



CHF First Allocation

Tri Cluster Strategy – IDP settlement response, Mogadishu

1. Introduction

At the CHF board meeting on 17th February 2012, \$10.75 million was allocated for a tri-cluster response to address IDPs. More specifically the objectives of the funding were:

- i. improve living conditions of secondary displaced populations in Mogadishu,
- ii. respond to needs of newly displaced in Mogadishu and other priority areas,
- iii. mainstream protection and encourage protection based programming in all programmes focusing on IDPs.

The Shelter/NFI, Health and WASH Clusters wrote a broad strategy which set-out how these objectives would be achieved and how the funding was divided between the Clusters. The CHF board accepted the strategy and so this follow-up paper attempts to operationalise the Tri-Cluster Strategy.¹

On the 7th May 2012, representatives of the three Clusters met with Tri-Cluster partners and stakeholders to discuss the strategy and how it would practically work on the ground.² There were a number of issues raised which this paper will address. The launch of the strategy on 20th June 2012 raised another set of concerns and issues. These have been addressed and consolidated in the 10 working principles of the tri-cluster, attached at the end of this document.

2. Coordination and Management

The day-to-day management of the projects will be by the partners and reporting lines through the CHF will be maintained. However, as there are 14 partners and 16 projects and considering the challenging nature of Mogadishu to enhance the impact, a Tri-Cluster Coordinator (TCC) and Tri-Cluster Settlement Planner (TCSP) have been recruited³. The staff will be stationed in Mogadishu and will act as a focal point for the agencies implementing. The terms of reference will take into account the role of OCHA,

¹ CHF 1st Allocation IDP Tri-Cluster Strategy FINAL

² Tri-Cluster Strategy Meeting Notes. Document summarising the issues raised at the Tri-Cluster partner meeting

³ TOR for TCC and TCSP have been developed.



the CHF, the Cluster Coordinators and the Cluster Focal Points in Mogadishu. While all these other actors have multiple duties and geographic areas of interest, the TC staff will only focus on the areas of operation of the Tri-Cluster partners.



3. Geographical Areas of Focus

It is generally recognised that the most durable IDP settlements are the Zona K and 77 umbrellas in the districts of Hodan and Deyninle. These areas were sparsely populated in 2011, however in February 2012, IDPs from Afgooye corridor and the public buildings self-settled in these locations. As the settlements are relatively new, the conditions are some of the worst in the city. Therefore they will be the main focus areas for Shelter and WASH.

The project will also target ‘hot spots’ in the other two districts of Dharkeynley and Wadajir, in accordance with the original strategy. At this stage, other Districts particularly the north and east of the city are not automatically ruled out to provide flexibility within the three Clusters and in particular to cater for the gaps in the Health sector.

It is recognised that there are already WASH agencies working in these areas, generally with more temporary interventions. The CHF funded WASH agencies will work with existing agencies to agree how to best implement more sustained interventions in these locations. Once the geographic areas of focus are considered covered, as per Somalia WASH Cluster standards, and the sustained approach inherent in this strategy, CHF funded WASH agencies can target other areas, as agreed with the Regional WASH Cluster.

4. Mapping and Planning

Ideally the first activity would be to undertake a full spatial mapping of the settlements by UN-Habitat. However due to time constraints and the urgent need to respond a more phased and piecemeal approach will be taken.

Using GPS, the existing settlements including key features such as latrines, water points, access paths, access roads, health clinic, schools, markets and community centres will be mapped. The resulting plans will give an overview of the settlement and allow a greater understanding of the settlement and its needs. The paper maps and plans will be supported by a GIS database which will permit data on the physical features to be stored, updated and analysed. Maps will be produced gradually section by section – allowing for an equally gradual approach to implementation. A key strategy will be to work in small sub-sections of the larger umbrella sites and complete the necessary work before moving to the next area. Communication and community participation will ensure that there is an understanding that this is a slow and delicate process which requires time. Careful negotiations will be needed with the local Government, the gatekeepers and the IDP leaders.

The following pages describe the activities and package of services provided by each of the clusters.



5. Shelter

The shelter package includes provision of temporary shelter, NFIs, and fuel efficient stoves. In addition the site mapping and site planning also falls under the shelter package – although it will naturally service the wider tri-cluster.

The shelter typology will be the Cluster approved 16m² hybrid. With the funds available from the CHF, 4,500 shelters can be constructed with another 2,500 coming from other funding sources already secured; the total number will be 7,000 covering an estimated 48,000 IDPs.

Using the hybrids as an entry point, settlements will be organised to permit other key features to be incorporated such as access roads, drainage channels and fire breaks. WASH facilities will be upgraded or installed where needed while Health facilities will be designed to serve a specific area of the settlement.

