

Mid-Year Monitoring Report

2014 Strategic Response Plan - Somalia

Covering Jan to May 2014

Prepared by OCHA Somalia for the *Humanitarian Country Team*

FUNDING:

933 million (\$US)

Required

23% of total requirement

205 million (\$US)

Received

Source: Financial Tracking Service (FTS)

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OVERVIEW

Priority needs

Acute and chronic food insecurity and high levels of malnutrition - An estimated 2.9 million Somalis need life-saving assistance and livelihood investment aimed at strengthening their resilience to shocks. At least 203,000 children need sustained nutritional support.

Inadequate and poor basic services continue to be a chronic and pervasive problem across Somalia.

Rights violations against civilians including sexual and gender-based violence against women and girls, is widespread in Somalia, particularly in settlements where displaced people reside.

Displacement and Returns - There are an estimated 1.1 million people IDPs and over 12,000 asylum seekers and refugees living in Somalia.

Key achievements toward Strategic Objectives

Over 263,000 people benefiting from temporary access to safe water; 112,000 learners reached with school feeding programmes; over 287,000 people reached with access to food and safety nets; and at least 10,000 newly displaced assisted with emergency shelter and non-food items (NFIs).

To support access to basic social services, partners provided basic primary health services to over 500,000 people; reached 145,000 people with sustainable access to safe water; over 1.1 million people supported through livelihood investments; and 112,000 children treated for malnutrition. Through re-allocation of funding by some partners, the cluster supported 4,400 survivors of protection violations and provided material assistance to vulnerable people and re-integrated over 380 children formerly associated with armed groups.

Recommendation

A review of the Strategic Response plan will be undertaken after Post *Gu* assessment. These assessment results will guide revision of the strategic response plan and financial requirements, and align the planning cycle with the Somalia seasonal calendar



CHANGES IN CONTEXT

Humanitarian context

Somalia's humanitarian crisis remains one of the largest and most complex in the world. About 2.9 million¹ people are in need of immediate life-saving and livelihood support. Somalia's basic humanitarian indicators are also shocking. The percentages of child malnutrition rate and mortality rate² in Somalia are both among the highest in the world³. Malnutrition levels among IDPs in Somalia are well above emergency levels and very close to emergency levels among many rural communities. One out of every 10 Somali children dies before their first birthday. One of every 18 women dies due to pregnancy related causes⁴. Access to safe water at just 30 per cent remains one of the lowest in the world. Yet, emergency levels which would be considered alarming and unacceptable in other contexts tend to be regarded as acceptable in Somalia.

Needs Analysis

The main drivers of the protracted humanitarian crisis in Somalia remain climatic variability – and its attendant cyclical droughts and floods – poverty, lack of basic social services political instability, and conflict,. Some 857,000 people, most of them displaced, are already in need of urgent life-saving assistance at least through June 2014. A further 2 million people are struggling to meet own minimal food requirements and are in need of livelihood assistance to withstand shocks. One in seven children under the age of five, or 203,000 children, is estimated to be acutely malnourished in Somalia. More than 50,000 of these children are severely malnourished and are at risk of death without sustained assistance. Meanwhile, poor basic social services continue to undermine the resilience and coping mechanisms of the vulnerable people. About 1.1 million IDPs in scattered settlements need support to meet basic minimum standards including education, health, shelter and water, sanitation and hygiene (WASH) services. Millions of Somalis remain vulnerable to disease outbreaks due to the absence or weak state of health and WASH services. In some areas one in three children suffers from diarrhoeal diseases. Furthermore, 2013 saw the re-emergence of polio. In 2014, about 1350 suspected cases of measles have been reported which is more than double what was reported at the same time last year. There is no protective environment for vulnerable people particularly women, girls and boys. As a result, gender-based violence (GBV) and violations against children are common and the level of response provided to victims is very low.

Much of the incremental food security improvements observed at the end of 2013 were due to a combination of good rains and focused early response to early warnings of poor harvest in traditionally food basket areas of southern Somalia issued at the end of 2013. These improvements could be easily reversed if humanitarian agencies do not continue to strengthen the resilience of vulnerable Somalis or if the 2014 *Gu* harvest turns out poor. This is a concern because not only are current needs significant, the gains made are fragile and reversals are common in Somalia, given stretched coping mechanisms and vulnerable people's low capacity to absorb shocks.

The current rainfall performance is mixed. The main *Gu* (April-June) rains started on time in some parts of the south and north-western Somalia. However, delayed rain was reported in April in most parts of north-eastern and central zones of the country⁵. In agro-pastoral areas of the south, early *Gu* planting started; although the intensity of cultivation was relatively low due to conflict in some areas. Resumption of rainfall since early May helped to alleviate moisture stress on planted crops in agriculture dependent areas and replenishment of water and pasture in pastoral areas. Despite resumption of *Gu* (April-June) rains, the harvest is predicted to be late and/or poor in

¹ Food security and nutrition figures and analysis in this document are provided by the Food Security and Nutrition Analysis Unit (FSNAU) of FAO Somalia, unless stated otherwise.

² Under 5 mortality rate: Sierra Leone (185), Somalia (180). (Source: UNICEF global data).

³ Percentage of prevalence of child malnutrition (Top five countries in the world): Timor-Leste 45.3; India 43.5; Niger 39.9, Eritrea 34.5 and Somalia 32.8. (Source: WHO global data).

⁴ World Health Organization

⁵ Main areas of concern are: most of Bakool region; Hiraa region, particularly Bulto Burto, Jalalaqsi; parts of Galgaduud; pastoral Puntland and areas affected by the 2013 tropical storms; agro-pastoral and riverine areas of Middle Shabelle, especially Jowhar; and Lower Shabelle.

parts of Central and Southern Somalia. In the Northeast, pasture, browse and access to water for livestock has been limited; if the rains do not continue into June and possibly early July, this will have significant adverse impact in terms of the food security outlook for the remainder of the year⁶.

Impact of SNAF/AMISOM military operations against Al Shabaab

In March 2014, the Somali National Armed Forces (SNAF), supported by the Africa Union Mission in Somalia (AMISOM), started a military operation against Al Shabaab (AS) in southern and central regions of Somalia. The operation was envisaged to take place in nine regions: Bay, Bakool, Galgaduud, Gedo, Hiraan, Lower Shabelle, Middle Shabelle, Lower Juba, and Middle Juba. By the end of April, the offensive had directly affected six of the nine regions. The exceptions were Bay, Lower Juba, and Middle Juba. The operation may bring a degree of political stabilization and peace in these troubled regions. Likewise, if it leads to the establishment of proper administrative structures in the newly controlled areas, it may provide an opportunity for humanitarian organizations to have safe and predictable access to people in need in these areas. However, from the humanitarian perspective, so far the impact has been negative. The operation has led to loss of lives, displacement of people, and slowed down of planting activities in the affected areas. It also led to an increase in food prices in towns affected by AS blockage of major supply routes, which will have adverse food security implications.

According to UNHCR, about 73,000 people were temporarily displaced due to the operation. The pattern of displacement has mostly been short-term as people left towns and moved to outlying villages as a pre-emptive measure to avoid being caught in the conflict. On the other hand, some of the temporarily displaced people have reportedly returned to their areas of origin, such as Maaxas and Bulo Burto districts in Hiraan, Waajid and Xudur in Bakool, and Bur Dhuurbo of Gedo.

The military operation took place in potential return areas for IDPs and refugees willing to voluntarily return to their home areas. However, the conditions are not conducive for voluntary returns due to the increased insecurity in these return areas and on routes. This has also slowed down return programmes designed to provide durable solutions to IDPs.

While not widespread and verified, there is anecdotal evidence of rights violations following the military operations. Cases of Sexual and Gender Based Violence (SGBV) and grave violations against children, including forced recruitments by armed forces and militia groups were reported. Similarly, children were killed due to the fighting in Qoryooley, Garas Jeereed and Bulo Sheikh of Lower Shabelle during the month of March. Displaced people arriving in Baidoa from different locations were reportedly looted and attacked by armed groups. The displaced people's belongings were taken, some families were physically assaulted, and children were separated as people tried to escape attacks.

Humanitarian Access

Safe and predictable access is a fundamental pre-requisite for effective humanitarian action. However, in most parts of southern and central Somalia and pocket areas of the north i.e., Sool and Sanaag regions, humanitarian actors' ability to reach people affected by crisis, as well as affected people's ability to access humanitarian assistance and services is severely constrained. Due to lack of safe, unimpeded and predictable access, humanitarian partners in Somalia have found it difficult to establish operations, move goods and personnel where they are needed, implement distributions, and provide services. Affected people have also not been able to fully benefit from the assistance and services made available. The ability to deliver humanitarian assistance to Somalis in need has also been constrained by the application of stringent accountability and risk management procedures. In addition to presence, ability to deliver and funding, two other critical considerations also come into play when defining humanitarian access in the context of Somalia: (i) the trade-off between the humanitarian imperative to assist people in need and the safety and security of humanitarian personnel; and (ii) adherence to humanitarian principles in a situation where the humanitarian community is perceived to be partisan by one side of the conflict.

