by the HCT as indicated below in the decision tree and the assignment of roles and responsibilities. The HCT will review the recommendation from the ICCG and make a final decision. The discussion and final decision by the HCT will be formally documented in order to promote accountability and learning.

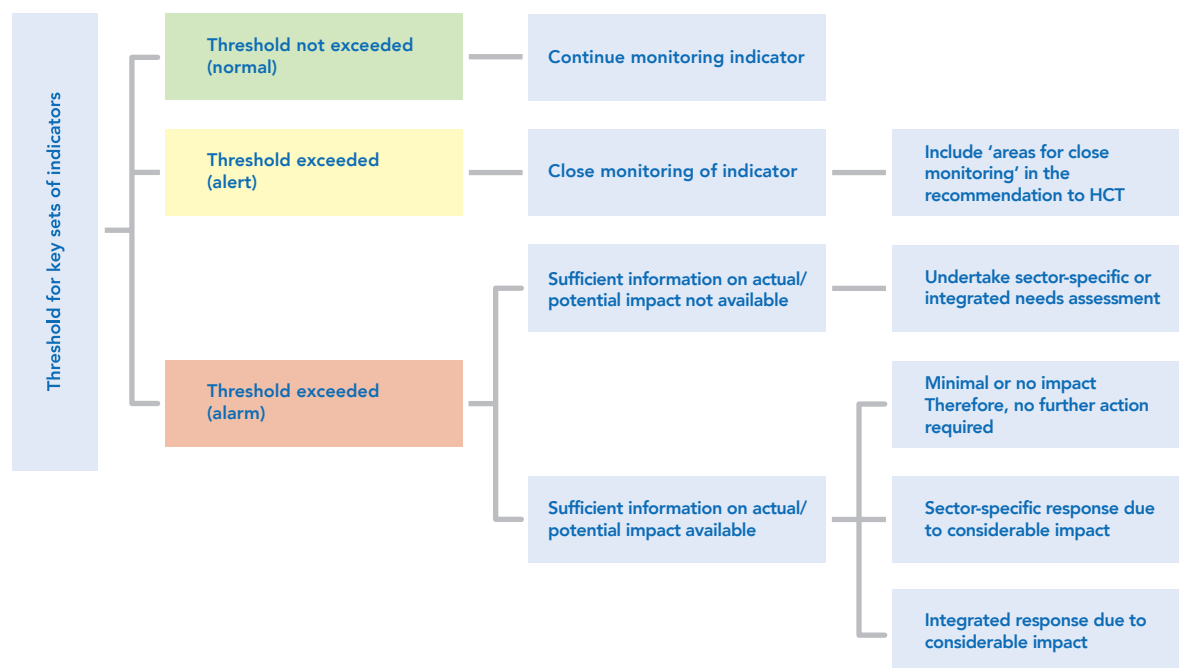
### Scope of the strategy

Clusters have identified the number of people they plan to reach in 2015 based on priority needs, access and technical capacity considerations. The targeting



<sup>8</sup> See annex for details on how long it takes to move between the phases and the criteria.

## The Trigger Mechanism and Accountability Framework



exercise also factored in ongoing interventions by various stakeholders including the International Red Cross/Crescent Society, the Organization of Islamic Cooperation, Turkish aid organisations and development programmes implemented through the New Deal mechanisms, which cover a substantial portion of the total needs in the country. Thus, with the exception of the Food Security Cluster (FSC) which targets 86 per cent of people in need, other clusters' response is aimed at between 40 and 65 per cent of the people identified to be in need of the respective clusters' assistance.

### Food security and nutrition:

The FSC partners will target 2.76 million people in need ('crisis', 'emergency' and 'stressed') with multiple responses that factor in the livelihood and food security phases of the targeted people, and seasonality. Of the 3.2 million people in need, about 1 million are experiencing acute food insecurity and will be assisted with improved access to food and safety net responses on a monthly basis. These activities include monthly food distributions, cash and voucher transfers and wet feeding programmes. Cluster partners will assist an additional 1.6 million people who are struggling to meet their minimum food needs through seasonal assistance in the lean months from January to March. These people will not receive monthly assistance since their needs are seasonal. They will instead benefit from seasonal agricultural inputs, restocking, fishing gears, vaccination and treatment of livestock and other livelihood support activities.

The Nutrition Cluster will provide nutritional services to 660,000 or 51 per cent of the 1.3 million children and pregnant and lactating women in need. Nutrition Cluster partners will focus on basic life-saving activities and community resilience-building activities, mainly targeting displaced communities where malnutrition rates were above emergency levels, and vulnerable rural people in hotspot areas. The food security and nutrition clusters will continue to coordinate their activities through the joint identification of geographical hotspots and the most vulnerable groups and integrated food and nutrition services.

### Health and WASH

Of the 3.2 million people in need of health services in Somalia, 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), and drought-affected people. WASH Cluster partners plan to assist 1.65 million, or 59 per cent of the 2.8 million people who lack access to WASH services in Somalia. WASH activities will focus on displaced people and people at risk of AWD/cholera, acutely malnourished children, drought-affected people and children attending schools. Health and WASH clusters will continue to implement joint strategies to prevent and mitigate the impact of disease outbreaks, particularly seasonal AWD/cholera. Areas of joint programming have been identified through updated vulnerability maps.

## Protection and Education

Protection Cluster partners target<sup>9</sup> 550,000 of the over 1.1 million people in need of urgent protection assistance, including displaced people, host communities and other affected vulnerable people. Activities will focus on the southern and central regions which host 80 per cent of IDPs in the country and where GBV, separated and unaccompanied children, children formerly associated with armed forces and groups, explosive hazards and violation of basic rights are pervasive. Where possible, partners will also focus on the newly accessible areas and settlements that absorbed the newly displaced people following natural disasters, threat of drought, clan conflict, military offensive and evictions. Key activities will include: the provision of medical, psychosocial and legal support to GBV survivors; reunification of separated and unaccompanied minors with their families; reintegration of children formerly associated with armed groups into the community; and, improving the protective environment through prevention and response measures according to the specific needs of boys, girls, men and women. The activities are guided by existing strategies, such as the Somalia HCT GBV strategy and Child Protection Working Group strategy Somalia. All activities will follow the principle of ensuring that women, men, girls and boys benefit equally from services based on their specific needs and roles, with a view to advancing gender equality. In light of this principle, the cluster will emphasize the inclusion of groups often forgotten such as the elderly, people with disabilities, minorities, mixed migrants, and marginalized pastoralists who have lost their livelihoods. Of the 1.7 million children who do not have access to education in Somalia, Education Cluster partners target 340,000 children and teachers (or 20 per cent). This will be done through the rehabilitation of existing classrooms, construction of temporary learning spaces, provision of basic equipment, increasing access to non-formal education and vocational training, training on life-saving messages, and the provision of emergency incentives for teachers. Protection and education cluster partners, in collaboration with other clusters, will provide integrated and multi-sectoral services to maximize the impact of their programmes.

## Shelter/NFIs and Multi-sector for internally displaced, returnees and refugees

The Shelter Cluster strategy targets 467,000 of the 1.1 million people displaced by natural and man-made disasters such as drought, flood, conflict, fire and forced evictions, through the provision of emergency assistance packages, and transitional and permanent

shelters. The cluster will also continue to work very closely with the Durable Solutions Unit within UNHCR, targeting mainly those who are willing to integrate locally and are in need of permanent shelter. Through the multi-cluster approach, durable solutions including voluntary return, local integration and resettlement will continue to be provided to returning people and refugees. Although most of the potential areas of return in southern and central Somalia are not conducive for mass refugee returns, former displaced people and refugees continue to return to newly recovered towns where the security situation is relatively stable and some level of humanitarian services are available. In 2015, a total of 97,500 people (75,000 IDPs and returning Somali refugees, and 22,500 non-Somali refugees and asylum seekers) will be assisted with return, reintegration and resettlement services through the provision of access to basic services and enhanced supportive measures for a protective environment, as well as livelihoods opportunities in the receiving areas.

## Implementation and access strategy

The coverage of UN and international NGOs has increased in 2014--particularly in southern and central Somalia where the needs are greatest--and this footprint is expected to increase further in 2015 as the Somali National Armed Forces (SNAF) and African Union Mission in Somalia (AMISOM) military operations continue. In newly-recovered areas, despite continued access challenges, organisations have been able reach vulnerable people through different modalities including the use of emergency cargo flights. In 2015, emphasis will be put on delivering assistance through safe roads to newly-recovered areas since humanitarian aviation services are expensive, unsustainable and cannot deliver the tonnage. However, where supply routes are cut off and people are in need of assistance, the use of air cargo will continue to mitigate the impact of the crisis as an interim measure. Finally, in Al Shabaab-held rural areas where UN and international NGOs cannot operate freely, assistance will continue to be provided through local NGOs to address the needs of the people targeted by the HRP.

The Somalia HCT access strategy and action plan will be further developed and implemented in 2015. Humanitarian response in Somalia is contingent on organizations' engagement with different stakeholders, mainly with national NGOs, with whom they need to renegotiate the terms and conditions of their presence, and work on a continuous basis. The Humanitarian Coordinator (HC) will spearhead dialogue on principled humanitarian action at the strategic level, while at the

<sup>9</sup> The targeting of services will be based on analysis of information from the Protection Return and Monitoring Network, the Monitoring and Reporting Mechanism database, the GBV and child protection information management systems, and other comprehensive GBV survey reports and rapid assessments, including collaborative profiling and inter-agency assessments.





operational level and with the much-needed dedicated access capacity, OCHA will work in collaboration with the Somalia NGO Consortium and the Protection Cluster to provide training and information on universal humanitarian principles, minimum standards, various codes of conduct, and legal frameworks. To foster a better understanding of the context and environment in which humanitarians operate, OCHA has rolled out its global access monitoring and reporting framework. This routine tracking, analysis and reporting on critical aspects of the working environment that aims to facilitate the building of a shared contextual analysis by the HCT and the development of a strategy to protect and sustain humanitarian space will continue in 2015. In addition, to enable aid to be more efficiently delivered to people in need, the authorities will be supported to facilitate humanitarian operations by putting in place clear regulatory frameworks and to streamline and simplify administrative procedures.