6. Health

The package of health services will enable IDPs to improve their health conditions and reduce avoidable morbidity and mortality by continuation of existing life-saving services and additional interventions to avoid further disease and displacement. Malnutrition and disease will give rise to likely scenarios of increased risk of disease outbreaks due to rains, endemic infectious diseases, hepatitis E, dengue hemorrhagic fever, tuberculosis and acute watery diarrhoea (AWD) due to increased transmission in these situations. Shigella poses a big threat in over-crowded IDP camps due to poor sanitary conditions and it is resistant to standard antibiotics.

The Health Cluster will provide a package of services through existing clinics (HPs and MCH) and through mobile health clinics and IDP camps/community health workers, thereby providing full coverage to affected populations.

The package of services will include:

- I. Routine Immunisation (EPI) and/or mass vaccination,
- II. Assessment and response to the treatment of SAM with medical complications, including provision of essential medical supplies,
- III. Establishment of oral rehydration focal points in selected vulnerable communities,
- IV. Provision of ORS, zinc, de-worming tablets and community health kits for treatment of AWD/Malaria and ARI cases,
- V. Recently established Cholera Treatment Centre (CTC) in Hodan can provide immediate care to more than 100 patients at a time (and cases referred from other Hot-Spots). Additional Cholera Treatment Units (CTU – 5 beds) can be established in Deynile and other high-risk areas (Dharkeynlay, Wadajir, Karan and Yaqshid) as per needs and case-loads.
- VI. Procurement and distribution of drugs and medical supplies to functional health facilities,
- VII. Strengthen the communicable disease rumour verification and outbreak surveillance system,



- VIII. Recruitment of a network of Camp/community health workers for health education, treatment of minor illnesses and referrals of serious cases,
- IX. Establishment and equipping a network of Health Posts for referral and treatment and preventive care,
- X. Organising medical camps and mobile dispensaries, and IDP Medical clinics in high-needs areas,

These mobile clinics and health workers will be able to reach itinerant IDP populations throughout Banadir, providing flexibility for service provision to different populations and locations as necessary.

Existing Health Cluster partners are focusing on primary health care and referral services in Hodan and Deyninle, as well as Dharkenly, and Wadajir districts. Through Health Partners, the WHO is leading the outbreak response to Hodan, Deyninle and Wadajir, districts. In both districts communicable disease prevention is being address through community outreach education and behaviour change communication.

Additionally, reproductive health services are being provided in Cabdulcasiis (Abdiaziz) district, Bondhere, Howl-Wadag, Hodan, and Heliwaa districts. In Dharkenley district, another Health Partner is providing primary health care services and cholera response through a treatment centre (CTC).

7. WASH

The package of services will include:

- I. **Sustained** access to safe water, as per Somalia WASH Cluster Strategic Operational Framework (sufficient for 7.5 litres per person per day, within 500m to reduce risks to women collecting water). This is designed to ensure sufficient safe water is available to the most vulnerable in the settlement, and they are not reliant on agency funded temporary water interventions. CHF funded WASH agencies will agree a range of recommended approaches to provide sustained access to safe water in longer term IDP settlements.
- II. Construction of sustainable toilets, of common agreed design which can be **desludged**⁴ to extend their life span, and there-by reduce faecal contamination which leads to increased risk of AWD and Cholera. Toilets in **IDP settlements** to be located after consultation with women, as per WASH Cluster gender guide (in the Strategic Operational Framework). Toilets in **high risk locations**, such as health centres, to be constructed in consultation with the relevant Cluster (For example, the Health Cluster is responsible for WASH facilities in Health Centres, but WASH Cluster can support them to construct them). All toilets to include handwashing facilities with soap or ash.
- III. Training and capacity building of community to **operate and maintain** water and sanitation facilities, for longevity, especially if there is limited access due to security issues. With women involved and taking responsibility, with men, for Operation and Maintenance of toilets and water sources.

⁴ 'Desludged' is the safe removal of sludge from the latrine pit, and subsequent disposal in an approved site.



- IV. Promotion of handwashing with soap, safe excreta disposal, and household water treatment as per the Somalia WASH Cluster **Emergency Hygiene Promotion Package**. The Hygiene Promotion teams to include a good gender balance of men and women to influence behavior change in men and women.
- V. **WASH Hygiene Kit** including soap, jerry can and household water treatment (aquatabs or water filter), and chlorination of unsafe water sources as prevention or in response to an outbreak. These will reduce the risk of AWD and Cholera.
- VI. Flexibility for emergency response, for newly displaced IDPs and AWD/Cholera outbreaks, in Banadir, Lower Shabelle, and Middle Shabelle. As per WASH Cluster SOF, preference for water access by voucher, and response to be accompanied by an exit strategy to improve community resilience.

In addition to these activities a proportion of the funding will be used to support **improved sanitation** in potentially overcrowded IDP settlements in Mogadishu by desludging (latrine design, collection mechanism, capacity development, disposal site)

The following section lists the 10 working principles of the Tri-cluster.