⁶ Somalia Food Security Cluster, May 2014

Throughout southern and central regions, attacks and threats against humanitarian organizations and personnel continue to hamper the delivery of humanitarian assistance to many vulnerable Somalis. AS's warning that all Somalis working for international organizations will be targeted has limited the movement of UN and NGO Somali staff. AS also forced the shutdown of internet services in parts of south and central. These actions reduced the ability of humanitarian personnel to reach vulnerable people and monitor response programmes. Access thus remains constricted in south and central regions. The presence of humanitarian agencies in some of the "garrison towns" in south and central Somalia has slightly improved access to people living in these towns. However, the presence of the UN and international NGOs does not extend to overlaying rural areas where most of the people in need reside. AS controls most of the supply routes to these towns, making the delivery of humanitarian supplies by road difficult.

UN agencies and most international NGOs are banned from operating in AS held areas. There are also few reliable local partners working in these areas. Due diligence and risk management measures also limit the amount of resources that can go to these areas. Taxation, kidnapping and detention of humanitarian staff are other access impediments observed in these areas. The combined effect of these challenges has led to inadequate humanitarian response to these areas. Yet, access has also depended on the type of assistance provided. In Somaliland and Puntland, indirect taxation through registration of NGOs, interference with the operations of humanitarian agencies by local authorities, and bureaucratic impediments remain the main access challenges.

STRATEGIC OBJECTIVES: ACHIEVEMENTS TO DATE

Strategic Objective 1

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

Progress toward Strategic Objective

The first five months of 2014 presented a number of challenges for the provision of timely and quality life-saving assistance to people in humanitarian emergency, including new displacements due to military operations, low levels of funding, increased insecurity and limited access in parts of the country. Existing resources are becoming stretched and partners are cutting back on all but the most basic of interventions. For example, WASH partners reported that supplies to some IDP settlements have ceased because of lack of funding, which increases the risk of increased Acute Watery Diarrhoea (AWD) in these areas. Health partners may suspend primary healthcare activities that provide medical services to more than 3 million people. Furthermore, measles outbreak reported in the regions of Bari, Banadir Mudug Lower Juba and Nugaal has left thousands of Somali children at risk of disability or death if they are not urgently vaccinated against the highly contagious disease; nearly 1,000 cases were reported in May alone bringing the total to 2,350 cases since March.

However, humanitarian actors worked hard to overcome these constraints and ensure that assistance reaches those who need it. So far in 2014, activities carried out have resulted in over 263,000 people benefiting from temporary access to safe water; 112,000 learners reached with school feeding programmes; over 287,000 people reached with access to food and safety nets; and at least 10,000 newly displaced being assisted with emergency shelter; and NFIs. The Shelter Cluster has only been able to provide limited emergency response to those that have been newly displaced by the military offensive, mainly in Baidoa and Luuq. The Shelter cluster is currently preparing emergency response in Mogadishu, Kismayo and Beletwyne for the newly displaced persons and flood-affected populations.

Indicators: Targets vs. Results to date

Indicator	Target	Result	Status
GAM ⁷ (MUAC) and SAM (MUAC) kept within emergency threshold levels in emergency response	< 10% <1%	TBD	No Progress
Percentage of communicable diseases outbreaks responded to within 96 hours	75%	45%	Major Gaps
Number of people assisted with temporary access to safe water	632,500	263,000	Major Gaps
Number of learners benefiting from school feeding or alternative food support programs in affected areas	60,000	112,000	Major Gaps
Number of newly ⁸ displaced households in need receiving non-food items	100,000	10,000	Major Gaps
Stabilization or improvement of overall IPC classification in livelihood zones over two seasons as a result of continued humanitarian assistance	TBD	TBD	No Progress
An Early Action trigger criteria for emergencies developed and operational	< 10% <1%	TBD	Major Gaps

⁷ Reference range for GAM and SAM: www.fsnaui.org

⁸ This includes short-term, medium and long-term displacements

Strategic Objective 2

Enhance resilience of vulnerable households and communities through investment that enhance the productivity of livelihoods, the provision of access to basic social services and predictable safety nets through community and social infrastructure, and secure land tenure and durable solutions for IDPs and returnees

Progress toward Strategic Objective

Options for durable solutions including return to areas of origin, relocation to other preferred areas, or local integration are continuously impeded by the volatile security situation in most of south and central Somalia where the majority of IDPs originate from and the weakness and insecurity of land tenure arrangements where they currently live. In south and central regions, durable solutions implemented so far are mainly focused on return of IDPs to their home areas.

In Mogadishu, provision of transitional shelter was halted after the relocation plan stalled due to government's inability to meet agreed security and land tenure benchmarks, and as the result of the attack on the UN Compound which limited the humanitarian community's ability to actively engage in the relocation process. The Somalia HCT – through the Humanitarian Coordinator – communicated to the FGS that it will only support the resumption of the relocation plan or similar initiatives if these movements are going to improve the living conditions of IDPs, are voluntary and necessary security and land tenure guarantees are provided, however, there has been no progress to date.

None the less, there have been some positive developments in Somaliland where the Government and humanitarian partners relocated IDPs to publicly owned land with secure land tenure. Approximately 5,000 people were relocated from Mohamed Mooge settlement inside Hargeysa to Digaale settlement at the outskirts of the town. The challenge continues to be securing the resources required to scale up reintegration programmes similar to the Digaale settlement. For refugees, resettlement remains the only feasible durable solution in Somalia and since January, 100 individuals have been identified for resettlement and 13 individuals have been resettled while about 70 individuals are pending departure.

To support access to basic social services, partners provided basic primary health services to over 500,000 people; reached 145,000 people with sustainable access to safe water; over 1.1 million people supported through livelihood investments; and 112,000 children treated for malnutrition. Nutrition partners provided preventive and curative nutritional support services to acutely malnourished children (0-59 months) and pregnant/lactating women of reproductive age through access to basic nutrition services package (BNSP). This was complemented by integrated management of acute malnutrition (IMAM) services - a community approach for treatment and rehabilitation of severe and moderate acute malnutrition.

Indicators: Targets vs. Results to date

Indicator	Target	Result	Status
Percentage of districts with people covered by basic health services (1 health facility for 10,000 people)	50%	8.5%	No Progress
Percentage of case coverage of severely malnourished boys and girls under five in IMAM programme	60%	SAM: reached 39,119, (69%) MAM: reached 72,404 (32%)	Major Gaps
Number of people with sustained access to safe water in line with national standards/WHO guidelines	425,000	145,000	Major Gaps
Percentage of people with poor food consumption/poor household dietary diversity	<15%	TBD	No Progress

Number of learners benefiting from safe and protective, constructed or rehabilitated learning spaces or schools	330,000	0	No Progress
Number of people with improved land tenure and transitional shelter	80,000	>50%	Major Gaps
Agricultural production remains at or above the post-war average in areas where interventions occur	135,263MT	>50%	Major Gaps
Livestock exports remain above the 5 year average	3.5 million heads/annum	TBD	No Progress
Number of certified Open-Defecation-Free (ODF) communities	75	0	No Progress
Percentage of Community Education Committees and teachers trained in DRR approaches including the maintenance and management of learning spaces during emergencies	2,500	0	No Progress
Number of women and men assisted with return, reintegration, and resettlement	35,000	22,913 ⁹	Major Gaps
Number of IDPs assisted with permanent shelter	25,000	<10%	Major Gaps

⁹ 22,000 IDPs received assistance in preparation of voluntary return (partial assistance) and 900 IDPs received assistance in preparation for local integration

Strategic Objective 3

Improve the protective environment by strengthening the quality and monitoring of responsive services, and by supporting traditional community mechanisms and legal frameworks, including preventive mechanisms

Progress toward Strategic Objective

The Humanitarian Country Team (HCT) recognized the need to improve safe programming based on the 'Do No Harm' principle ensuring that basic protection principles are weaved into the humanitarian response across all clusters. In line with the HCT's priorities, special focus was put on the chronic issues of Gender-Based Violence (GBV) and violations against children and women. Inter-agency humanitarian assessments conducted during the reporting period in areas recently captured by SNAF/AMISOM indicate that female and child-headed households remain at risk of sexual and gender based violence. There are limited medical, psychosocial and legal services in place for survivors and avenues for justice are limited due to weak or absent rule of law. Through re-allocation of funding by some partners, the cluster supported 4,400 survivors of protection violations and provided material assistance to vulnerable people and re-integrated over 380 children formerly associated with armed groups. Furthermore, protection partners supported programmes for unaccompanied and separated children in various locations including Afgooye, Baidoa, Bossaso, Dhobley, Doolow, Gaalkacyo, Jowhar and Mogadishu. All children identified were referred for medical services, given tracing options for family members, provided with emotional support, and supported with interim care including being provided with food and clothes.

The protection cluster finalized a three-year strategy (2014 to 2016) to support reduction of GBV. The strategy has four objectives: (i) prevention; (ii) response; (iii) access to justice and rule of law; and (iv) coordination. A cornerstone to prevention, the strategy has been aligned with the New Deal Compact and Joint Communiqué¹⁰ to establish independent and accountable justice institutions capable of addressing the justice needs of the people of Somalia.

In Hargeisa, the Protection cluster and Child Protection Working Group members supported the Somaliland Government in developing Child Protection and Protection Policy. The members are also supporting the Government to develop the Child Rights Act.