The humanitarian strategy will be implemented in close collaboration with the Federal Government of Somalia (FGS), regional states and interim administrations. The capacity of some government institutions to respond to disasters remains limited, including the Ministry of Interior and Federalism (MoIF), which is the focal point for humanitarian issues, and the Disaster Management Agency (DMA). However, there is a growing commitment on the part of the Government to take a lead role in providing and coordinating humanitarian assistance to people in need. In 2014, a Director General for Humanitarian Affairs and a focal point on humanitarian issues were appointed in the MoIF. The FGS has also established a ministerial-level

Emergency Response Committee<sup>10</sup> tasked with drought response and coordination. Existing humanitarian coordination structures, such as the HCT, and cluster coordination mechanisms will continue to work closely with Government structures at strategic and operational levels respectively. Humanitarian organizations will also continue to advocate for the creation of a conducive and enabling environment to provide assistance, free of costly and time-consuming administrative impediments.

Coordination with partners working under the New Deal framework will be enhanced, particularly with resilience activities. Mapping of the various resilience initiatives is underway, which will inform the coordination framework between these initiatives.

### Cross-cutting issues

Gender and capacity building are the two main cross-cutting themes in the 2015 HRP. Clusters have outlined specific gender- and age-related needs in the HNO.<sup>11</sup> The needs and rights of all affected people--women, girls, boys, and men--will be given due attention in the planning and implementation of humanitarian action. Cluster response plans have also applied the gender marker at the project selection and prioritization stages. Currently, gender mainstreaming is not systematically embedded into some key aspects of the humanitarian programme cycle, particularly in needs assessment. As a result, the quality of sex- and age-disaggregated data remains weak. In 2015, efforts will be made to ensure gender is fully considered in needs assessments and that the gender marker is implemented in a consistent manner at the project level.

<sup>10</sup> The committee comprises ministries of Agriculture, Interior and Federalism, Finance, Planning and International Cooperation, Energy and Water, Health and Livestock. The Somalia Humanitarian Country Team continues to engage the Emergency Response Committee and the constituent members are actively participating in humanitarian planning and response efforts, including in the development of the 2015 Somalia HRP at Ministerial and technical levels.

<sup>11</sup> Full HNO at <http://bit.ly/124ejZv>



Capacity building of humanitarian partners will remain a cross-cutting activity embedded in cluster and agency operational plans. Capacity building will focus on local NGOs and relevant Government focal institutions for emergency response and coordination, such as the National Environmental Research and Disaster Preparedness Agency in Somaliland, the Humanitarian Affairs and Disaster Management Agency in Puntland, and the DMA at the Federal level.

### Response monitoring and risk mitigation measures

The Somalia HCT has identified a number of clear and measureable outcome level indicators. Progress against these key indicators will be monitored regularly through the Humanitarian Dashboard 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 gradually. This includes the preparation by the ICCG of a monitoring framework document, which states what will be monitored, when, by whom and which reports will be produced.

At the operational level, the HRP database provides greater detail on projects, including regional and district level breakdowns of targeted beneficiaries. The main challenge has been to ensure that humanitarian assistance reaches target beneficiaries, particularly in areas where access is difficult and in settlements for displaced people where gatekeepers systematically siphon off assistance delivered to displaced people. The reliability of data on response reported in standard reporting and monitoring tools, such as implementation reports and 3Ws, will be enhanced through third party monitoring<sup>12</sup> 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 continues to be enhanced. 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 programmes. The UN's Risk Management Unit, the Common Humanitarian Fund (CHF) accountability framework and agency risk management systems are now better equipped to detect risks by evaluating the capacity



of implementing partners and tracking programmes, with stronger monitoring, reporting and auditing tools. A UN risk management working group comprising humanitarian and development partners is working to harmonize common approaches and standards among all humanitarian partners, including NGOs. The OCHA-managed CHF will continue to implement its four-pillar accountability framework.<sup>13</sup> The CHF database, an online project management tool, contains overall risk levels of implementing partners based on scorings from partner capacity assessments, audit reports, monitoring and credible external sources. It will inform decisions on the selection of partners. Performance-based partner prioritization tools will continue to be utilized for CHF allocations. The results of CHF partner capacity assessments are now part of cluster considerations for partners. However, CHF has not been able to assess all HRP partners, leading to the exclusion of key cluster partners from CHF allocations. To address this, CHF partner capacity assessments will be scaled up.

<sup>12</sup> Third party monitors are Somali consultants/contractors who can access areas that are not accessible to funding agencies and monitor the quality and progress of activities delivered.

<sup>13</sup> The accountability framework to support fund management has four pillars: (i) Capacity Assessment and Risk Management, (ii) Monitoring, (iii) Reporting, and (iv) Audit.

## Pooled funding

The Central Emergency Response Fund (CERF) and CHF continue to play important roles in humanitarian response in Somalia. The CHF covers about 10 per cent of the total annual humanitarian needs in Somalia. If food security cluster requirements are excluded, the share of CHF for a given year increases to about 15 per cent of the total funds received. The Somalia CHF will provide rapid and flexible funding for critical humanitarian needs through its emergency reserve and standard allocation. CHF and CERF strategies will continue to be aligned to ensure complementarity and the most effective use of the available pooled fund resources.

## Process and participation

The 2015 HRP process started in August, 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 14 September, an ICCG/government technical level meeting in Mogadishu was organized to discuss and agree on the priority needs in 2015. The consultation meeting, the first of its kind in Somalia following the establishment of the FGS, was attended by cluster coordinators and representatives from the DMA and five ministries: Interior and Federalism, Agriculture, Water Resources, Health, and Education. On 16 September, the ICCG met representatives of the New Deal partners to understand the scope and implementation stage of resilience activities under the New Deal and to look at ways to ensure complementarity between resilience activities. Based on the feedback received from government line ministries and departments and the consultations with the New Deal partners, cluster coordinators finalized the 2015 HNO and shared it with the HCT. On the basis of the HNO, the HCT endorsed the 2015 strategic objectives and agreed on the overall implementation and budgeting strategy for

2015. 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 2015. After another round of consultations with government line ministries in Mogadishu on 9 October, clusters developed their response plans and partners uploaded their projects on the Online Project System. The HC reviewed the projects and after suggested revisions were incorporated, the list of 2015 Somalia HRP projects was finalized on 31 October 2014.

## Consultations with affected communities

Direct consultations with affected populations will continue to be conducted through humanitarian organizations at different stages of the humanitarian programme cycle. The HC, OCHA, HCT members, cluster-lead agencies and cluster coordinators will also continue regular visits aimed at getting feedback from vulnerable communities on needs, targeting and effectiveness of humanitarian programmes. A communications strategy that ensures affected people are able to ask questions, provide feedback and contribute to discussions about current and longer term strategies will be devised.

## Planned needs assessments

The Somalia humanitarian community relies on FSNAU's food security and nutrition assessments to identify the number of people in need and for response planning. FSNAU's assessments are thorough and provide a good understanding of the existing needs as well the dynamics and trend of these needs. However, there are no regular sector-specific needs assessments for other sectors, although the GBV Working Group produces a quarterly trend analysis. Most other clusters formulate their targets on the basis of overall percentages of people in need of their assistance according to socio-economic data from previous national-level studies and indices, not on the basis of data collected through field-level needs assessments. This remains a major gap and weakness. Planned needs assessments for 2015 are included in Annex A.



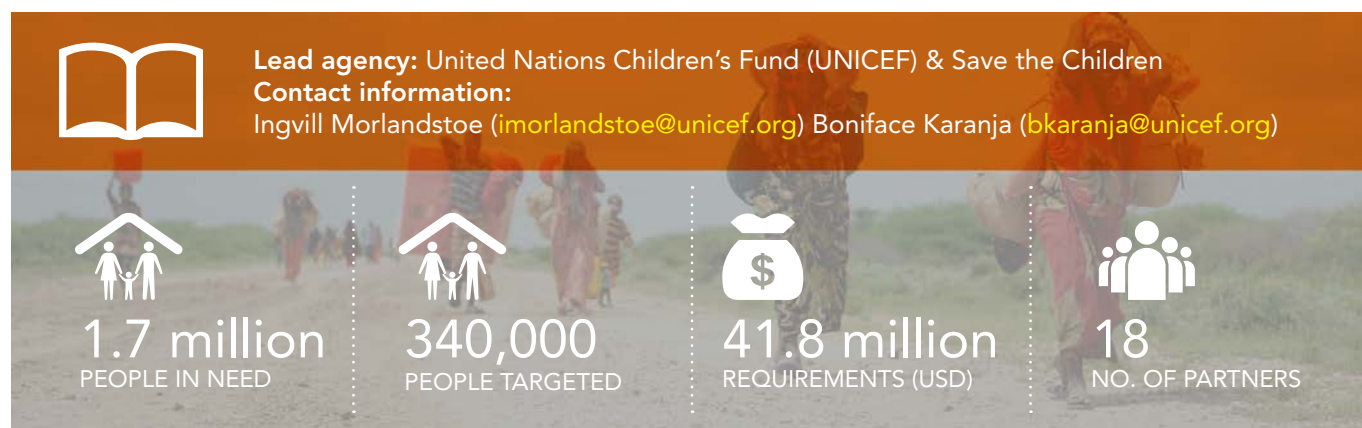
## CLUSTER RESPONSE PLANS

A one page summary of response per cluster along with cluster-specific maps showing needs and planned response is presented in the following sections. The summary provides each cluster's planned activities, objectives, outcome level indicators and targets. A detailed log frame capturing activity level indicators and targets as well as geographical focus areas is posted on [OCHA Somalia](#) and [humanitarian response for Somalia](#).

In addition to annex A (planned needs assessments for 2015), the section also includes annex B, which shows key steps and thresholds for early action according to the trigger and accountability mechanism.