TRi-Cluster Working Principles

The 14 partners of the tri-cluster have discussed and agreed to the following set of principles – which will guide their work ahead.

1. **The tri-cluster partners:** The tri cluster, although focusing on specific CHF funded projects in three clusters (WASH, Health and Shelter), emphasises cooperation and coordination with other projects and others clusters. Nutrition actors are obvious partners in this process as is the protection cluster, whose activities are sought mainstreamed into the activities of wash, shelter and health. The tri-cluster meetings and process are open to partners and colleagues who are interested and with whom coordination and cooperation is relevant.

2. **Concentrated geographical focus:** In its original scope the tri-cluster strategy was thought to include several districts in Mogadishu. In the latest revision the scope was narrowed down to: Sona K, 77 and other smaller settlements in need (hot spots). These areas have been selected as they are public land and as it is assumed that IDPs will be able to reside there for a longer period of time. The reason for zooming in the tri-cluster response to these specific areas is also to enhance the impact of the work of agencies, allowing for an integrated approach and a concentrated visible output.

3. **Integrated approach:** One of the objectives of the tri-cluster approach is to apply an integrated approach – this means making sure that when shelter projects are implemented, wash and health response is planned in accordance and also vice versa. This may already be taking place, but with a tri-cluster approach a conscious effort will be done to secure integration and sustained humanitarian response. The projects selected in wash, health and shelter complement each other to an extent, which allows them to be offered as a package.

4. **Communication & dialogue:** There are internal and external partners to the tri-cluster. Communication and dialogue should be maintained with both groups. The internal target group includes cluster partners, inter-cluster partners, related organisations and agencies. Communication to this audience about the tri-cluster progress and process will be undertaken regularly, so as to inform and share updates, challenges, breakthroughs etc. The external audience includes local communities and families and authorities as well as donors, multilateral and bilateral aid agencies etc. Communication and updates will be extended to all relevant external partners. In particular, open and constructive dialogue with communities, leaders, gate keepers, district commissioner and other authorities is paramount to the successful implementation of the tri-cluster strategy. The understanding and buy in from the communities and authorities will facilitate the work of the tri cluster – hence, it is a principle to engage communities and authorities from the beginning of the process.



5. **Monitoring and review:** Monitoring and review of the process is crucial to assess implementation – both in terms of progress and process. In as much as acknowledging that all agencies and organisations have their own individual monitoring systems, the tri-cluster will attempt joint monitoring and review when feasible. This will also include joint assessments to establish baseline.
6. **Phased mapping, planning and implementation sequence:** Mapping of the sites will be governed by a flexible and piecemeal approach. Areas will be mapped out section by section and planned gradually, which allows implementation to start off in one section, while the next section is being mapped/planned. Following the strategy the mapping will first focus on Zona K. The mapping and planning exercise is a commonly shared exercise where everybody contributes. This will help strengthen the quality of the maps and in the end also the integration of response.
7. **Who leads and who follows:** In view of the recognised need for quick humanitarian response to the IDPs there is a common interest to begin implementation as soon as possible. Mapping and planning takes time, however with the agreed phased/piecemeal approach (ref. above) the pragmatic principle of the tri-cluster is that all three clusters at the very beginning implement their activities in the sequence that they can under close cooperation and coordination. As the mapping and site planning takes shape, the clusters gradually feed into the settlement plan, which will subsequently lead the work. In other words, in view of the urgency, the tri-cluster strategy will hence take off in a coordinated manner with all agencies and organisations taking the lead at the beginning – until there is a recognised site plan, which will henceforth guide the work section by section. To avoid spreading ourselves thin - the Shelter cluster will assign the first zone/section of activity in Zona K.
8. **Inter-cluster coordination:** In as much as coordinating the CHF funded projects within the tri-cluster, the tri-cluster will also coordinate with other clusters and partners. This will happen on the ground as well as in the inter-cluster forum.
9. **Timing:** The CHF funding is for a year. A few months have passed already and IDPs have been gathered in Mogadishu for long, so the urgency to respond is quite high. It is understood by all tri-cluster partners that time is a critical factor. Subsequently there is also a common view that partners assist and support each other so as to respond to the IDP needs in Mogadishu in an efficient manner.
10. **Realism and Ambition:** The context within which the tri-cluster strategy is to be implemented is extremely complex and challenging. The political, socio-economic, humanitarian and military reality in South Central Somalia is governed by uncertainty, insecurity, incomplete information, misinformation, movement restrictions and numerous other challenges. It is the aim of the tri-cluster partners to fulfill its objectives, however, ambitions will be matched with realism, pragmatism and flexibility. It is the first time that three clusters with 14 partners (National and



International NGOs and UN agencies) embark on a project of this kind in this complex context - expectations by all parties should be fair and realistic.