Indicators: Targets vs. Results to date

Indicator	Target	Result	Status
Percentage of identified children, associated with armed forces /groups and child survivors of abuse and other violations who receive child protection and reintegration services	30%	28%	On Track
Number of GBV survivors who access medical, psycho-social, and legal support	12,000	1,865	Major Gaps
Number of functional, community based mechanisms to prevent, identify, and respond to protection violations, including gender and child concerns	125	278.4% (result far exceeded target)	On Track

¹⁰ Joint Communiqué of the Federal Republic of Somalia and United Nations on the prevention of Sexual Violence – 7 May 2013

Strategic Objective 4

Strengthen the capacity and coordination of NGOs, affected communities and local, regional and national level authorities, to prevent and mitigate risks and implement effective emergency preparedness and response.

Progress toward Strategic Objective

Significant progress has been made to strengthen effective coordination among humanitarian partners in the first half of the year. The Somalia NGO Consortium and the NGO Safety Programme (NSP) continued to strengthen coordination of NGO activities and provide security and access analysis to ensure the safety and welfare of humanitarian staff while minimizing risks as they deliver assistance. The Consortium supported joint advocacy on key operational concerns and upheld a strong engagement with key external actors including donors and UN agencies. In the first half of 2014, the Consortium strengthened its efforts to enhance an enabling environment for NGOs to operate in Somalia through lobbying on various impediments restricting humanitarian operations inside Somalia. Advocacy initiatives sensitized on looming humanitarian crisis allowing key actors to prioritize humanitarian needs and assistance in Somalia. Increased NGO coordination and information sharing on risk management has resulted to concerted efforts through the HCT to develop a common risk management policy guideline for humanitarian agencies operating in Somalia.

OCHA in collaboration with UNDSS led and facilitated inter-agency assessment missions to newly recovered areas following a military offensive by SNAF/AMISOM against Al Shabaab. These inter-agency assessment missions to assess the humanitarian situation and identify needs of the populations were carried out in Waajid, Xudur, Warsheikh, Bulo Burto, Maaxas, Afgooye and Kismayo. Additionally, UNDSS increased the number and capacity of Field Security Coordination Officers and Local Security Assistants, and upgraded radio communications systems.

With support from OCHA, the HC held a member states briefing attended by 36 countries on 21 February to appeal for urgent and sustained funding for the humanitarian needs of the Somali people. These advocacy efforts are still ongoing through various activities such as press briefings, social media and an IASC Emergency Directors' mission to Somalia. Furthermore, OCHA in consultation with partners has streamlined and strengthened its core communications products (Humanitarian Bulletin, Humanitarian Dashboard and Humanitarian Snapshot) to ensure a common understanding of needs and priorities among stakeholders. Work has also focused on presenting information in a clear and concise format.

To support the humanitarian community on preparedness, the Food Security and Nutrition Analysis Unit (FSNAU) and the Somalia Water and Land Information Management (SWALIM) continue to provide analysis on food security and nutrition situation, trends, and projections of underlying climatic and ecological factors that trigger emergencies in Somalia. FSNAU provides regular food security and nutrition assessments and ad hoc analysis including early warnings and food security alerts

Indicators: Targets vs. Results to date

Indicator	Target	Result	Status
Number of drought, flood, hydro met, water sources, land degradation, land use monitoring systems maintained	7	7	On Track
Number of LNGOs whose institutional capacity has been enhanced through capacity building training	6	6	On Track
Average CRC score of FSC member having completed training (10 per cent above cluster average)	10% of FSC members	0	No Progress
Percentage of partners trained in the identification, screening and referral of malnourished children	60%	0	No Progress

Number of trainings carried out by Protection Cluster that include components of children and gender	12	4	Major Gaps
Number of Regional and District Education Officers (REOs & DEOs) trained in contingency planning, reporting, monitoring and school management (targets fixed per term)	13 REOs 20 DEOs	0	No Progress

ANALYSIS

Funding analysis

Funding in 2014 has been worryingly low with only 23 per cent (US\$205 million) of the Strategic Response Plan (SRP) requirements received. This includes \$19.4 million in carry-over from 2013 and new funding of \$185 million. The current funding level is much lower than the 33 per cent (\$378 million) reported mid-2013. Critical life-saving clusters such as Health, WASH, and food security have received less than 25 per cent of their requirements. A total of \$270 million had been received for projects in and outside the appeal. About 26 per cent (\$70 million) of the total humanitarian funding has been recorded against projects not within the SRP while 74 per cent (\$200 million) has been contributed to projects in the appeal and covered under the Humanitarian Needs Overview.

High priority projects are 16% funded and medium priority 13% as opposed to 16% and 7% in mid June 2013 respectively. Similar to the same time last year, low priority projects have not received any funding. The high priority projects are better funded because the majority cover the multiple regions and respond to the most immediate needs. NGO projects make up 34% (\$313 million) of all appeal requirements; however, funding coverage for these projects currently stands at 10% (\$31 million) of total NGO requirement. UN projects make up 66% (\$620 million) of all appeal requirements. Only 27% (\$169 million) of UN requirements have been met. This is lower than the 34% (\$254 million) reported in mid-2013.

Pooled funding - Similar to the same time last year, no CERF funding has been received in 2014 hence the CHF remains a key humanitarian funding mechanism in addressing critical needs in the country. It complements other funding sources within and outside the SRP. Contributions to the CHF (including carry-over) account for 18% (\$31.8 million) of funding received in 2014 as opposed to 13% in mid-2013.

Funding: Required vs. Received to date (million \$US) – 16 June

933 million (\$US)

Total Required

205 million (\$US)

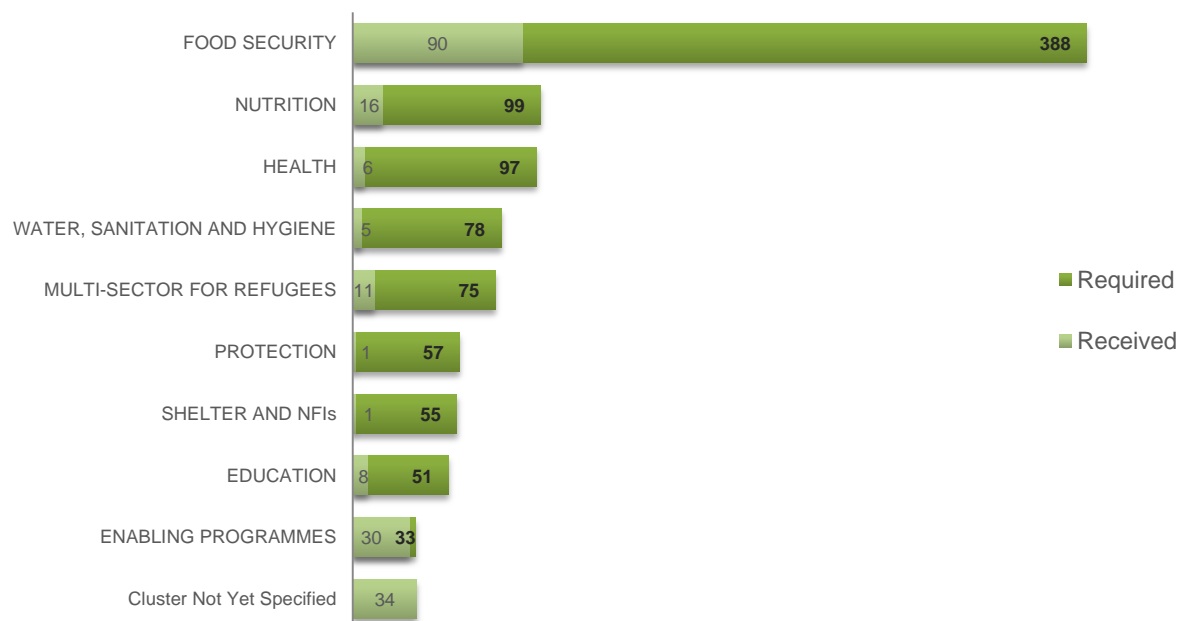
Total Received

CERF: xx million CHF/ERF: xx million

23%

Total Funded

Unmet: 728 million (\$US)



Source: Financial Tracking Service (FTS)

Cluster Performance

The Cluster Coordination Performance Monitoring process has not started but is scheduled for July 2014. However, discussion in the Inter Cluster Working Group (ICWG) raised some concerns that several clusters have the same partners, therefore partners will have to fill the questionnaires multiple times during the same period. Other concerns were the language and the connectivity at field level and how that could affect the national NGOs participation. As a result, the exercise may take place at national level instead of sub-regional level. Given the protracted nature of the Somalia crisis, the exercise will be undertaken annually with quarterly reports to the HCT.

Challenges

Access and Insecurity

Access challenges in Somalia are longstanding and mainly stem from the volatile political and security situation in the country. The operational context continues to be complex and dangerous. The security situation in most parts of southern and central Somalia remains volatile. The car-bomb attack against UN convoy in Mogadishu on 13 February is a grim reminder how difficult and dangerous it is to operate in Somalia. Al Shabaab's fragmentation and systematic use of asymmetrical tactics has increased the risks of operating in southern Somalia.

Recently, AS has issued threats and increased intimidation as well as attacks against humanitarian personnel, including Somalis linked to the UN and international NGOs. While AS threats against national personnel linked to the UN is not new, this is the first time such a threat has been issued by a senior AS official and may be an indication of a possible shift in AS tactics against the UN in Somalia. AS has recently banned internet and mobile phone services, a move which adversely affected the ability of Somali national staff in Mogadishu to effectively coordinate and provide humanitarian services. Some other parts of the country, including parts of Puntland and the disputed Sool and Sanaag regions, have also seen some instability.