## EDUCATION



### Priority activities

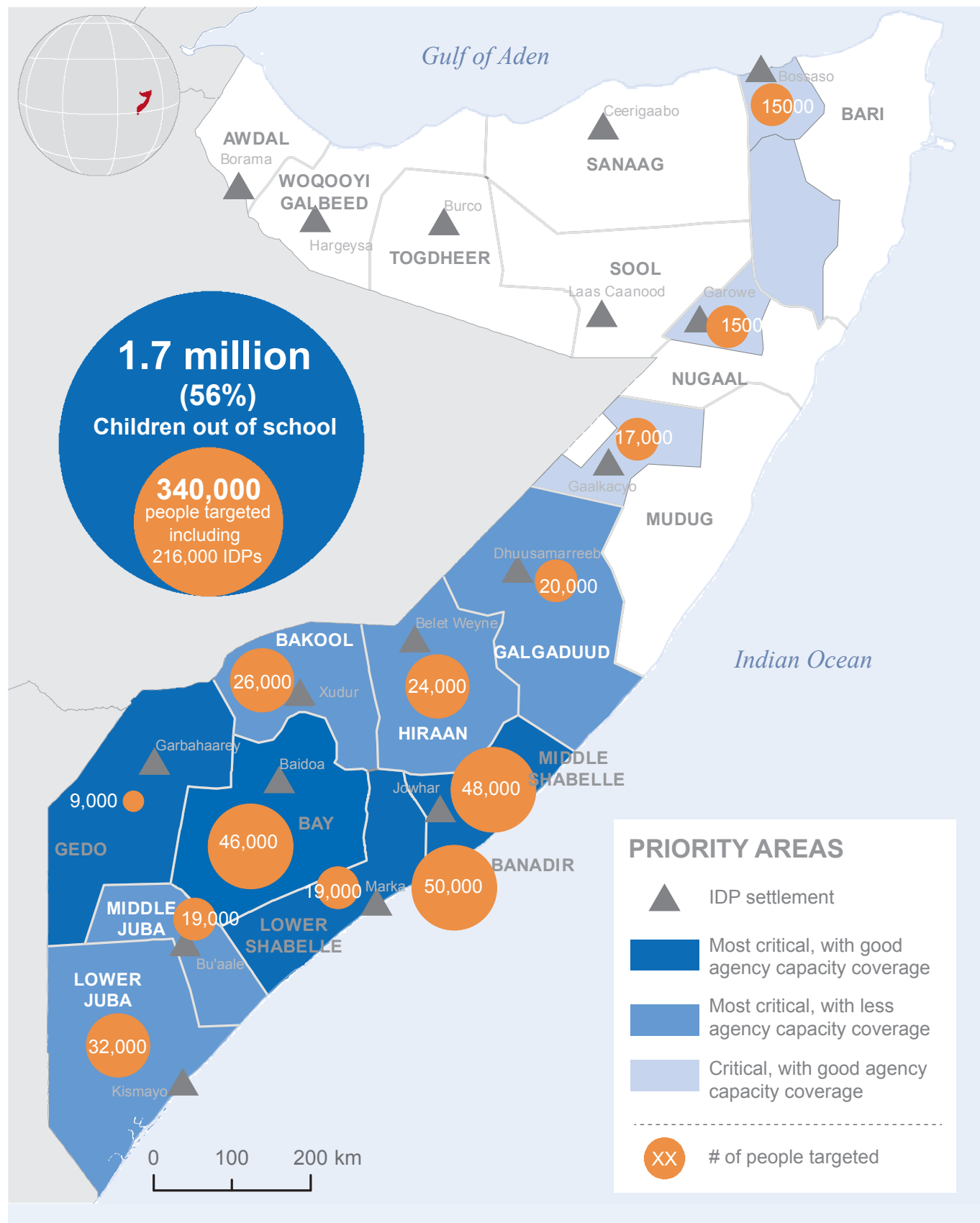
1. Rehabilitation of classrooms and construction of temporary learning spaces; provision of basic teaching and learning supplies including recreational materials.
2. Provision of non-formal learning opportunities particularly targeting youth (women and men).
3. Training provided for teachers and administrators on life-saving messages, psychosocial support and pedagogical support skills, contingency planning, reporting and monitoring, and school management.
4. Recruitment and provision of emergency incentives for teachers and school administrators.
5. Provision of school feeding or alternative food support programmes.

### Contributions to strategic objectives

Strategic Objective (SO)	Cluster objective (CO)	Key cluster indicators
SO 1	Ensure vulnerable children (girls and boys) and youth affected by emergencies have access to safe and protected learning environments that encourage retention and increased enrolment in learning.	Number of learners benefitting from school feeding, or alternative food support programmes, in affected areas Baseline: 103,000 Target: 183,834
SO 2 and SO 3	Ensure vulnerable children (girls and boys) and youth affected by emergencies have access to safe and protective learning spaces where they are provided with lessons that impart life-saving messages and skills.	Number of learners benefitting from provision of safe and protective, learning spaces or schools Baseline: 263,441 Target: 329,026
SO 2 and SO 3	Improve the quality of education and support the establishment, strengthening and resilience of education systems, structures and policies by recruiting, paying incentives to and training teachers, building the capacity of Community Education Committee (CEC) members, school administrators and Government to implement and manage quality and resilient education programmes.	Number of teachers and administrators-CEC- and government-recruited-paid emergency incentives and trained with a focus on improving equity in the education profession Baseline: 5,249 Target: 7,326

The Education Cluster will continue to provide emergency education activities for communities affected by the recurring crisis caused by conflict, drought, floods and other disasters across Somalia. Programmes implemented use learning and learning spaces as entry points for life-saving activities and knowledge, and work to ensure the right to education for all children. The cluster will also put emphasis on activities that contribute to the resilience of education systems as well as the resilience of communities through learning. The cluster will work at the national, regional and local levels to ensure that it is providing guidance, and coordinate activities that constitute a thorough and contextually-relevant response to education in emergency. It will continue to build upon strong links established with the Ministry of Education.

## 2015 EDUCATION NEEDS AND PLANNED RESPONSE





## ENABLING PROGRAMMES



### Priority activities

1. Strengthen existing regional Inter-Cluster Coordination fora; produce quality humanitarian analytical products.
2. Provide personal security training and capacity building to UN and NGO staff working in Somalia. Maintain a psychosocial support office for all UN agencies working for Somalia, and respond effectively to the different needs of women and men.
3. Provide scheduled and special flights for passengers and conduct medical and security evacuations for humanitarian personnel from Somalia as and when required.
4. Daily Somali programming with reporting from the stringer network and staff production team, produced and broadcast via shortwave and FM re-broadcasts nationally and regionally.
5. Maintain drought, flood and hydrometeorological information systems; conduct food security and nutrition assessments.
6. Strengthen coordination on gender mainstreaming through conducting joint gender assessment and capacity development of UN and NGO staff on gender equality programming in the humanitarian response in Somalia.

### Contributions to strategic objectives

Strategic Objective (SO)	Cluster objective (CO)	Key cluster indicators
SO 1-3	Strengthen coordination to support delivery of humanitarian aid to ensure equal access for women, men, girls and boys.	Effective strategic (HC, HCT) and operational level (ICCG, clusters) coordination structures; strong participation of NGOs in existing coordination fora
SO 1-3	Enable humanitarian activities and personnel with safety and security programmes in Somalia.	Relevant and timely security information, provided to UN and NGO staff working in Somalia, and increased presence of humanitarian security staff in the field
SO 1-3	Provide timely and relevant food security, livelihood and nutrition, water and land, and droughts information and analysis on emergency situations.	Enhanced preparedness due to timely and quality food security, livelihood, nutrition, water and land use, and droughts information
SO 1-3	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.	Number of local FM radios partnering with Radio Ergo Baseline: 10 Target: 10
SO 1-3	To provide a safe, efficient and cost-effective inter-agency air transport service for over 100 United Nations Agencies, NGOs, and donor organizations providing humanitarian assistance in Somalia.	Number of passengers transported per year Baseline: 24,000      Target: 26,000 Metric tons of cargo transported Baseline: 100      Target: 120

## FOOD SECURITY



### Priority activities

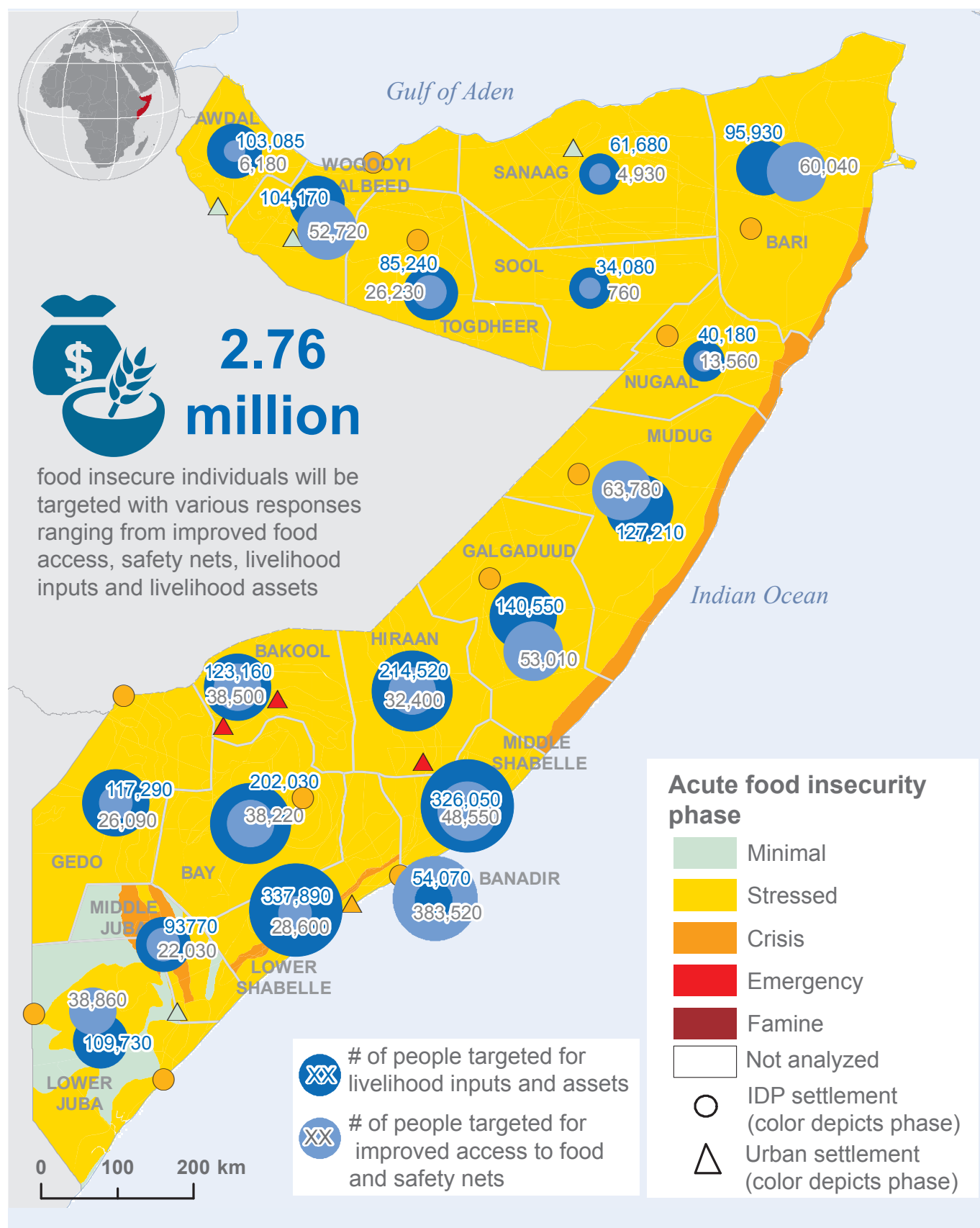
1. Improved access to food for people in 'emergency'--including displaced people--throughout the year, and to people in 'crisis' during their livelihood lean season.
2. Provide regular and predictable food access to vulnerable individuals with chronic illness, malnourished children and targeted households using existing public services or community mechanisms.
3. Provide livelihood-specific and seasonally-appropriate inputs to in 'crisis' and 'stressed' pastoral, agro-pastoral, fishers and agricultural households.
4. Support the development of community and household infrastructure, and build livelihood capacity.

### Contributions to strategic objectives

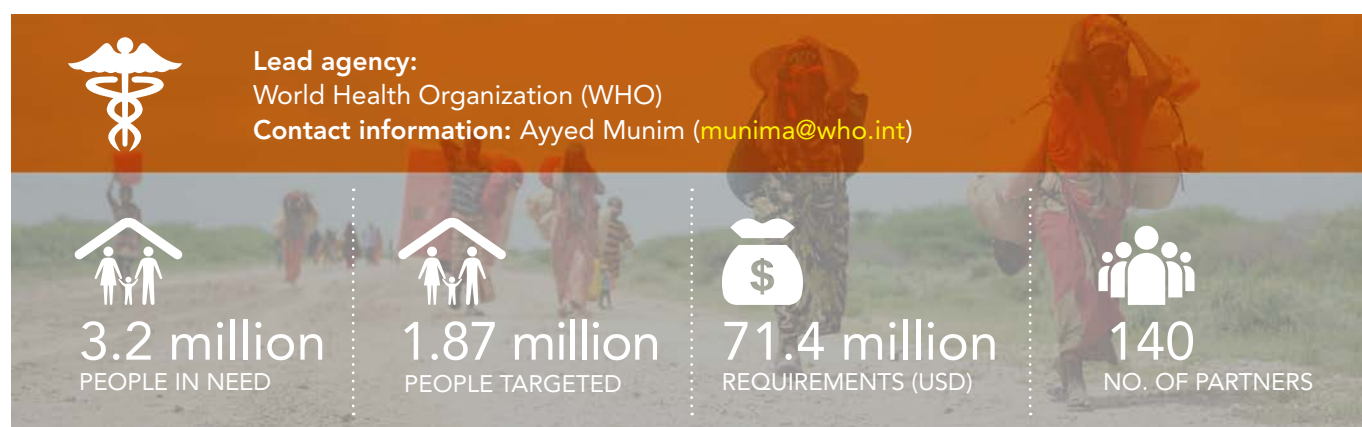
Strategic Objective (SO)	Cluster objective (CO)	Key cluster indicators
SO 1	Provide immediate improved household access to food to people in 'emergency' throughout the year, and those in 'crisis' during the livelihood lean season, and vulnerable households through safety nets.	<p>Indicator 1: Percentage of individuals in 'emergency' and 'crisis' accessing at least 50 per cent of minimum expenditure basket / 2100 calories per day through humanitarian assistance  <b>Baseline: 82%</b>  <b>Target: on average, 80% of the target group reached per month.</b></p> <p>Indicator 2: Number of vulnerable people benefitting from relevant safety nets activities (as a function of the cluster target)  <b>Baseline: 94% targeted people</b>  <b>Target: 95% of targeted people</b></p>
SO 3	Provide seasonally-appropriate and livelihood-specific inputs to increase the productive capacity of rural livelihoods; invest in the construction and/or restoration of household and community productive assets to build resilience to withstand future shocks and prevent further deterioration.	<p>Indicator 1: Percentage of target population in 'crisis' and 'stressed' IPC phases receiving a basket of livelihood inputs (seeds, tools, animal vaccinations/treatments, irrigation pump hours, tractor hours, fishing gear, etc.)  <b>Baseline: 77%</b>  <b>Target: on average, 80% of targeted people reached per season.</b></p> <p>Percentage of targeted people that have participated in the rehabilitation/construction of assets or received training  <b>Baseline: 32 % of targeted people</b>  <b>Target: 50% of targeted people</b></p>

The cluster anticipates reaching about 2.76 million food-insecure Somalis through the cluster's three objectives: life-saving support, livelihood investment and safety nets. This figure is cumulative over the planning period and, as such, month-on-month targets may be lower and mostly focused on those who are experiencing acute food insecurity. The responses will be adapted to be both livelihood- and season-specific to ensure that assistance is appropriate, timely and efficient.

## 2015 FOOD SECURITY NEEDS AND PLANNED RESPONSE



## HEALTH



## Priority activities

1. Pre-positioning of emergency supplies in high-risk-areas prone to natural disasters and epidemics, and settlements where displaced people reside; provision of medical supplies to primary and secondary health care facilities.
2. Investigation into, surveillance of and response to disease outbreaks.
3. Support establishing health care facilities to cover gaps and provide quality primary health care services to the most vulnerable people, including women and children.
4. Increase number of fixed sites providing routine immunization to children under 5 years of age and mothers, including measles and polio.

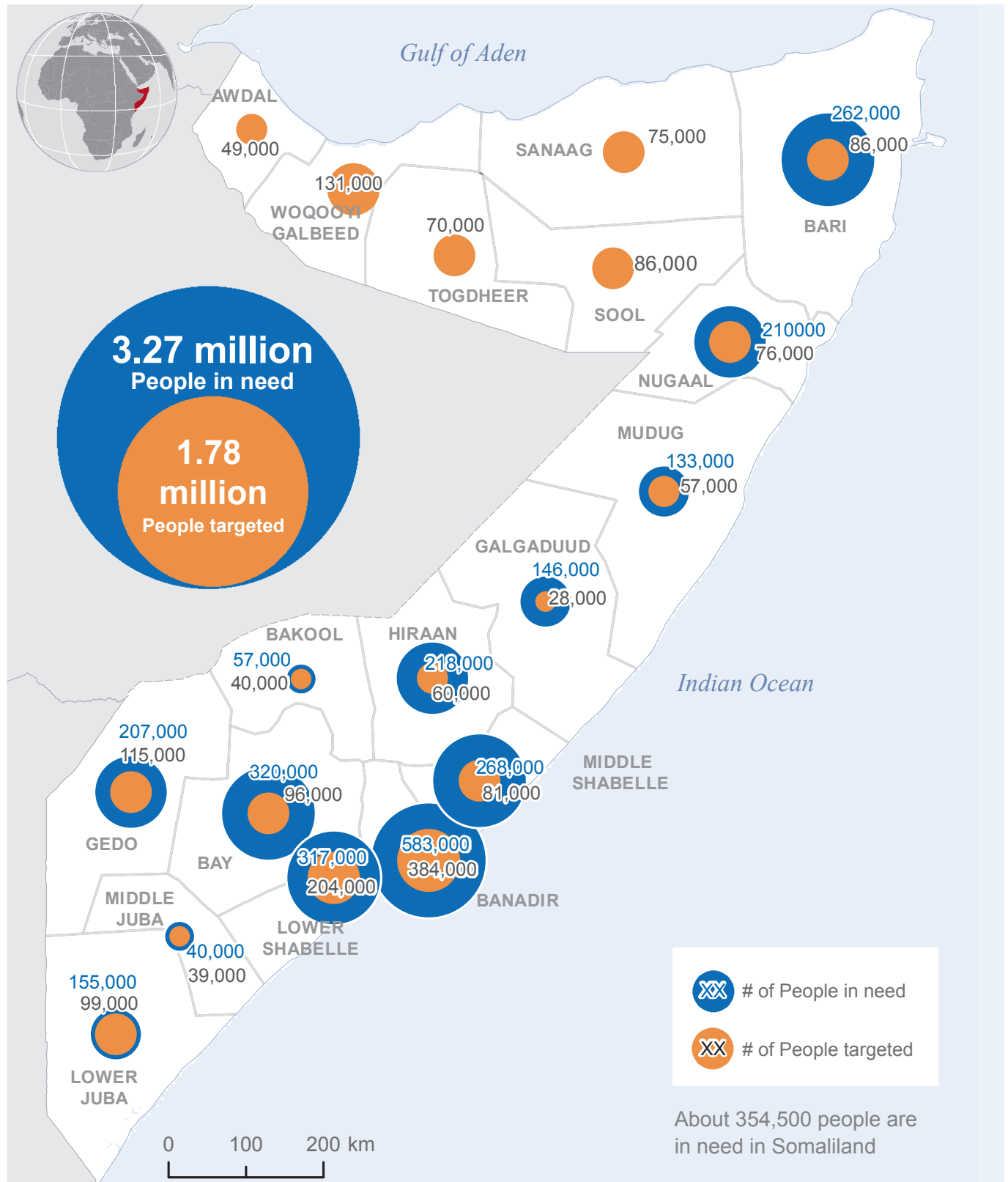
## Contributions to strategic objectives

Strategic Objective (SO)	Cluster objective (CO)	Key cluster indicators
SO 1	Epidemic-prone and communicable diseases prevented (including immunization) and controlled.	<p>Case fatality rate of AWD/cholera outbreaks <b>Baseline: 2%</b> <b>Target: 1%</b></p> <p>Percentage of outbreak rumours investigated and responded to within 96 hours from reporting <b>Baseline: 75%</b> <b>Target: 85%</b></p>
SO 1 and SO 3	Access to life-saving primary and secondary health care services, including strengthening emergency and life-support services.	<p>Percentage of crisis-affected people with adequate access to primary health care <b>Baseline: 39%</b> <b>Target: 60%</b></p> <p>Percentage of health facilities fully functioning in crisis-affected areas <b>Baseline: 39%</b> <b>Target: 69%</b></p> <p>Number of secondary health care facilities/hospitals providing Comprehensive Emergency Obstetric Care per 500,000 people in crises affected areas <b>Baseline: 0.7</b> <b>Target: 1.0</b></p>

The cluster's key priorities include increasing access to essential life-saving health services at primary health care facilities, while concurrently scaling-up support to major hospitals to provide life-saving secondary health care services, such as comprehensive emergency obstetric care and emergency surgeries. Other priorities are the provision of a minimum integrated package of health care services as indicated in the essential package of health services, with particular attention given to child health, specialized services for emergency obstetric care, and prevention of and timely response to outbreaks of different communicable diseases. The cluster will continue to