Funding, risk and accountability

Humanitarian agencies are facing significant funding gaps for 2014. This limited funding has forced the humanitarian community to cut back on all but the most basic of interventions. There is great risk that the gains made in the past years will be reversed. For instance, if funding is not secured immediately, partners may suspend primary healthcare activities that provide medical services to more than 3 million people. UNICEF has also warned that 50,000 children under the age of five could die from severe malnutrition if funding is not received.

The ability to deliver humanitarian assistance to Somalis in need has also been constrained by the application of stringent accountability and risk management procedures. Donors have been reluctant to fund projects in areas where effective monitoring systems do not exist. There seems to be more tolerance for the risks that humanitarian personnel have to take to operate in such an environment than the risks of delivery of aid in the same environment.

Political and Peace-building vs Humanitarian

Since the establishment of a post-transition Federal Government of Somalia (FGS) in 2012 and related political gains, the political narrative about Somalia has been positive. Indeed, Somalia continues to move forward politically, and security-wise, but progress cannot be taken for granted. The political and security improvements witnessed have not translated into an improvement of the humanitarian situation. Yet, attention on the political and development support to the FGS through the implementation of the "Somalia New Deal/Compact" has inadvertently diluted the focus on the humanitarian situation. The effect of this has been waning donor attention and appetite to sustain the levels of humanitarian funding required to address the most critical humanitarian needs.

Analysis of achievements, against funding

Despite the current low funding level of the SRP (23%) as at 16 June, most clusters have reported average to high achievements against their mid-year targets. Below are some reasons behind this:

- Achievements reported do not only reflect projects in the Strategic Response Plan but also activities that contribute to any of the strategic and cluster objectives. For example members of the Child Protection Working (CPWG) are not recipients of the SRP funding but are implementing the Community based child protection programme (CBCP) through other funds and have established CBCP. Another example is the Health cluster has 41 cluster members with projects in the SRP but over 100 cluster members reporting on the achievements, against overall targets in the cluster
- Time lag in reporting contributions to the Financial Tracking Service (FTS).
- Bilateral funding to UN agencies and other humanitarian partners that is not reflected in the Financial Tracking Service.
- Most clusters have carry-over activities from 2013 that were not reported or completed last year especially for projects that have a lifespan of 9-12 months
- In addition to the lack of reporting on cash carry-over by agencies, it is difficult to systematically track the carry-over of supplies received. For instance, in the Nutrition Cluster, some supplies procured with 2013 funding only reached their destination in 2014, therefore the late implementation of activities is reflected in the high achievements.

Recommendation

A review of the Strategic Response plan will likely be undertaken after Post *Gu* assessment. These results will guide revision of the strategic response plan and financial requirements and align the planning cycle with the Somalia seasonal calendar.

CLUSTER ACHIEVEMENTS - PROTECTION

Progress towards Cluster Objectives

Protection Cluster objectives for 2013-2015 contain a blend of gender sensitive, immediate, reactive, and responsive activities as well as preventive and enabling activities. The SNAF/AMSOM military offensive caused drastic population movement and escalation of protection concerns. Therefore, some partners re-allocated available funding to the locations of population movement.

The GBV Working Group The protection cluster finalized a three-year strategy (2014 to 2016) to support reduction of GBV. The strategy has four objectives: (i) prevention; (ii) response; (iii) access to justice and rule of law; and (iv) coordination. A cornerstone to prevention, the strategy has been aligned with the New Deal Compact and Joint Communiqué¹¹ to establish independent and accountable justice institutions capable of addressing the justice needs of the people of Somalia.

In Hargeisa, the cluster and Child Protection Working Group members supported the Somaliland Government in developing Child Protection Policy. The members are also supporting the Government to develop the Child Rights Act. The Mental Health and Psycho-Social Support Working Group conducted a case worker training in accordance with the case worker training manual developed last year.

Service delivery interventions implemented include medical, legal, psychosocial and referral programmes. At least 8,200 (71 per cent of the target) survivors of protection violations received various services according to their needs and in line with the set standards. 4,400 (23 per cent of the target) survivors of protection violations and other vulnerable people received material assistance in line with the set standards. Over 570 identified unaccompanied minors and separated girls and boys were reunited with their families or placed under alternative care. The result exceeded the target due to the military offensive in South Central Somalia. 30 children without parental care were placed under family based care and 280 (28 per cent of the target) children formerly associated with armed forces and groups were released and reintegrated to the community. By mid-May, over 380 children were receiving reintegration support.

Over 5,400 children attended child and youth friendly spaces in the three zones.¹² The services offered include feeding, psychosocial support, recreation, basic literacy and numeracy. The children were also referred to a number of services based on their needs. Over 340 people participated in various capacity building activities on protection policies, international standards and principles. Beneficiaries include local partners, formal and non-formal authorities and service providers.

Five (50 per cent of the target) UXO/IED/mine awareness trainings were conducted in all zones. At least 7,100 (142 per cent) people were reached with the protection trainings that focus on reducing the risks of mine and explosive ordnance. 302 people with mental and physical disabilities were assisted according to their needs and received basic and protection services. At least 1,100 people benefitted from skills training for livelihood support in the



Protection

Coordinator Co-Facilitator	Kavita Shukla, DRC
People targeted at End Year	560,000
People Reached at Mid Year	99,239

FUNDING

Requested	Received	Percent Funded	Number of Partners
57m	1.4m CERF: xxm CHF/ERF: 100,000	3%	40

¹¹ Joint Communiqué of the Federal Republic of Somalia and United Nations on the prevention of Sexual Violence – 7 May 2013

¹² NB: Possibility of double counting since the same children may attend the same space for multiple months.

vocational training centres and acquired various skills. Some of the beneficiaries received micro-grants, micro-loans, start-up kits and internship programs.

Members facilitated the release of 95 people and reintegrated them with their families and 1300 people benefitted from prevention and response to violence against children activities like GBV, corporal punishment, traditional harmful practices and other forms of physical violence through advocacy and mobilization. Messages delivered include FGM, early/forced marriage, sexual violence, domestic violence, girl child education, corporal punishment and child labour. Approximately 10,000 people benefitted from advocacy and awareness on protection issues through community mobilization and awareness activities.

Changes in needs and context

In the first half of 2014, the SNAF/AMISOM launched military offensive against Al-Shabaab in South-Central Somalia. During the first phase of operations, there were gains achieved on multiple fronts and new areas came under control of the Somali Federal Government (SFG). The armed conflict, however, led to new displacements with at least 73,000 people temporarily displaced. Some of these people could return to their homes once hostilities ceased and others were forced to flee to urban centres such as Mogadishu, Baidoa and Luuq.

The new IDP arrivals, a large number of whom are women, children and the elderly, have reportedly been in urgent need of access to basic services and at risk of human rights abuses. The newly displaced who come from minority clans have additionally been at risk of pervasive discrimination since they often lack vital clan protection and connections. Besides the protection needs of newly displaced persons, people who have been living in a state of protracted displacement in South-Central Somalia have continued to be at risk of violations and abuses such as forced evictions and gender-based violence.

The operation which led to loss of lives, displacement of people, and slowed down of planting activities in the affected areas also led to an increase in food prices in towns affected by AS blockage of major supply routes. This could have adverse food security implications which would likely cause more people to flee their homes and be vulnerable to protection problems. Humanitarian assessments conducted in newly recovered areas indicate that female and child-headed households remain at risk of sexual and gender based violence. There are limited medical, psychosocial and legal services in place for survivors and avenues for justice are limited due to weak or absent rule of law. Children are forcibly recruited from these areas, and in the absence of access to educational facilities, there is a high possibility that recruitment is through underground networks. Tensions between Puntland and Somaliland increased in the first half of 2014 over the contested Sool and Sanaag regions. Such events have the potential to cause internal displacement

The Government of Kenya launched Operation Usalama Watch in late March 2014 and rounded up over 4,000 mostly ethnic Somalis. From this number, 359 persons, including three registered refugees have been deported to Somalia. There is concern that those forcibly sent back lack social and economic ties, and in the absence of support may become internally displaced after return.

There were reports in the first half of 2014 that the number of migrants/refugees transiting to Ethiopia, Sudan and Libya has been on the rise. Although the exact numbers are not available due to the nature of the movement, between 400 and 700 migrants/refugees are reported to be departing from Somaliland monthly in order to go to Libya. The main objective of the journey is economic reasons.

Challenges

Protection Cluster programs were under funded in the first half 2014. Overall delays and/or extremely limited funding hampered implementation of the planned activities and limited the response services to the affected people. Most of the activities were implemented with funding outside the SRP from bilateral and traditional donors as well as carry over from 2013. Due to under-funding, many critical needs are not being met.

There were challenges in the Protection Cluster meeting its mid-year targets in relation to two of the four indicators. These are indicators for number of GBV survivors accessing support and the number of trainings carried out by the

Protection Cluster. In relation to GBV survivors, one of the gaps has been communication between service providers in Somalia, and the distribution plan for supplies needs to be improved which will be a priority for the Cluster and Working Groups in coming months.

There are variations based on regions; where political stability is greater, there have been more opportunities to access those in need and set up proper structures to address the needs of survivors but the same has not been possible in areas experiencing conflict and instability. Furthermore, not all the agencies working to provide support to survivors are reporting their activities consistently to the Protection Cluster and Working Groups.