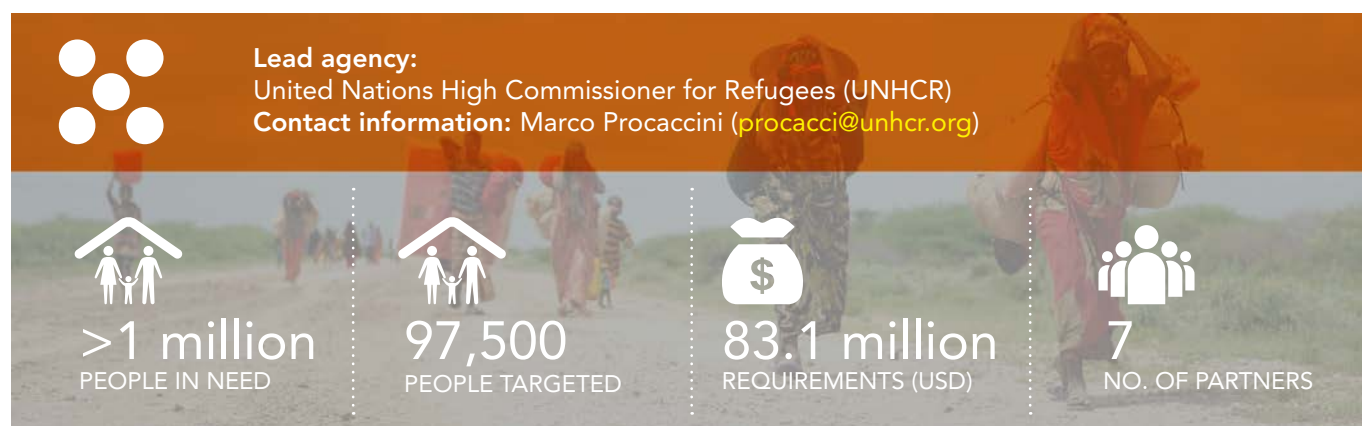
work with the ministries of Health in different zones of Somaliland and Puntland, and at the federal levels through sector-coordination platforms. With the Ebola outbreak in West Africa, the Somalia WHO office and the Ministry of Health have prepared and finalized the draft National Contingency Plan for Ebola response. There are over 200 sentinel sites across Somalia and an Ebola crisis cell has been established in the United Nations Mission in Somalia to provide assistance to staff.

## 2015 HEALTH NEEDS AND PLANNED RESPONSE





## MULTI-SECTOR FOR INTERNALLY DISPLACED PEOPLE, RETURNEES AND REFUGEES



## Priority activities

1. Support voluntary return and reintegration of internally displaced people and returning refugees to Somalia.
2. Support local integration for internally displaced people.
3. Registration of asylum seekers conducted on an individual basis with minimum set of data required, and documentation.
4. Provision of support for non-Somali refugees' and asylum seekers' access to basic needs.

## Contributions to strategic objectives

Strategic Objective (SO)	Cluster objective (CO)	Key cluster indicators
SO 3	Achieving durable solutions for displaced people and returning refugees to Somalia.	Number of returnees assisted <b>Target: 50,000</b> Number of displaced people receiving local integration assistance <b>Target: 25,000</b>
SO 2 and SO 3	Returnees have equal access to basic needs, essential services and durable solutions.	Number of IDPs who have access to sustainable livelihoods <b>Target: 50,000</b>
SO 2 and SO 3	Refugee women, men, girls and boys have equal access to fair protection processes and documentation.	Indicator 1: Number of people provided with information on registration procedures <b>Target: 15,000</b> Indicator 2: Number of males and females whose status has been determined and a decision issued <b>Target: 3,600</b>
SO 3	Refugee women, men, girls and boys have equal access to basic needs, essential services and durable solutions.	Indicator 1: Number of males/females accessing primary health care <b>Target: 7,500</b> Indicator 2: Number of cases identified and processed for resettlement <b>Target: 276</b>

UNHCR's 'comprehensive solutions' approach provides similar assistance to returnees regardless of their previous condition and status (internally displaced people or refugees), since their reintegration needs in the areas of return are similar. Thus, the multi-sector response plan covers both types of returnees in addition to displaced people who wish to integrate locally, and non-Somali refugees. In 2015, the cluster will assist 97,500 people (including 75,000 internally displaced people and returning Somali refugees, and 25,500 non-Somali refugees and asylum-seekers) with durable solutions through support to return, reintegration and resettlement.

The Somalia Return Consortium (SRC), has provided assistance to return more than 55,000 displaced people from 2013 to the end of 2014, and will continue to:

1. Support and promote informed and voluntary decisions by returnees about their preferred and most durable solution.
2. Provide access to basic services to support the initial phase of the return (transport, access to non-food items/shelter and food) and reintegration through comprehensive livelihood support based on alternative livelihoods strategies, skills and income-generation opportunities in areas of return.
3. Protect communities in areas of return from shocks which may affect them during the reintegration process.

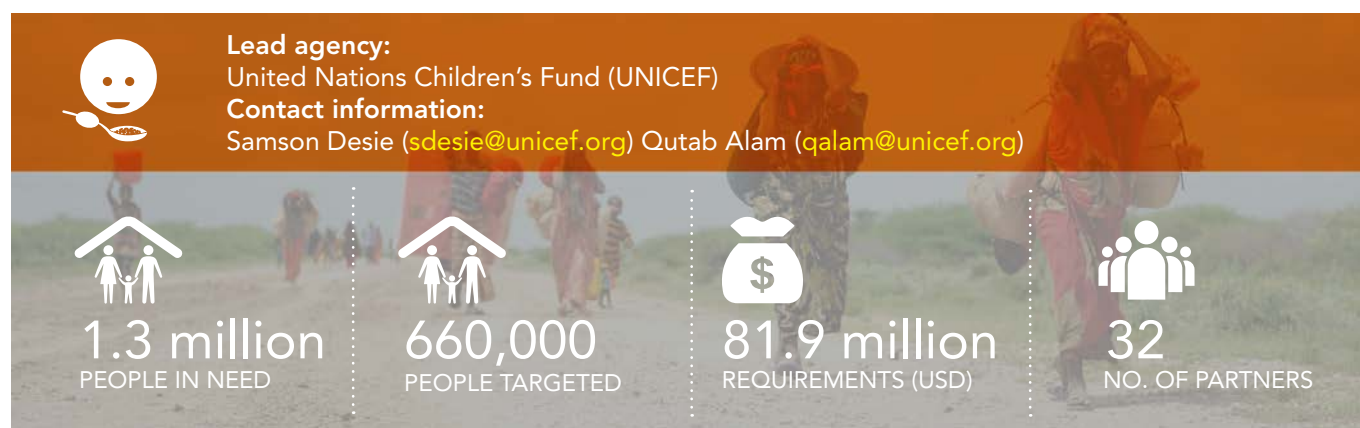
Similar assistance is foreseen for returning refugees in the framework of the Pilot Project for Return and Reintegration of Spontaneous Refugee Returnees from Kenya to Somalia. There is increasing realization that a shift in strategy regarding support to protractedly displaced people is required. By working with displaced people, host communities and local authorities, special attention and support will be given to internally displaced people who opt for local integration as a solution to end displacement. To sustain the process of local integration, access to services is essential. Equally, skills transfer programmes, apprenticeship and education, and alternative livelihoods opportunities linked to the urban and semi-urban lifestyle and market demands will be provided.

As of October 2014, there were 2,540 refugees and 9,511 registered applicants for refugee status. The majority of refugees and asylum seekers in Somalia are from Ethiopia, with a small number of refugees from Eritrea and other countries. Most refugees and asylum seekers are predominantly urban, living in Hargeysa, Bossaso, Garowe and, to a lesser extent, in Gaalkacyo. In addition, a small refugee population in Mogadishu has been registered by UNHCR. These are regions at the crossroads of mixed migration routes to Yemen and Gulf countries, thus presenting a host of protection risks and challenges. Bossaso and Hargeysa are important crossing, transit or return entry points for migrants, and for asylum seekers and returning refugees attempting to cross the Gulf of Aden. UNHCR will continue to strengthen its involvement in the protection and assistance of persons of concern in this group in the coming years.

In 2015, UNHCR and partners will focus on the implementation of UNHCR's policy on refugee protection and durable solutions in urban areas, with emphasis on registration/documentation, community outreach, access to basic services and material assistance to extremely vulnerable refugees and asylum seekers. This focus is in line with and a continuation of the 2013-2015 humanitarian strategy.

Some of the returnees are from countries with higher human immunodeficiency virus (HIV) prevalence than Somalia and therefore special measures for HIV prevention, care and treatment need to be undertaken. Currently, there are activities in settlements for displaced people to raise HIV awareness and empower communities through sensitization and creation of community support groups. However, there is no provision of specialized services such as voluntary counselling and testing. In this regard, returnees and internally displaced people will continue to be reached through community outreaches with HIV information, education, communication or behaviour change communication while HIV counseling and testing services will be made available as well as referral for antiretroviral treatment (ART) and Pre-ART services.

## NUTRITION



### Priority activities

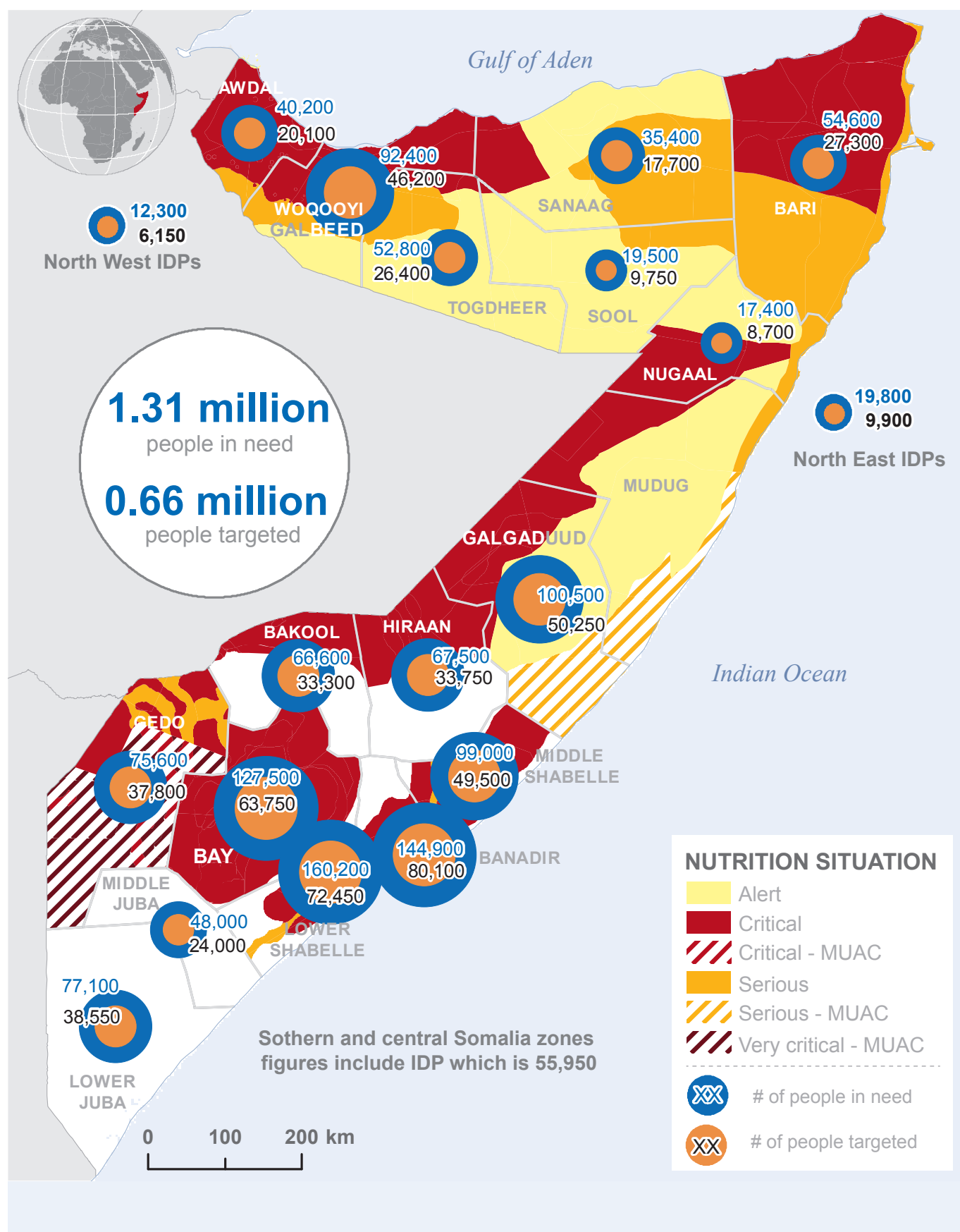
1. Treatment of acutely malnourished girls and boys under 5 years, and pregnant and lactating women.
2. Blanket supplementary feeding programme for children and pregnant and lactating women at risk of malnutrition in severe emergencies.
3. Infant and young child feeding education and counselling for pregnant women and women with children (0-24 months).
4. Multiple-micronutrients or iron/folate supplementation of pregnant and lactating women.

### Contributions to strategic objectives

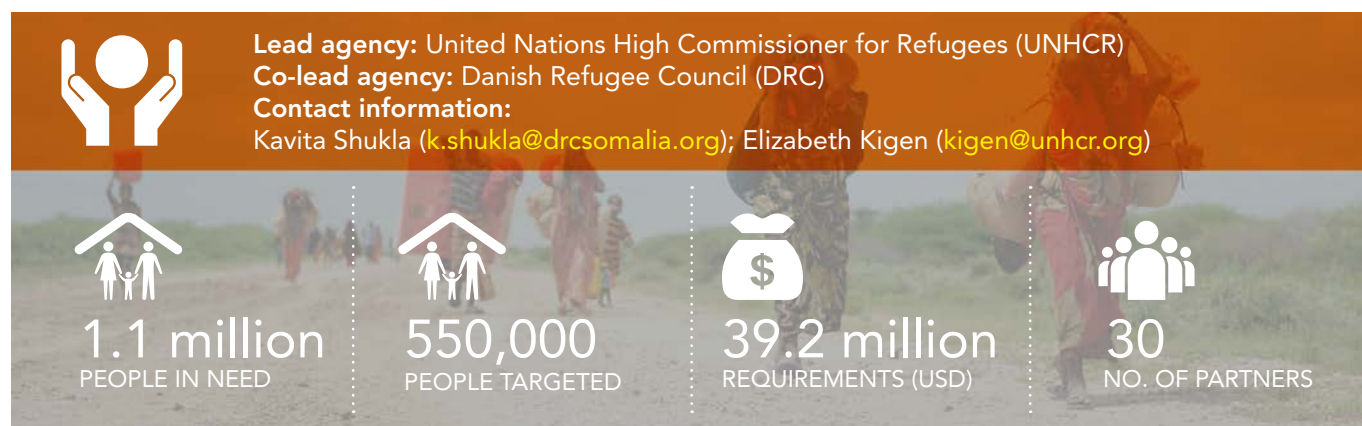
Strategic Objective (SO)	Cluster objective (CO)	Key cluster indicators
SO 1 and SO 3	Contribute to the reduction of malnutrition-related ailments and mortality among vulnerable girls and boys (0-59 months), and pregnant and lactating women through systematic equal access to quality integrated curative and preventive food-based nutrition activities.	<p>Indicator 1: Percentage of acutely malnourished girls and boys under 5 and in severe emergencies identified and treated  <b>Baseline: 90%</b>  <b>Target: 90%</b></p> <p>Indicator 2: Percentage of acutely malnourished pregnant and lactating women in severe emergency identified and treated  <b>Baseline: 90%</b>  <b>Target: 90%</b></p>
SO 3	Improve women, girls and boys' access to evidence-based and feasible nutrition and nutrition-related resilience activities, available through the basic nutrition services package activities linking nutrition to health, WASH, food security, education and child protection programmes.	<p>Indicator 1: Percentage of children under 5 having access to basic nutrition services  <b>Baseline: 50%</b>  <b>Target: 50%</b></p> <p>Indicator 2: Percentage of pregnant and lactating women having access to basic nutrition services  <b>Baseline: 50%</b>  <b>Target: 50%</b></p>

The cluster will focus on basic life-saving activities and community resilience-building activities in hotspot geographical areas (indicated under the scope of strategy section earlier), and preventive nutrition programmes in the northern regions 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 2012-2014 admission trends by district, which have been at an average of 150 per cent of the estimated target. This figure will be reviewed on a regular basis and revised when necessary. A combination of mobile and static services agreed by partners during the rationalization process of 2013 will ensure equal access to basic nutrition services across the country.

## 2015 NUTRITION NEEDS AND PLANNED RESPONSE



## PROTECTION



### Priority activities

1. Provision of equal access to timely and effective multisectoral responses to survivors of gender-based violence and other protection violations through medical, psychosocial and legal services.
2. Responsive services to separated and unaccompanied girls and boys through family tracing, reunification, and reintegration within the community.
3. Prevention of children associated being with armed forces and groups through release from captivity and reintegration back into society.
4. Capacity-building of formal and informal authorities, service providers, civil society and affected populations through trainings and awareness-raising campaigns.
5. Comprehensive response to explosive hazards, including improvised explosive devices, through community based interventions.

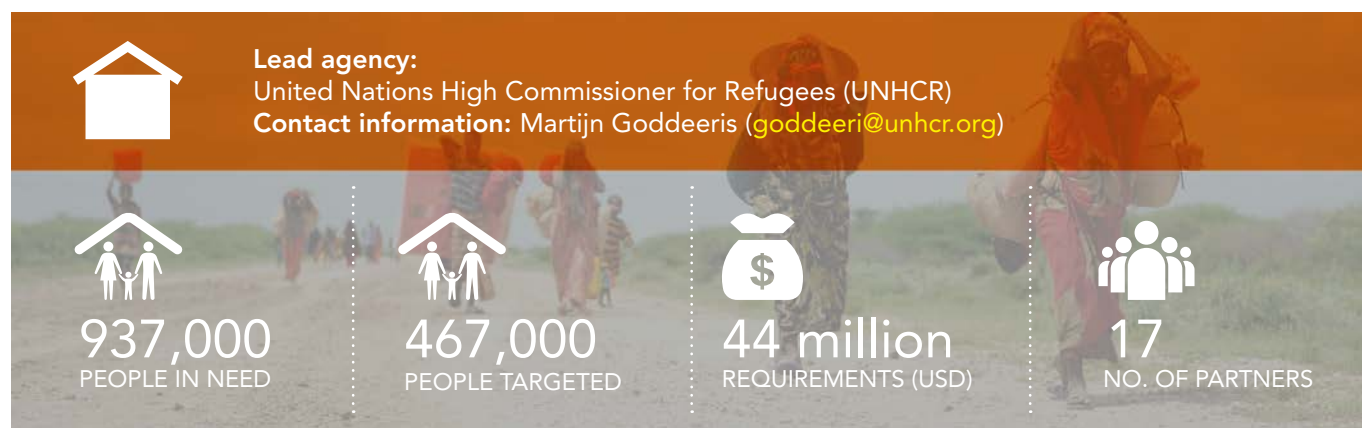
### Contributions to strategic objectives

Strategic Objective (SO)	Cluster objective (CO)	Key cluster indicators
SO 1	Women, men, girls and boys affected by conflict and humanitarian emergencies have equal access to timely, effective and quality protection response services.	Number of women, men, girls and boys that have equal and timely access to quality response services <b>Baseline: 6,200</b> <b>Target: 9,300</b>
SO 2	Strengthen the capacity of women, men, girls and boys to reduce exposure to protection risks.	Number of affected women, men, girls and boys benefitting from an improved protective environment where their rights are recognized and there are reduced violations <b>Baseline: 297,000</b> <b>Target: 400,000</b>
SO 3	Strengthen the capacity of communities, civil society, and formal and informal authorities to prevent and address the specific protection needs of women, men, girls, and boys.	Number of community members including civil society, formal and informal authorities participating in capacity-building and prevention activities on protection issues for women, men, girls and boys <b>Baseline: 75,650</b> <b>Target: 140,700</b>

The Protection Cluster has prioritized five types of activities: service provision; improving protective environments through initiation and establishment of preventive measures; strengthening coordination; capacity-building; and advocacy. Service provision will directly address female and male survivors of gender-based violence and other rights violations through medical, legal and psychosocial support, and family-tracing and reintegration activities.



## SHELTER AND NON-FOOD ITEMS



### Priority activities

1. Provide displaced people with emergency assistance packages.
2. Provide protractedly displaced people with relevant shelter and non-food items.
3. Produce safe settlement plans to mitigate the risks of fire and outbreaks.