Although 12 trainings had been planned by the cluster, only four were carried out in the first half of 2014 due to staffing challenges.

Summary of Protection Requirements (as at DD MM 2014)

	Total No. of Projects	No. of projects funded	No. of Projects not funded	Amount (US\$) (Total)	Amount (US\$) (not funded)
Life-saving	45	4	41	56m	55m

CLUSTER ACHIEVEMENTS - SHELTER

Progress towards Cluster Objectives

The Shelter Cluster strategy is built on three main pillars: Emergency, Transitional and Durable Solutions. A fourth pillar, which specifically looks at the capacity building/coordination component, has recently been included. These pillars are underpinned by themes of community participation and ownership, which are embedded in all cluster activities.

Emergency - Emergency response involving Non-Food Items (NFIs) and Emergency Shelter Kits (ESKs) mainly targets short-term displacement that is, individuals who have been newly displaced due to conflict, evictions and natural disasters. To date (May 2014), the Shelter Cluster has only provided limited emergency response to those that have been newly displaced by the military offensive, mainly in Baidoa and Luuq. The Cluster is currently preparing emergency response in Mogadishu, Kismayo and Beletwyne for the newly displaced persons and flood-affected populations with funding received from the CHF and the CERF. Using stocks from the 2011, the cluster has been able to reach larger numbers than expected despite limited funding for 2014.

Transitional - The concept of transitional shelter encompasses all interventions, from improved shelter kits to corrugated galvanized iron shelters. Transitional shelter costs vary between US\$100-600 and the typology often depends on factors such as land tenure, funding levels, specific needs, agency experience, support from local authorities and location of the IDPs. In Somalia, transitional shelter is normally provided in stabilized IDP settlements that have traditionally been located in and around the urban centres.

Due to delays caused by the government-led relocation programme in Mogadishu and the inability to provide minimum security, all transitional shelter projects were put on hold in 2013. Up to 70 per cent of the IDPs living in the city centre were evicted and have moved towards the outskirts of the city (km7-km13), where they still lack access to basic services and appropriate shelter. As a minimum degree of land tenure has not been provided, and the government has not allowed any longer term transitional interventions outside the relocation site. The Cluster has provided improved shelter kits to around 50,000 persons in Mogadishu consisting of plastic sheeting, some local materials and a lockable door. Transitional shelter has helped to stabilize the protracted IDP populations since mid-2011 in Puntland and Somaliland. Nevertheless, these more resilience-based programmes have reduced and several core Shelter Cluster partners are closing down their shelter programmes in different locations due to funding constraints.

Durable Solutions - In Puntland, Somaliland and certain regions of southern and central Somalia (Bay, Gedo), the authorities continue to demonstrate a desire to address the IDP situation by providing land. The Cluster supported durable solutions by providing permanent shelter in cases where the authorities provided individual land tenure agreements and the protracted IDPs have shown an interest to locally integrate. Since 2011, the Shelter Cluster has made huge progress in Gaalkacyo, where local integration and return projects work hand in hand to ensure a voluntary and equitable choice to those who are looking for durable solutions. However, funding levels for durable solutions have been decreasing since the beginning of 2013. Only CHF has provided limited resources to continue the efforts made to date. Integrated approaches are core to durable solutions and the Shelter Cluster remains a strong advocate for durable solutions both to donors and the ICWG.

The cluster has also produced a rapid mapping tool to map out basic services that IDPs can access. This tool provides a snapshot of the current IDP situation and can be deployed in a very short period of time. Information can



Shelter

Coordinator Co-Facilitator	Martijn Goddeeris Anna Sobczak
People targeted at End Year	495,000
People Reached at Mid-Year	

FUNDING

Requested	Received	Percent Funded	Number of Partners
55m	3m CERF: xxm CHF/ERF: 1.7m	2%	17

be captured real time with GPS coordinates and pictures. The mapping exercise has been implemented in Baidoa, Kismayo, Mogadishu, Bossaso and Gaalkacyo. In times of increased displacement, the tool can be rolled out on a quarterly basis if funds are available. The Cluster has a dedicated IM officer and support officer until the end of the year, but funds are still lacking for the Cluster Coordinator position for 3 months.

Changes in needs and context

UNHCR reported an estimated 73,000 newly displaced IDPs due to the SNAF/AMISOM offensive, with major concentrations in Mogadishu and Marka. The estimated total number of new IDPs in Luuq since the beginning of March is now around 2,450 persons. Another 120 IDPs arrived in Baidoa from Bakool region (mainly Wajid district). At least 400 IDPs from Qoryoley town (Shabelle Hoose) and 250 from Buulo Mareer arrived in Mogadishu (Km 7-13). The total estimated number of new IDPs in Mogadishu is now more 9,000-10,000 persons. This includes unverified reports of around 21,000 displaced in Hiraan region in March 2014. The SNAF/AMISOM offensive is unfolding parallel to other shocks like the on-going evictions in Kismayo/Mogadishu and flooding in Kismayo, affecting thousands of IDPs and host families. Cluster partners are still assessing the water shortage in Puntland but thus far, there have been no confirmations of large numbers of displacements.

Challenges

Due to limited funding, mainly for transitional shelter, there is a high risk that shelter programmes that have existed since the beginning of 2011 will have to close down. Indeed, some core Shelter Cluster partners have already closed down offices in Mogadishu and if funding remains low, cluster partners will also be forced to close offices in Bossaso, Garowe, Qardho, Doolow and other parts of Somalia. This will in turn limit the cluster's ability to intervene during emergencies. Therefore, continued underfunding of transitional shelter programmes will have a severe impact on both the emergency and transitional components of the Shelter Cluster strategy. Furthermore, re-establishing a presence and re-strengthening cooperation and trust with the local authorities after a long break will have a negative effect on all interventions.

With the exception of NRC, cluster partners are not reporting on the funding they receive. Consequently the FTS records, which indicate that Shelter Cluster projects have only received 2 per cent of total requirement only reflect the amount reported by NRC and in no way represent what has been collectively received by all partners.

Summary of Requirements (as at DD MM 2014)

	Total No. of Projects	No. of projects funded	No. of Projects not funded	Amount (US\$) (Total)	Amount (US\$) (not funded)
Life-saving	14	7	7	5m	Not known
Resilience	13	7	6	50m	Not known

CLUSTER ACHIEVEMENTS - EDUCATION

Progress towards Cluster Objectives

The Education Cluster has received no funding towards learning projects in the first half of 2014. The 10 per cent funding reported towards the SRP is solely for WFP's School Meals Programme (achieving 19 per cent of the total WFP requirement). While this is an integral project in enrolling and retaining learners, it is one-dimensional and provides no positive educational results without accompanying learning interventions. This means that the 112,000 children and youth who have been reached at this point in the year have only been reached by meals at school. The extremely worrying trend has not only kept partners from reaching anymore of the 1.7 million out-of-school children in Somalia, but it has also led to a negative trend in agencies being able to keep schools open and teachers employed. An Education Cluster Survey of partners has shown at least 201 schools have been closed due to underfunding and at least 900 teachers have not been retained. This does not take into account the number of schools and teachers lost due to ongoing instability and other emergencies.



Education

Coordinator	Tyler Arnot		
Co-Facilitator	Boniface Karanja		
People targeted at End Year	660,000		
People Reached at Mid-Year	112,000 ¹³		
FUNDING			
Requested	Received	Percent Funded	Number of Partners
51m	5.3m CERF: 0m CHF/ERF: 0m	10%	19

Changes in needs and context

The displacement resulting from the SNAF/AMISOM offensive has left many children without learning opportunities. To compound this, newly accessible areas are also urgently need learning opportunities. These areas critically need education interventions as families need the time and space that learning provides in order to pursue livelihood activities while children and youth will likely require psychosocial support. These newly accessible areas have been targeted in the Education Cluster CERF request. If received, this will provide children and youth with a comprehensive package of learning opportunities inclusive of safe learning space, teacher training and school supplies. As communities begin to rebuild, this type of normalcy will be critical for both children and their families.

Challenges

The Education Cluster remains critically underfunded. This has meant the closure of schools and the loss of teachers. Even if the schools can be reopened and teachers rehired, earlier cost of intervention will have been lost thus taking a step back in provision of humanitarian education. Moreover, most agencies have exhausted their stocks of Education in Emergencies (EiE) supplies meaning little prepositioned goods are available for rapid response. Access to areas impacted by the SNAF/AMISOM offensive is still limited. Considering the bulk of school supplies and the time on the ground needed for interventions like teacher recruitment and training, impeded access only through small aircraft will limit the ability of agencies to respond even should funding become available.

Summary of Requirements (as at 06 06 2014)

	Total No. of Projects	No. of projects funded	No. of Projects not funded	Amount (US\$) (Total)	Amount (US\$) (not funded)
Life-saving	19	1	18	5m	45m

¹³ This figure refers to the number of children reached with feeding programs as no other projects have been funded. The figure represents a monthly total of children reached as feeding must be an ongoing program.

CLUSTER ACHIEVEMENTS - NUTRITION

Progress towards Cluster Objectives

During the reporting period, the nutrition cluster worked towards its main objective of providing preventive, curative and promotive nutritional support services to acutely malnourished children (0-59 months) and pregnant/lactating women (PLW), women of reproductive age through quality access to Basic Nutrition Services Package (BNSP).