### Contributions to strategic objectives

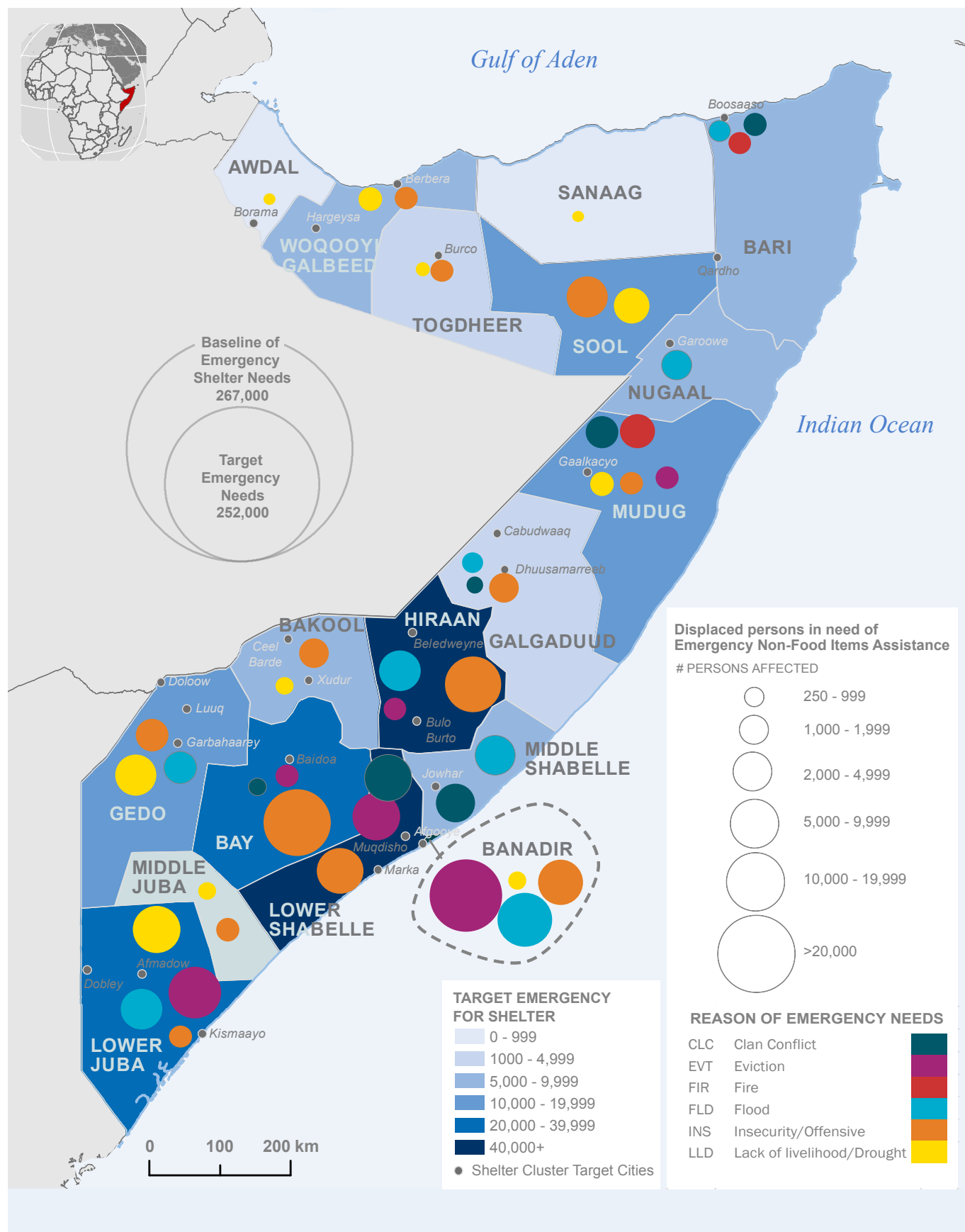
Strategic Objective (SO)	Cluster objective (CO)	Key cluster indicators
SO 1 and SO 2	Contribute to the protection of -displaced people, including those affected by natural hazards, through provision of NFIs and emergency shelter.	Number of displaced people assisted with NFIs and emergency shelter <b>Baseline: 265,000<sup>14</sup></b> <b>Target: 252,000</b>
SO 3	Improve the shelter conditions of the protractedly internally displaced people.	Number of protractedly displaced people assisted with safe and habitable shelter with improved land tenure <b>Baseline: 965,000<sup>15</sup></b> <b>Target: 215,000</b>  Number of protractedly displaced households that have received NFIs through direct distribution, vouchers or cash mechanisms <b>Baseline: 965,000</b> <b>Target: 182,900</b>

The cluster will continue putting adequate mechanisms in place to ensure timely delivery of emergency assistance. Transitional shelter solutions that are relevant to the displacement situation, and which take into account prevailing tenure considerations, will be provided. In Puntland, Somaliland and certain regions in southern and central Somalia (Baidoa, Doolow, Kismayo) where the authorities continue to demonstrate the desire to address the situation of displaced people by providing land tenure, the cluster in cooperation with the Protection Cluster will continue to advocate for more secure forms of tenure and will work with the authorities towards durable solutions for displaced people. The cluster will continue to map out the basic services of all settlements for internally displaced people in Somalia to ensure a base-line for improved targeting purposes.

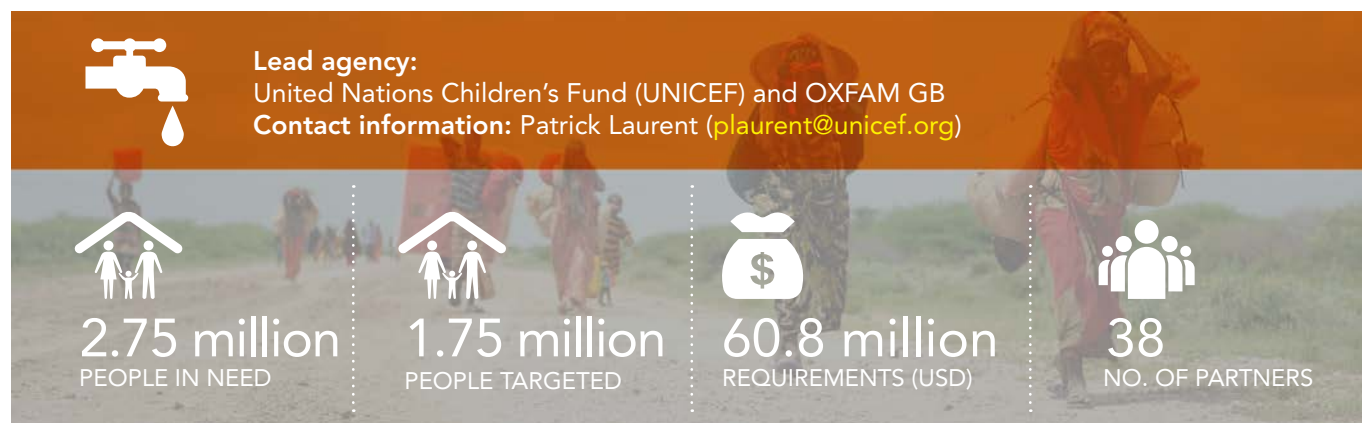
<sup>14</sup> Based on the aggregate figures of overall displacement in 2014 due to military operations, inter-clan conflict, drought, flood and evictions, the cluster estimates that 265,000 people will need emergency shelter and non-food items in 2015.

<sup>15</sup> The baseline is the number of people in need of safe and habitable shelter with improved land tenure.

## 2015 EMERGENCY SHELTER AND NFIS NEEDS AND PLANNED RESPONSE



## WATER, SANITATION AND HYGIENE



### Priority activities

1. Provision of fuel and spare parts for shallow wells and boreholes; distribution of emergency household water treatments; water access by voucher as a last resort activity.
2. Construction/rehabilitation and/or protection of strategic water points (perennial water points such as boreholes, community water storage structures and shallow wells) coupled with a sustained community management system.
3. Construction and rehabilitation of emergency gender-sensitive sanitation structures for displaced people and institutions, including de-sludging of latrines.
4. Distribution of hygiene kits and advocacy for improved hygiene practices.

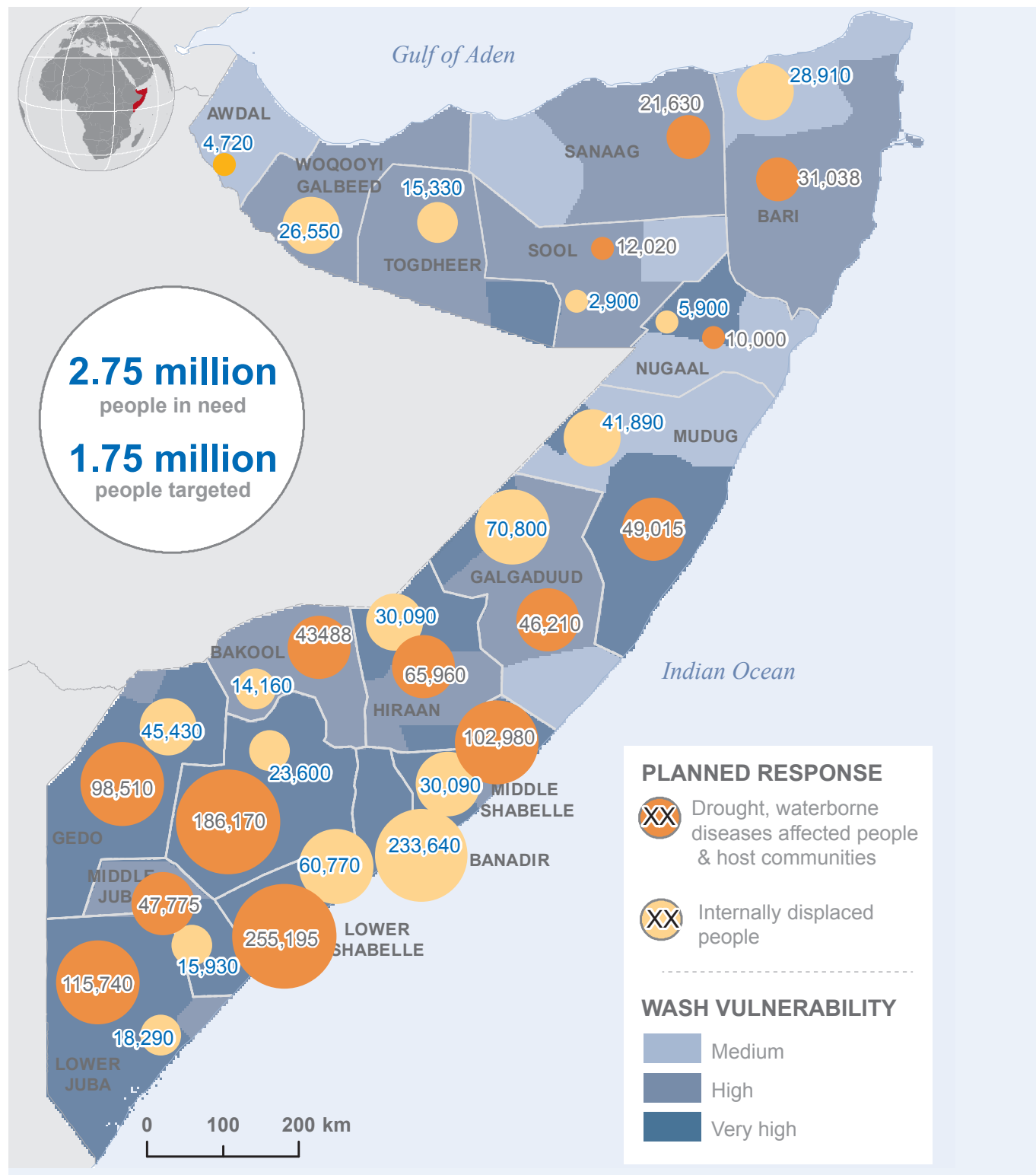
### Contributions to strategic objectives

Strategic Objective (SO)	Cluster objective (CO)	Key cluster indicators
SO 1	Provide access to safe water, sanitation and hygiene for people in emergency need.	<p>Indicator 1: Number of people assisted with temporary access to safe water  <b>Baseline: 328,000</b>  <b>Target: 1,265,000</b></p> <p>Indicator 2: Number of people disaggregated by gender, with increased access to appropriate emergency sanitation facilities  <b>Baseline: 185,000</b>  <b>Target: 600,000</b></p>
SO 2	Emergency preparedness and early response to humanitarian emergencies.	<p>Districts at risk (floods, drought, AWD/ cholera, displacement) and key actors for rapid assessments and emergency responses are identified; contingency stocks are prepositioned, strengthening the capacity of communities and service providers on emergency preparedness are undertaken and specific plans are developed for seasonal risks  <b>Baseline: 0</b>  <b>Target: 15</b></p>
SO 3	Provide reliable and sustained access to sufficient safe water based on identified strategic water points and establishment of sustainable management structures.	<p>Number of people assisted with sustained access to safe water through newly built and/or rehabilitated water points  <b>Baseline: 30%</b>  <b>Target: 40%</b></p>

WASH vulnerability analysis,--based on AWD/cholera risk, flood risk, drought risk and access to water and sanitation--was completed during the first part of 2014. The analysis shows that most of the districts from Hiraan, Banadir, Bakool, Bay, Gedo, Middle and Lower Juba, Lower Shabelle, and to a certain extent Middle Shabelle and Galgaduud,

can be considered 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 on the most vulnerable people: displaced people and people at risk of disease outbreaks; acutely malnourished children; people living in drought affected areas; 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 both men and women. WASH Cluster activities will continue to be implemented in close coordination with other clusters to respond to life-saving needs.

## 2015 WASH NEEDS AND PLANNED RESPONSE



## ANNEX A: ASSESSMENT PLANNING FOR 2015

The Somalia HCT mainly relies on FSNAU's food security and nutrition assessments to identify the number of people in need and for response planning. FSNAU's assessments are thorough and provide a good understanding of the existing needs as well the dynamics and trends of these needs. However, there are no regular sector-specific needs assessments for non-food security sectors. This remains a major gap and weakness.

Cluster(s)	Name/Type of Assessment	Implementing Agencies	Planned dates	Geographic areas and population groups targeted
Food Security	FSNAU post – Deyr 2013 assessment	FSNAU, FEWSNET	Oct-Dec 2014	All Somalia
Nutrition	Nutrition surveys	FSNAU, MOH and partners	Oct-Dec 2014 April-June 2015 Oct -Dec 2015	All Somalia, children 6-59 months, pregnant and lactating women
	Infant and Young-Child Feeding; Knowledge, Attitude and Practice	UNICEF, MOH and partners	2nd-3rd Quarter 2015	All Somalia, households
	IMAM Coverage surveys	UNICEF, MOH and Partners	All year	All Somalia, households
	Nutrition causal analysis	SAGE, FSNAU, MOH and partners	2nd Quarter 2015	IDP settlements
	Nutrition surveys	FSNAU , MOH and partners	Oct-Dec 2014 April-June 2015 Oct - Dec 2015	All Somalia, children 6-59 months, pregnant and lactating women
Health	Regional Support Assessment	HC	December 2014	Kismayo, Beledwey, Dolow, Baidoa and Jowhar
Education	Rapid education assessment (IDPs)	Education Cluster	February 2015	Baidoa
	Rapid education assessment	Education Cluster	TBD	Wajid, Banadir KM7-13, Kismayo
WASH	Assessment of water resources available	Gedo region Wash Cluster partners	TBD	Gedo region IDPs, host communities, local population
	Hydrogeological survey and water quality survey	SWALIM (FAO)	TBD	Banadir (Mogadishu area) IDPs, host communities, local population
	Capacities Assessment of Somaliland, Puntland and Transition Federal Government Wash Staff	UNICEF	October 2014 to January 2015	Somaliland, Puntland, Southern and central Somalia, Government Wash staffs
	WASH Cluster performance assessment	WASH Cluster	November to December 2014	Southern and central Somalia, Puntland, Somaliland WASH Cluster partners/ All population of Somalia
	Rapid multi-sectoral assessments in relation to sudden emergencies through mobile technology	Wash Cluster, Shelter Cluster and other interested Clusters	November 2014 to December 2015	All regions IDPs, host communities, local populations affected by emergencies
	Mapping of IDP settlements through mobile technology	Shelter Cluster with support of Wash Cluster partners	November 2014 to December 2015	All Somalia IDPs communities
	Hydrogeological survey, water quality survey and water points mapping	SWALIM (FAO)	December 2014 to March 2015	Banadir (Mogadishu area) IDPs, host communities, local population



## ANNEX A: ASSESSMENT PLANNING FOR 2015

Cluster(s)	Name/Type of Assessment	Implementing Agencies	Planned dates	Geographic areas and population groups targeted
Shelter	Mapping of IDP settlements through mobile technology	Shelter Cluster and partners	October and November 2014 2015 TBD	Hargeysa/Berbera/Burao Marka/Jowhar Kismaayo Afmadow, Diff, Dhobley Qardho/Abudwaq Baidoa Beletweyne ALL SOMALIA
	Inter-Cluster Needs Assessments with mobile technology (pilot)	Inter-cluster and partners	October 2014 October-Nov 14 TBD	Mahadey (floods) Bulo Burto (conflict) TBD
	M&E framework for all partners	All partners	Throughout 2015	ALL SOMALIA
	Shelter cluster review	REACH	September 2014	Luuq
	Evaluation of projects	Global cluster	November 2014 December 2014	Bossaso Mogadishu or Kismaayo
Protection	IDP Profiling exercise	Protection Cluster	TBD	Mogadishu, Galkayo and Hargeisa
	Child Protection Rapid Assessment	CPWG	September/October 2014	Benadir, Bay, Bakool, Hiraan, Gedo, Galgadud, L/Juba, L/Shabelle, M/Shabelle
Multi-Cluster	IDP Intention Survey on Durable Solutions	Somalia Return Consortium	February and July 2015	Mogadishu, Galkaacyo, Garowe, Bossaso, Hargeisa, Burao, Lascanod

## ANNEX B: KEY INDICATORS AND THRESHOLDS FOR EARLY ACTION

				PHASED THRESHOLDS		
KEY MONITORING INDICATORS	DEFINITION	THRESHOLDS	DATA SOURCE	NORMAL	ALERT	ALARM
1. CLIMATE						
Rainfall	% of long-term mean (dekadal)	# of consecutive dekads of below normal rainfall	SWALIM/ FEWSNET/ FSNAU	0	1 dekad	2 dekads
Normalized Difference Vegetation Index (NDVI)	% of long-term mean (dekadal)	# of consecutive dekads of below normal NDVI	SWALIM/ FEWSNET/ FSNAU	0	1 dekad	2 dekads
Tropical storm alerts	Development of tropical storm over the Indian ocean	Likelihood that a tropical storm will strike the ground	SWALIM	<50%	50-75%	75-90%
El Nino/La Nina Outlook	Deviation of sea surface temperatures (SST) from LTM	# of consecutive months of high (El Nino) / low (La Nina) SST or ENSO conditions	SWALIM	1 month	2 months	3 months
Price of water	% increase (monthly) above five-year average	# of consecutive months where price increased above five-year average	FSNAU	1 month	2 months	3 months
2. POPULATION MOVEMENT						
Number of displaced population	% increase (monthly) of forced displacements above five-year average	# of consecutive months where forced displacements increased above five-year average	UNHCR/PMT	1 month	2 months	3 months
3. NUTRITION						
Trends in admission to feeding and MCH centres	New admission (monthly)	% increase in 3 months	Nutrition Cluster	<10%	10-15%	>15%
Trends in acute malnutrition from health facilities	Increasing trend (monthly)	% increase in 3 months	FSNAU	<5%	5%	>5%
Trends in acute watery diarrhea	Increasing trend (monthly)	% increase in 3 months	CSR/eDEWS; AFP surveillance	<10%	10-20%	>20%
4. HEALTH						
Measles outbreak	Number of confirmed measles cases	Number of confirmed measles cases	WHO (CSR/ eDEWS; AFP surveillance)	0	1	1
AWD outbreak	Number of AWD cases	Number of AWD cases	WHO (CSR/ eDEWS; AFP surveillance)	0	Double average of previous 2 weeks	Case fatality rate above 2
Polio outbreak	Number of confirmed polio cases	Number of confirmed polio cases	WHO (CSR/ eDEWS; AFP surveillance)	0	0	0

## ANNEX B: KEY INDICATORS AND THRESHOLDS FOR EARLY ACTION

				PHASED THRESHOLDS		
KEY MONITORING INDICATORS	DEFINITION	THRESHOLDS	DATA SOURCE	NORMAL	ALERT	ALARM
5. MARKET						
Maize prices	% increase (monthly) above five-year average	# of consecutive months where price increased above five-year average	FSNAU/ FEWSNET	1 month	2 months	3 months
Sorghum prices	% increase (monthly) above five-year average	# of consecutive months where price increased above five-year average	FSNAU/ FEWSNET	1 month	2 months	3 months
Local goat prices	% decrease (monthly) below five-year average	# of consecutive months where price decreased below five-year average	FSNAU/ FEWSNET	1 month	2 months	3 months
Wage labour	% decrease (monthly) below five-year average	# of consecutive months where price decreased below five-year average	FSNAU/ FEWSNET	1 month	2 months	3 months
Terms of trade (wage labour to cereals)	% decrease (monthly) below five-year average	# of consecutive months where terms of trade decreased below five-year average	FSNAU/ FEWSNET	1 month	2 months	3 months
Terms of trade (local quality goat to cereals)	% decrease (monthly) below five-year average	# of consecutive months where terms of trade decreased below five-year average	FSNAU/ FEWSNET	1 month	2 months	3 months