The cluster targeted to reach 330,000 beneficiaries by mid-year 2014 through establishment of 1,116 targeted supplementary feeding sites (TSFPs), 864 out-patient therapeutic programmes (OTPs)

and 30 stabilization centers (SCs). The Integrated Management of Acute Malnutrition (IMAM)¹⁴ services were complemented with preventive nutrition interventions including infant/young child feeding programmes and nutrition health & hygiene promotion initiatives.

From January to May 2014, nutrition cluster partners reached 112,000 children with IMAM services. This represents 40 per cent of the mid-year target of 282,000 children. Of those reached, 39,000 severely malnourished children were admitted into stabilization centres and out-patient therapeutic programmes, while 72,400 children and 24,000 pregnant and lactating women were admitted into the targeted supplementary feeding programmes for the treatment of moderate acute malnutrition. Compared to last year, the total reached represents about 43 per cent of beneficiaries reached during the same period in 2013. The difference is attributed to reduced number of IMAM sites due to resource constraints experienced by many partners.

The cluster also planned to train partner staff in different aspects of nutrition in emergencies (NiE) and through CHF funding, this is slated for the third quarter of 2014. A total of 80 staff members of mostly national NGO's and government in the South Central Zone will benefit from these trainings.

In partnership with FSNAU, the cluster is planning integrated nutrition assessments during the months of June and July 2014. The outcome of these assessments will be disseminated in August 2014 and provide an updated overview of the nutrition situation across Somalia.

Changes in needs and context

The integrated nutrition situation analysis conducted by FSNAU at the beginning of 2014 revealed a very worrying nutrition trend, mostly in parts of the south and north east Somalia. The situation in Bay, Bakool, Hiraan, and among IDS in Kismayo, Doolow and Dhobley was found to be *critical*, while the situation in North Gedo, Baidoa IDPs, Middle Shabelle and Mataban district was found to be *serious*. This coupled with increasing admissions to health facilities and impact of the SNAF/AMISOM military offensive has severely affected the food security and nutrition status implying the situation is set to worsen if immediate interventions are not up scaled.

Even though assessments could not be conducted in Lower Shabelle and Juba, data from health facilities in January - March 2014 suggests increasing trends in the prevalence of acute malnutrition, especially in the pastoral



Nutrition

Coordinator Paul Wasike	+254 722 978 520
People targeted at End Year	660,000
People Reached at Mid-Year	135,635

FUNDING

Requested	Received	Percent Funded	Number of Partners
99.3M	11.4M CERF: 0.0M CHF/ERF: 11.4M	11.5%	52

¹⁴ Integrated Management of Acute Malnutrition (IMAM) is an appropriate facility and community approach for the treatment and rehabilitation of severe and moderate acute malnutrition

and agro-pastoral livelihoods zones. The southern regions remain highly vulnerable to acute malnutrition. Additionally, field reports indicate a seasonal increase in cases of acute watery diarrhoea in these regions which is likely to aggravate the nutrition situation. Most of these regions have consistently demonstrated high rates of acute malnutrition even without the effects of the SNAF/AMISOM military offensive.

Although the FSNAU assessments revealed a fairly stable nutrition situation in the north, measles cases have increasingly been reported in some districts since January 2014 which could impact on the nutritional status of children under-five¹⁵. Furthermore, nutrition sensitive sectors like WASH, health and food security are already reporting deteriorating situation in most of these areas.

The number of children requiring IMAM and other emergency nutrition interventions is set to rise in the coming months, hence the need to not only increase the number of sites but also ensure that existing ones are fully functional and supported with operational costs and supplies. Of particular concern is the TSFP component of IMAM interventions which is experiencing severe resource gaps. TSFP is a critical intervention as it prevents deterioration into severe acute malnutrition which is not only costly and time consuming to manage per case, but also increases the risk of mortality.

Challenges

- One of the main challenges facing the nutrition cluster is limited funding which has affected the cluster's ability to implement nutrition activities across all the priority regions, and more so preventive programmes. As of end of April 2014, the cluster had only received \$11million (11.4 per cent) of the requested \$99 million compared to around 22 per cent same time last year.
- The cluster's response in the newly accessible areas like Xudur, Wajid, Bulo Burto and Maxaas has been difficult mainly due to limited access beyond the towns. Movement beyond 30km radius of these towns is constrained given road blockages by Al Shabaab hence difficulties in supplying partners with nutrition commodities as well as movement of personnel.
- Additionally, there are security restrictions limiting representation of senior level partner international staff in the nutrition cluster meetings in Mogadishu. This limits strategic engagement of all stakeholders in the coordination effort and often slows decision making process, especially when immediate feedback /actions are required.

Summary of Requirements (as at 6 June 2014)

	Total No. of Projects	No. of projects funded	No. of Projects not funded	Amount (US\$) (Total)	Amount (US\$) (not funded)
Life-saving	52	12	40	99m	87m

¹⁵ FSNAU Nutrition Update March - April 2014

CLUSTER ACHIEVEMENTS - WASH

Progress towards Cluster Objectives



The WASH cluster is not on track to meet its key mid-year targets and highly probable will also not meet its key end year targets. The cluster has only reached 21 per cent of the targeted 1.26 million people with temporary access to safe water and 17 per cent of the targeted 850,000 people with sustained access to safe water.

Furthermore, 222,000 people (37 per cent, of the 595,000 target) are newly accessing sanitation facilities (latrines) constructed since the beginning of the year, and 344,600 people (23 per cent) of the 1.50 million targets, benefited from interactive hygiene promotion sessions.

Coordinator Co-Facilitator	Patrick Laurent (Unicef) Abdi Maalim Hassan (Oxfam)		
People targeted at End Year	1,65		
People Reached at Mid-Year	xxx		
FUNDING			
Requested	Received	Percent Funded	Number of Partners
78.4m	4.6m CERF: 0.0 m CHF/ERF: 0.0 m	6%	60

Targets reached are nevertheless higher than the level of funding received by the Cluster during the first five months of 2014. This is mainly due to:

- carry-over related to the completion of the projects launched in 2013
- inclusion in the achievements for projects not included in the SRP and funded by mechanisms external to the SRP.

Limited funding and access notwithstanding, the WASH Cluster Response plan is correctly adapted to the evolving situation. AWD response strategy has enabled reduction in AWD and cholera outbreaks observed during the *Gu* rain season which started in April. Thus far, other factors for the reduced outbreaks are the increased access to sustained sources of safe water and improved hygiene practices, a result of the Somalia specific emergency hygiene promotion package. This package is part of a participatory approach also used in nutrition/health centres, schools, IDP settlements, and communities.

Other important achievements are include;

- Joint Baidoa IDP camp WASH assessment to assess WASH infrastructure and determine each camp's absorptive capacity to host new IDPs has been completed.
- Inter cluster assessments of newly accessible areas as a result of the SNAF/AMISOM offensive are on-going
- Good progress has been made in terms of developing coordination mechanisms between the Inter Ministerial WASH Steering Committee (the new Federal Governmental WASH sectoral coordination structure established in Mogadishu) and the WASH Cluster based in Nairobi.
- A comprehensive joint Nutrition and WASH Emergency and Preparedness Contingency planning process in Somaliland, Puntland, and South Central was launched beginning of 2014. Several workshops were held in the three zones and the key hazards that partners are focusing on are (i) Somaliland - drought, floods, conflict, disease outbreak, and locust, (ii) Puntland - drought, floods, conflict, disease outbreak, and cyclones, (iii) South Central - drought, conflict, disease outbreak and cyclones.

WASH cluster interventions have relied on:

- A network of regional clusters meeting regularly and addressing immediate needs and gaps related to on-going emergencies in general and to localized ones such as Acute Watery Diarrhoea (AWD) and cholera

- A network of regional supply hubs (10 in South Central Zone) to give WASH cluster partners quick and easy access to supplies allowing for timely response to AWD/cholera outbreaks, droughts and floods.
- A network of district focal points for AWD/cholera and flooding coordinating response at a district level.
- Regularly updated maps allowing to track response in gaps, and in funding per district for both sustained and temporary access to water

Changes in needs and context

Ongoing conflict and blockages to supply routes by Al Shabaab following the SNAF/AMISOM military offensive that started in March 2014 in several regions of South Central led to displacement of 73,00 people. Newly accessible areas of Xudur, Wajid, Qoryoley, Burdubo, Bullo-burto and Ceel-Bur that are still surrounded by Al Shabaab are critically need humanitarian assistance, including water, sanitation and hygiene supplies and services.

Gu rains were delayed in some Regions (Bari, Nugaal, Mudug and Galgadud) leading to a critical water scarcity. In the southern regions displacement and AWD outbreaks due to flooding/contamination of water sources increased needs. Rapid and flexible funding is still needed to tackle these issues and to avoid a larger crisis.

Challenges

- Access to newly accessible areas continues to be a challenge; locations such as Wajid, Xudur, and Bullo Burto are opening up as a result of the SNAF/AMISOM offensive but it's difficult for partners to move into these locations because the roads have been blocked by Al Shabaab.
- Lack of flexible funding and eligibility of partners for funding is also an issue as local partners who could intervene in these newly accessible locations rely on external funding which is limited.
- In Mogadishu WASH support to several IDP camps (about 10,000 people) has already stopped due to the lack of funds. For the same reasons, some partners have drastically reduced or halted their activities.

Summary of Requirements (as at DD MM 2014)

	Total No. of Projects	No. of projects funded	No. of Projects not funded	Amount (US\$) (Total)	Amount (US\$) (not funded)
Life-saving					
Resilience					

CLUSTER ACHIEVEMENTS – FOOD SECURITY

Progress towards Cluster Objectives

Progress against the outcomes for the food security intervention is not measurable now, as the baseline was set by the *Deyr* assessment, hence the post *Gu* assessment will provide more insight when released in August. However, based on partner reports through April, an average of 287,000 people received support through improved access to food and safety nets¹⁶. Main activities supporting this objective were conditional and unconditional cash transfers, targeted food distributions and wet feeding. This is 49 per cent of the overall target.

A total of 1,180,000 people received support through livelihood assets and investments for the season, which is 46 per cent of the target. Main activities were input support (e.g. seeds and tools, fertilizers, farming equipment, business start-ups); livestock treatment, vaccinations and distributions/restocking capacity building. A variety of means were used to deliver including training, vouchers and cash.

Changes in needs and context

The 2013 *Deyr* rains generally performed well in most of the country. The post *Deyr* assessment showed an increasingly lower number of people in *Emergency* (IPC 4) relative to the numbers in *Stress* (IPC 3). FSNAU estimated 857,000 people were acutely food insecure and required urgent humanitarian assistance through July – a majority of them IDPs (75 per cent). Despite these improvements, the food security situation in Somalia remains fragile. Over 2 million people were still classified as *Stressed* (IPC 2). Main areas of concern were Jowhar district, Southern Coastal Deeh livelihood zone and cyclone affected areas of the northeast. The FSC reduced its targets to 2.9 million people for the season.

Despite the seemingly positive trends at the start of the year, worrying scenarios quickly emerged in March including:

- Road blockages in “newly accessible” areas: blockages of main supply routes by Al Shabaab affecting access to food and economic activities
- Delayed or poor performing rains: the harvest is predicted to be late and/or poor in parts of Central and Southern Somalia; in the Northeast, pasture, browse and access to water for livestock has been limited; if the rains do not continue into June and possibly early July this will have adverse impact on the food security outlook for the remainder of the year
- Insecurity and conflict in areas with clan conflict and SNAF/AMISOM offensive

The FSC estimated that approximately 390,000 people could be in need of additional assistance if the trends persist in these areas affected by the emerging issues. This figure captures the poorest segment of the populations in the affected livelihood zones (between 25 and 40 per cent of the total, depending on the areas). Of these, 58,000 people (17per cent) were already classified as IPC 3 or 4.



Food Security

Coordinator Co-Facilitator	Holly Welcome Radice		
People targeted at End Year	3,170,000		
People Reached at Mid-Year	1,495,691 (April)		
FUNDING			
Requested	Received	Percent Funded	Number of Partners
\$387m	4.4m CERF: 0m CHF/ERF: 4.4m	19%	43

¹⁶ Based on reports February-April, the highest number for the months is taken as the base number to avoid double counting.

Challenges

On top of the current developing concerns, considerable gaps exist in addressing food security needs in general. The major challenges limited access and funding. Sustained access to newly accessible areas has not been achieved. In all of these areas, there are no FSC partners who have plans to intervene. Road blockages in these areas have also inhibited the scope of response as road access is not feasible.

In April and May, less than 10 per cent of the needs for improved access to food were met. In places such as Bakool and Middle Juba, none of the targets were reached this year and interventions in Puntland have only covered 11 per cent of the targeted needs. Planned response and capacity to respond are very limited due to lack of sustained access and/or the lack of FSC partners. Important to note that the FSC targets are based on the bi-annual assessments and do not factor in the emerging shocks listed above. Therefore, the planned responses are seen as inadequate against the needs. The upcoming post *Gu* assessment will be critical to understand the food security situation through to 2015.

Summary of Requirements (as at DD MM 2014)

	Total No. of Projects	No. of projects funded	No. of Projects not funded	Amount (US\$) (Total)	Amount (US\$) (not funded)
Life-saving					
Resilience					

CLUSTER ACHIEVEMENTS - HEALTH

Progress towards Cluster Objectives

Over the past five months, health partners have worked to strengthen control of epidemic-prone communicable diseases through surveillance, emergency preparedness and response with life-saving interventions for various target groups (IDPs, returnees, vulnerable people).



Health

Coordinator Co-Facilitator	Dr. Ahmed El Ganainy (WHO)
People targeted at End Year	1.8m
People Reached at Mid-Year	501,698

The cluster supported 58 health facilities with medical supplies, and vaccinated 29 per cent of children under one year against measles. The cluster has also sustained access to reproductive health, maternal, newborn and child health services. However, while basic emergency obstetric care services are available in 2 facilities per 500,000 population, comprehensive emergency obstetric care is only available in 0.6 health facilities per 500,000 people.

FUNDING

Requested	Received	Percent Funded	Number of Partners
96.8m	8.7m CERF: CHF/ERF: 3.9m	8.9%	32

Due to lack of funding for health projects in the SRP, the health cluster could not reach the targeted access to life-saving primary and secondary health services, with only 0.27 primary health care facilities per 10,000 people. Only 8.5% of districts in Somalia have at least one basic health care facility per 10,000 people.

In the first 5 months of this year, the health cluster was able to investigate and verify within 72 hours 83 per cent of all outbreak rumors and alerts, including AWD, measles, and dengue fever. 65 per cent of confirmed outbreaks were responded to within 96 hours.

Changes in needs and context

Displacement contributes to the increased risk of outbreaks of water-borne and communicable diseases, including Acute Watery Diarrhea (AWD) and measles. Since early March 2014, an increase of suspected measles cases has been reported, mainly in Lower Juba, Banadir and Mudug regions. Investigation of the alerts confirmed measles in Banadir while other alerted areas are under investigation. To date, vaccines have been secured in the country, but access to some areas remains a challenge. While caseloads of water-borne diseases are currently within seasonal trends, rapid increase is expected depending on the rains in May/June, especially where cholera is endemic - in the Juba and Shabelle regions, Bay, Bakool, Banadir (Mogadishu), Galgaduud, Bossaso and Nugaal.

The current coverage of health services and functional facilities is limited and localized, especially in South Central Somalia; in Bakool region, while WHO provides emergency services including trauma surgery in Ceel Barde, other districts are not equipped with health services to respond effectively to high numbers of casualties. In Gedo region, secondary health services needed in case of high incidents of casualties are only available in Luuq and Belet Xawa district hospitals while Bay region is moderately covered with health services including secondary services in the regional hospital. Hiraan region remains underserved with mainly basic primary health services. Access continues to be a challenge in Middle Juba and increasing health needs may quickly over burden the available basic facilities while Lower Juba is critically underserved. Middle Shabelle lacks health facilities and capacity to respond to a high impact emergency, even though partners are active in the region. Furthermore, in all the regions, laboratories and blood transfusion services which are essential for supporting emergency surgeries and lifesaving medical interventions to mothers and infants lack the necessary supplies, equipment and trained personnel to ensure safe blood transfusion to the emergency cases. Increased referral services need to be considered for immediate response in regions where appropriate health services are available.

Health cluster partners have reported limited availability of medical supplies in all health facilities. These supplies will hardly cover regular consultations and needs until mid-2014. Additional numbers of people seeking health services, such as returnees, IDPs and those displaced by climatic shocks will overload the available resources.

Challenges

Access to the different locations remains a challenge. The newly accessible areas following the SNAF/AMISOM offensive are restricted to main towns and go no more than 15-20 kilometres radius from the urban centre. The situation has been deteriorating since Al Shabaab (AS) took control of the access roads and blocked any commercial traffic entering or leaving. Intensification of the rains in certain areas as per the forecast could deteriorate the road conditions and further hinder access to the target locations. Delivery of supplies by road may require the use of AMISOM escorts as a last resort.

Insecurity regularly impacts humanitarian operations. AS is currently active at district level in most of the target areas of intervention, organizing hit-and-run attacks. Some partners have also been threatened by AS and forced not to respond to the needs. The scale and speed of the response will likely require an increase in partners on the ground, especially in the newly accessible areas.

The low level of funding in the last months has made the implementation of activities difficult for many partners. Supplies and human resources could not be maintained in all locations and will have to be re-established quickly to allow appropriate response to anticipated needs. Logistics infrastructure, mainly in the newly accessible areas is very limited. UN and NGO community will need to establish operational bases in a very short period of time in order to respond in a timely manner.

Summary of Requirements (as at 06 06 2014)

	Total No. of Projects	No. of projects funded	No. of Projects not funded	Amount (US\$) (Total)	Amount (US\$) (not funded)
Life-saving	30	12	18	65m	58m
Resilience	11	1	10	31m	30m

CLUSTER ACHIEVEMENTS – MULTI SECTOR

Progress towards Cluster Objectives

1. Non-Somali refugees and asylum seekers in Somalia, and returning Somali refugees

UNHCR and relevant government bodies continue to support access to fair protection processes and documentation for persons of concern. UNHCR provided technical assistance to the refugee bodies through training, but the quality of registration still requires improvement. The Refugee Affairs Department (RAD) in Puntland and the Refugee Eligibility and Status Determination Committee (RESDEC) in Somaliland has disseminated information on registration procedures to the population. However, the capacity to register remains limited and so far, only 51 asylum seekers have been registered.



Multi-sector project for returning IDPs, non-Somali refugees in Somalia and returning Somali refugees

Coordinator Co-Facilitator	UNHCR		
People targeted at End Year	105,000		
People Reached at Mid-Year	27,516		
FUNDING			
Requested	Received	Percent Funded	Number of Partners
75m	14m CERF: 0 CHF/:909,393	19.3%	15

Eligibility officers were recruited to conduct RSD. Given the backlog, the office prioritized individuals with serious legal and physical protection needs. So far, 404 cases have undergone Refugee Status Determination. The rejection rate remains high (70 per cent) mainly due to weak claims. Durable solutions are limited for refugees and possibilities for voluntary return are still not feasible as many do not wish to return to countries of origin (mainly Ethiopia) due to prevalent security risks and fear of persecution.

Resettlement remains the only feasible durable solution for refugees in Somalia. Following the deployment of a resettlement expert in the operation, there has been significant improvement in the identification and processing of resettlement cases in Somalia. From January to date, 100 individuals have been identified for resettlement. 13 individuals have been resettled and about 70 individuals are pending departure. Access to basic services for refugees and asylum seekers is on-going in Bossaso, Galkayo and Hargeisa. Since January, 2,300 cases have received medical assistance provided by UNHCR partners. Supplementary feeding was provided to 856 individuals identified to be extremely vulnerable as well as those suffering serious medical condition. UNHCR supports primary and secondary education of 950 children. The enrolment rate in secondary school remains low given the need to work and supplement family income. For both education and health, UNHCR-funded activities will gradually shift from the current NGO-managed parallel systems to national structures to ensure sustainability of assistance and avoid differential treatment between refugees and host communities. Financial assistance will continue to be provided to most vulnerable beneficiaries with regular monitoring and review of their situation.

2. Returning Somali refugees and durable solutions for IDPs (voluntary return and local integration)

2.1. Returning Somali refugees

Support to spontaneous refugee returns from Kenya to Somalia was not provided in the first half of 2014 due to various circumstances (see *Changes in the needs and context* and *Challenges* below). However refugees continue to return on their own volition and means and so far 7,300 individuals were reported as undertaking cross-border movement into Somalia from Kenya and Ethiopia. Therefore, in the first half of 2014, UNHCR and partners have started the planning phase to initiate support to communities of return. A small portion of the planned activities will be implemented in the second half of 2014, based on the limited amount of funds secured aimed at enhancing communities' absorption capacity and livelihoods of most needy returnees.

Due to funding constraints, the number of partners undertaking “protection and return monitoring” in the areas of return remains limited. Partners have also initiated a GBV prevention and response project in Kismayo and Dhobley, aimed at providing medical and psychosocial services to survivors of GBV from the host community, IDPs and returnees. Coordination and GBVIMS training for partners in Dhobley and Kismayo was also conducted during the reporting period. In February 2014, a sub-national protection cluster in Baidoa and Kismayo (two among the three areas of return for Somali refugees living in Kenya) was set-up with the participation of the local authorities and this initiative will also benefit the communities of return, returnees and other IDPs to achieve durable solutions.

2.2. Returning IDPs

Partners under the leadership of Return Consortium implemented limited activities in regard to support to IDP voluntary returns due to (i) lack of timely and adequate funds and (ii) operational challenges faced on the ground largely resulting from SNAF/AMISOM military offensive. However dialogue and mobilization initiatives with displaced communities were undertaken by partners at the main areas of displacement (Mogadishu, Galkaacyo and Hargeisa) reaching above 7,000 IDP families. Two intention survey exercises targeting 3,244 IDP families were conducted in Mogadishu and Galkaacyo recording high interest in voluntary return. Based on recommendations by the Return Consortium Steering Group issued in March 2014, support to new voluntary returns of IDPs was put on hold not expose beneficiaries to risks resulting from the military offensive and to not stress the absorption capacity of areas which were simultaneously receiving new IDPs in addition to potential influx of returnees. New communities have been identified as in need of return support and will be prioritized in the second half of 2014 funding and conditions on the ground permitting. Monitoring of IDP returnees assisted in 2013 was also conducted by various partners with more than 2,000 families monitored. The first impact report will be released in June 2014.

In addition, partners implemented projects to create enabling environment for future returns and reduce negative impact of returns by increasing community resilience. Three projects were implemented in Gedo, Bay and Lower Shabelle benefitting 400 families which include returned IDPs and refugees and host community.

Local integration efforts in Galkaacyo were also supported by partners with construction of permanent shelters for IDPs willing to integrate there after many years of displacement. A project to construct 200 shelters and latrines for IDPs on land donated by the local authorities was launched in 2013, with 50 shelters completed in the same year. In 2014 the project continued with the construction of remaining 150 shelters which started in May 2014 and it is currently on-going.

Changes in needs and context

1. Non-Somali refugees and asylum seekers in Somalia, and returning Somali refugees

There is no significant change in the needs for asylum seeker and refugee population in Somaliland and Puntland. The context remains the same and is characterized by limited protection from violence due to limited access to formal and non-formal protection mechanisms. Access to services and work remains difficult due to their status thereby increasing reliance on UNHCR funded services. The relationship with the host community is increasingly difficult with frequent reports of harassment and in extreme cases physical assault. Limited options for durable solutions continue to add to the frustration of the refugee community. Against this background, UNHCR continues to advocate for an improved protective environment.

2. Returning Somali refugees and durable solutions for IDPs (voluntary return and local integration)

The context in the areas of return IDPs and refugees has been negatively impacted by the SNAF/AMISOM offensive against Al Shabaab in South Central. The offensive increased protection risks for returnees both on route and in some districts of return. The offensive resulted in increased military operations, adversely affecting humanitarian operations and resulting in new population movements and forced displacements. The security situation in many parts of South Central Somalia continues to be volatile and the capacity of the government and its institutions to protect civilians residing there remains weak, including at regional and local level. Protracted armed conflict has had devastating consequences, including displacement, weakened community structures, human rights violations and the breakdown of law and order.

IDP communities continued to express their interest in voluntary return and local integration. Support by Return Consortium to the voluntary returns of IDPs to specific districts where further impact of the SNAF/ AMISOM offensive is not foreseen or will be very minimal, is likely to restart from July 2014 funding permitting. Efforts on local integration are dependent on the availability of funds and commitment of the local and regional administrations.

Challenges

1. Non-Somali refugees and asylum seekers in Somalia, and returning Somali refugees

The protective environment for refugees and asylum seekers in Puntland and Somaliland remains weak. The quality of registration is poor and in Puntland, the Refugee Affairs Department based in Garowe is required to conduct missions to Galkayo and Bossaso to register asylum seekers thereby causing delays. Delays in registration have also been reported in Somaliland. Despite efforts to improve internal capacity to conduct RSD interviews, there is a significant backlog of cases pending. Access to services remains a challenge. Healthcare, education, and other social services remains limited for all populations in Somalia including refugees and asylum seekers. There is a critical shortage of qualified teachers, health care workers and other personnel involved in basic service provision. Facilities are few with inadequate supplies of medicine, vaccines, equipment, etc. Due to the limited capacity of health facilities in Somalia, specialized care for serious cases is not available. Secondary/tertiary treatments are extremely challenging to pursue as this requires travel out of Somalia. Options for durable solutions remain limited for refugees.

Out of the three durable solutions, Resettlement, which is also not available to all refugees, is the only viable option. Due to resettlement countries domestic policies, resettlement selection missions to Somalia have been suspended. Further, in October 2013, a number of countries closed their dossier based quotas. This has considerably limited possibilities to successfully submit resettlement cases considered. Assisted Voluntary Return (AVR) program by IOM is also limited to vulnerable medical, elderly and women household cases. Unemployment for the local populations is estimated at about 80 per cent, and any employment opportunities are normally given to locals. As a consequence, there are very few opportunities for asylum seekers and refugees who are not ethnic Somalis and any such opportunities are largely confined to daily wage manual labour or domestic work, and there is potential for exploitation and discrimination. As a result, asylum seekers and refugees remain largely reliant on financial assistance from UNHCR to meet their basic needs.

2. Returning Somali refugees and durable solutions for IDPs (voluntary return and local integration)

In relation to the voluntary return of IDPs and Somali Refugees, there were increased protection risks in places of transit and return due to the SNAF/AMISOM offensive. In addition, Al-Shabaab capability to still conduct attacks and deploy a network of operatives, the prevalence of clan dynamics and the limited capacity of local security forces, pose serious challenges to the implementation of activities. Partners were not able to obtain adequate funding in time to provide return support to IDPs willing to return to accessible areas in South and Central Somalia.

Finally, the policy framework for Internally Displaced Persons, prepared by MOIF with technical assistance from UNHCR and the office of the UN Special rapporteur for IDPs has not been yet finalized by the FGS resulting in a gap in terms of legal instruments to support durable solutions for IDPs in Somalia.

The Tripartite Commission for Tripartite Agreement between the Government of Kenya, the Federal Government of Somalia and UNHCR has not been launched which could undermine implementation of the agreement.

Summary of Requirements (as at 31.05.2014)

	Total No. of Projects	No. of projects funded	No. of Projects not funded	Amount (US\$) (Total)	Amount (US\$) (not funded)
Resilience	8	6	2	75m	60m